

## P2510

**TITRATION OF INTRAMUSCULAR INTERFERON BETA-1A REDUCES THE SEVERITY AND INCIDENCE OF FLU-LIKE SYMPTOMS**

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**Objective:** To determine whether intramuscular interferon beta-1a (IM IFN $\beta$ -1a) titration reduces severity and/or incidence of flu-like symptoms (FLS) in healthy volunteers.

**Background:** MS treatment initiation is a critical period for adherence; IFN $\beta$ -related FLS may discourage patients from maintaining therapy. Gradual dose titration may reduce IFN $\beta$ -associated FLS during treatment initiation.

**Methods:** In this 8-week, blinded, parallel-group study, subjects were randomized to IM IFN $\beta$ -1a 30 $\mu$ g with fast-dose titration (quarter-dose increments weekly over 3 weeks, then full dose), slow-dose titration (quarter-dose increments every 2 weeks over 6 weeks, then full dose), or no titration. FLS (fever, myalgia, chills, fatigue) were scored weekly (0=absent to 3=severe; maximum total score=12) at pre-injection and 4-6 and 12-15 hours post-injection. Total post-injection score  $\geq 2$  points above pre-injection was considered positive for FLS.

**Results:** Of 234 enrolled subjects (62% female, mean age 32.9 years, n=78 per arm), 194 (83%) completed the study. Over 8 weeks, at 4-6 hours post-injection, FLS severity was significantly less with fast titration (76% reduction) and slow titration (50% reduction) versus no titration (0.132 vs. 0.539 [ $p < 0.001$ ] and 0.267 vs. 0.539 [ $p < 0.001$ ], respectively). FLS incidence at 4-6 hours post-injection was significantly lower with fast titration (odds ratio [OR] 0.179; 95% confidence interval [CI] 0.075-0.429;  $p < 0.001$ ) and slow titration (OR 0.414; 95% CI 0.194-0.884;  $p = 0.023$ ) versus no titration over 8 weeks. Similar results were obtained at 12-15 hours post-injection.

**Conclusion:** IM IFN $\beta$ -1a titration by quarter-dose increments reduces severity and incidence of FLS in healthy volunteers during treatment initiation.

## P2511

**Abstract cancelled**

## P2512

**THE RELATIONSHIP BETWEEN MEDICATION ADHERENCE AND QUALITY OF LIFE IN PEOPLE WITH MULTIPLE SCLEROSIS**

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Adherence to medication is an important factor in promoting quality of life in people with multiple sclerosis (MS). Our aim was to study the relation between quality of life and adherence to medication in these patients.

**Methods:** This is a cross-sectional and correlation study. We use the SF-36 (short-form 36-items health survey) questionnaire, measuring the health related quality of life. It has two components from de scales of physical and mental health, and adherence to medication scale. In this study participated 101 MS patients. The mean age was 40 years old (18-65), 65.3% were women, 64.4% were currently married, most worked, the mean schooling level of 14 years, and had a diagnosis of MS for an average of 8.3 years.

**Results:** The correlations between the SF-36 components and adherence to medication scale are: in Component Physical health of SF-36 and adherence to medication scale are not statistically significant, but in the Component Mental health and adherence to medication scale they are significant ( $r = 0.21$ ,  $p < 0.05$ ).

**Conclusion:** Statistically significant correlations between the variables suggest that health related to quality of life is important for the adherence to medication in patients with multiple sclerosis. But this relationship is only found in the Component Mental health, suggesting an intervention at this level to improve adherence to medication.