

effective to improve body-muscles, but it's not enough for perineal muscles with the given frequency and intensity.

PMS81

PRESCRIPTION DRUG COVERAGE TYPE, OUT-OF-POCKET SPENDING, AND COST-RELATED NONADHERENCE AMONG MEDICARE BENEFICIARIES WITH RHEUMATOID ARTHRITIS

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Objectives: We assessed association between drug coverage type and out-of-pocket medication cost (OOP) with cost-related nonadherence (CRN) among Medicare population with RA. **Methods:** A pooled cross-sectional analysis of 2009-2013 Medicare Current Beneficiary Survey (MCBS) data was conducted. Inclusion criteria were being 65 y/o and having RA. Exclusion criteria were being institutionalized, nonresponse on any CRN questions, or no RA-medication use. RA was identified based on ≥ 1 Medicare Part A or ≥ 2 Part B claims with ICD-9-CM: 714.x or self-report of a doctor saying they had RA. Drug coverage type included no coverage, stand-alone Medicare prescription drug plan (PDP), Medicare Advantage Prescription Drug (MAPD) plan, PDP plus Medicaid, MAPD plus Medicaid, TRICARE, and private plans. CRN was identified if there was a yes to any of the four questions: 1) whether taking smaller doses or 2) skipped doses to make the medication last longer; 3) delayed getting a prescription filled or 4) decided not to fill a prescription because of cost. Weighted multivariable logistic regression in SAS 9.4 for Unix assessed association between risk factors and CRN adjusting for age, gender, employment, smoking status, activities of daily living, instrumental activities of daily living, perceived health, osteoporosis, and depression with an alpha of 0.05 for significance. **Results:** In the 1,843 person-years sample, 14.6% had CRN. Monthly OOP was not associated with CRN, but patients with OOP $\geq 5\%$ of income were 2.3 [1.2-4.4] times more likely to report CRN than those with $<1\%$ of income ($p < 0.01$). Patients with MAPD plus Medicaid (0.18 [0.05-0.71], $p = 0.01$), TRICARE (0.12 [0.02-0.76], $p = 0.02$), or private plans (0.43 [0.26-0.73], $p < 0.01$) were less likely to report CRN than those without drug coverage. **Conclusions:** Spending a higher proportion of income on OOP was associated with greater likelihood of CRN. Even after adjusting for OOP, some drug coverage types were associated with lower risk of CRN.



PMS82

PHYSICAL PARAMETERS AND THE FUNCTIONAL STATE OF THE SPINE IN AMATEUR TENNIS PLAYERS

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Objectives: Functional state and physical conditions of the spine are important contributors in increasing sport performance. The aim of our study was to measure these parameters among tennis players. **Methods:** Our study was placed on a tennis court in Pécs, Hungary from October 2018 till end of January 2019. The sample consisted of volunteer adult tennis players ($n=24$) who played tennis weekly for at least 5 years. The measurements included the functional condition of the spine on the daily life (Oswestry Disability Index-ODI), balancing ability (Flamingo test), lumbar motor control (LMK), core muscle strength (Plank test), lumbar spinal range of movement (Schober test) and dynamic balance measurement with Y-Balance test (YBT). **Results:** Characteristics of our sample was 41.88 ± 14.22 years, 176 ± 11 cm, 77.83 ± 15.73 kg. The average number of years spent by playing tennis was 17.92 ± 7.87 years. Medium level correlation ($r_1=0.48$; $r_2=0.34$) were found between number of years spent by playing tennis and the lumbar flexion (6.19 ± 1.77 cm) and lumbar extension (2.29 ± 0.97) range of movement according to the Schober test. The ODI resulted $10.33 \pm 6.34\%$ what means minimal disability. Medium level correlations were found between the functional condition of the spine and the static balance ability on the right (2.17 ± 2.57 off-balance/minute, $r=0.58$) and on the left side (2.13 ± 2.49 off-balance/minute, $r=0.49$). Several moderate and medium level correlations were found between the dynamic balancing ability and the ODI result, the strongest correlations from these were the posterior direction according to the YBT on the right ($r=-0.37$) and on the left limb ($r=-0.34$) too. Medium level correlation ($r=0.45$) was found between the core muscle strength (70.38 ± 39.2 sec) and lumbar motor control. **Conclusions:** Based on our results the tennis and its sport specific movements affect the functional state and physical conditions of the spine, accordingly the posterior directional movements are the most unstable movements for tennis players.



PMS83

PILOT INVESTIGATION OF THE QUALITY OF LIFE AND SOCIO-DEMOGRAPHIC FACTORS OF PATIENTS UNDERWENT TOTAL HIP ARTHROPLASTY IN THE STATE HEALTH CARE SECTOR IN HUNGARY

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Objectives: The study aimed to examine the socio-demographic data of patients operated in the state care sector with total hip arthroplasty in anterolateral dissection and to compare their quality of life before and after surgery. **Methods:** The patients with hip prosthesis surgery at the Department of Orthopedics, Clinical



Centre of the University of Pécs ($n=31$ persons: 15 females, 16 males, mean age: 64.6 years) were selected by a representative sampling technique. The patients completed a complex questionnaire before the surgery and 6 weeks later. The survey was carried out between August and November 2019. We evaluated the socio-demographic data, circumstances of their diseases and the surgical operation. Two international, validated questionnaires were also filled out (SF-36 and Oxford Hip Score). **Results:** We found that the majority of respondents were urban (15 persons- 48%) or rural inhabitants (10 persons-32%), 61% were secondary educated, 22.6% were highly educated and 16% were primary educated. 64.5% of the participants (20 people) were pensioners and 16% of them were intellectual workers. Regarding marital status, the majority of the respondents, 20 people (64.5%), were married and 5 people were widows (16%). The main cause of the surgery was arthrosis (74%). According to the SF-36, their quality of life increased after 6 weeks. Physical health measures showed a significant enhancement (from 28.9 points to 46.6 points, $p=0.001$), but the mental health measures did not enhance significantly (from 67 points to 71 points, $p=0.332$). The Oxford Hip Score increased from 18.7 points to 30.7 points, which was also a significant improvement ($p < 0.001$). **Conclusions:** We can conclude that urban patients in the state care sector are mostly secondary educated, most of them are retired. Our results indicate that total hip arthroplasty improves their quality of life. Physical health measures and Oxford Hip Score indicated significant amelioration.



PMS84

PSYCHOMETRIC ANALYSIS OF THE PEDIATRIC QUALITY OF LIFE GENERIC CORE SCALE AND NEUROMUSCULAR MODULE IN DUCHENNE MUSCULAR DYSTROPHY: IMPLICATIONS FOR DETERMINING PATIENT-PERCEIVED TREATMENT BENEFIT

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Objectives: The Pediatric Quality of Life (PedsQL) Generic Core Scale v4.0 (GC) and the Neuromuscular Module v3.0 (NMM) are among the most commonly used instruments for measuring health-related quality of life (HRQoL) in Duchenne Muscular Dystrophy (DMD). This study examines their psychometric properties to determine their suitability for assessing patient-perceived treatment benefit in DMD. **Methods:** Data derive from a Phase IIb eteplirsen trial (NCT01396239). Twelve ambulatory boys with DMD and their parents completed the PedsQL GC and NMM. Baseline item-level performance (floor/ceiling effects), internal consistency reliability (ICR; Cronbach's alpha), inter-item correlations (redundant items), and inter-rater (child self-report [CSR] vs. parent proxy-report [PPR]) reliability (IRR; intra-class correlation [ICC]) were examined. **Results:** With the exception of one item in the PedsQL GC CSR Physical Functioning (PF) domain, all other items across domains exhibited a ceiling effect (range: 16.7%-83.3%). Excluding one item in the PedsQL GC PPR PF and Social Functioning domains, the proportion of respondents scoring at ceiling ranged from 8.3%-58.3% across all other items. All items across the PedsQL NMM CSR and PPR domains had a proportion of respondents scoring at ceiling (range: 8.3%-100% for both). Acceptable ICR was demonstrated on the PedsQL GC CSR PF domain (0.81), the PedsQL GC PPR Emotional Functioning (0.84) and School Functioning (0.76) domains, and the PedsQL NMM PPR About My Neuromuscular Disease (0.89) domain; all other domain-specific ICRs fell outside the range of acceptability. IRR for the PedsQL GC PF domain and the PedsQL NMM Communication domain was acceptable (ICC=0.80 and 0.79, respectively); all other domain-specific IRRs varied from negligible (~ 0) to low (<0.25). Inter-item correlations demonstrated considerable item redundancy within domains. **Conclusions:** This study shows that the PedsQL GC and NMM may be suboptimal measures for assessing HRQoL and treatment benefit in ambulatory boys with DMD.

PMS86

QUALITY OF LIFE AND WORK PRODUCTIVITY BY PAIN SEVERITY AMONG INDIVIDUALS WITH OSTEOARTHRITIS IN THE UNITED STATES: ANALYSIS OF A CROSS-SECTIONAL SURVEY

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Objectives: This study assessed and compared demographic and clinical characteristics of respondents with mild and moderate-to-severe osteoarthritis (OA) pain, health-related quality of life (HRQoL) and work productivity. **Methods:** Data were assessed from the 2019 US National Health and Wellness Survey; a cross-sectional, nationally-representative survey of general health using the OA-specific module. Adults ≥ 18 years, with self-reported physician-diagnosed OA and experiencing OA pain were included. OA pain severity cohorts were based on a visual analogue scale (no pain: 0, mild: 1-34, moderate: 35-74, severe: ≥ 75 , moderate-to-severe: combination of moderate and severe cohorts). Variables examined included demographics, clinical characteristics, HRQoL from the 36 Item Short Form Survey (SF-36) and the Work Productivity and Activity Impairment questionnaire. Univariate analysis was performed to examine differences in demographic and clinical characteristics between mild and moderate-to-severe OA pain respondents. **Results:** Overall, 5,836 respondents were included (mild: $n=2,038$; moderate-to-severe OA pain: $n=3,798$). In the mild and moderate-to-severe OA pain cohorts, respectively, the majority of

