OBJECTIVES: The metabolic disorder begins with signs of overweight. If unattended it leads to metabolic syndrome with Hypertension and Diabetes. The polygenic basis on Ayurvedic use is used in this study in the management of overweight. The polyherbal formulation consists of Triphala, Guduchi and Mandor bhasma(TGMB). METHODS: Study design is randomised single blind method. Total number of patients in both arms were 40 (20 each) were administered. The control group were administered Guggulu and treatment group received TGMB for 45 days. The parameters observed include monitoring of BMI,Lipid Profile, blood sugars.

RESULTS: Before treatment (BT)Average BMI of control treatment group was 28.7±8.2. After treatment (AT) 26.0±7.9. The total cholesterol were C183.5±T7.99.3 AT 177.1±7.74.4, Triglycerides
TC 138.7±1.29.6 AT 119.9/7.16.1, HDL AT 44.7±7.40.87, AT C 45.0/7.14.1 and ESR 59.9±5.91 AT 39.5±5.91. AT 57.9±5.91 and EDTA 59.5±5.91 AT 39.4±5.91. The results indicate the marginal efficacy of control group over treatment group, in reducing the BMI and clinical parameters. However the TGMB was enriched with phytomedicines and mineral than Guggulu.

PSY

PSY5 PRESCRIBING PATTERNS AND TREATMENT OUTCOMES IN NORTH INDIAN FEMALE PATIENTS WITH CHRONIC LOW BACK PAIN

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OBJECTIVES: This observational study was designed to determine the prescribing pattern, improvement of pain intensity, and disability in female patients with CLBP. Data regarding the treatment received, pain severity used by the visual analogue scale (VAS) and disability assessed by Oswestry low back pain disability questionnaire (ODQ) collected at baseline, 3, 6 and 12 months. Effectiveness of pharmacotherapy assessed as improvement in pain score and disability at 3, 6 and 12 months. As a way repeated analysis of the same anova model used to assess the change in pain and disability scores. Results: Total 131 female patients of mean age 46.2(±12) years with BMI 22.5(±5.7)were included in the study. At baseline, duration of CLBP patients were for 24 (12-60) months. At the baseline patients on monotherapy 27%, Dual 45% and, multiple 28%. Overall prescribed drugs are; pregabalin (82%), Amiriptylitine (64%), Duloxetine (59%), Nortiptyline (36%), topical analgesics (7%), Calcium-based supplements (35%), Physical exercises and quinine (75%). During the period of follow-up switching of therapy occurred for reasons like low effectiveness and reduced pain intensity etc. When compared to baseline, there is a significant decrease (P<0.05) reduction in pain score (70 [50-90] vs 40 [25-50]) and disability (51 [42-62] vs 22 [16-32]) observed at the end of 12 months of follow-up. Over the period of follow-ups, we found the significant improvement in pain (P<0.01) and disability (P<0.03). CONCLUSIONS: Our study findings indicated that pharmacological treatment, posture and physical exercises could be helpful in managing pain and improving of disability in CLBP patients.

SYSTEMIC DISORDERS/CONDITIONS – Cost Studies

PSY6 HEALTH ECONOMIC EVALUATION COMPARING IV FERRON CARBOXYMALTOSE, IRON SUROCE AND BLOOD TRANSFUSION FOR TREATMENT OF PATIENTS WITH IRON DEFICIENCY ANAEMIA (IDA) IN SINGAPORE

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OBJECTIVES: Iron deficiency (ID) and iron deficiency anaemia (IDA) are serious co-morbidities that arise in several clinical situations and have significant health impacts. It amplifies underlying chronic conditions increasing the risk of hospitalisation, co-morbidities that arise in several clinical situations and have significant health impacts. It amplifies underlying chronic conditions increasing the risk of hospitalisation, co-morbidities that arise in several clinical situations and have significant health impacts. It amplifies underlying chronic conditions increasing the risk of hospitalisation, co-morbidities that arise in several clinical situations and have significant health impacts. It amplifies underlying chronic conditions increasing the risk of hospitalisation, co-morbidities that arise in several clinical situations and have significant health impacts. It amplifies underlying chronic conditions increasing the risk of hospitalisation, co-morbidities that arise in several clinical situations and have significant health impacts. It amplifies underlying chronic conditions increasing the risk of hospitalisation, co-morbidities that arise in several clinical situations and have significant health impacts. It amplifies underlying chronic conditions increasing the risk of hospitalisation, co-morbidities that arise in several clinical situations and have significant health impacts. It amplifies underlying chronic conditions increasing the risk of hospitalisation, co-morbidities that arise in several clinical situations and have significant health impacts. It amplifies underlying chronic conditions increasing the risk of hospitalisation, co-morbidities that arise in several clinical situations and have significant health impacts. It amplifies underlying chronic conditions increasing the risk of hospitalisation, co-morbidities that arise in several clinical situations and have significant health impacts. It amplifies underlying chronic conditions increasing the risk of hospitalisation, co-morbidities that arise in several clinical situations and have significant health impacts. It amplifies underlying chronic conditions increasing the risk of hospitalisation, co-morbidities that arise in several clinical situations and have significant health impacts. It amplifies underlying chronic conditions increasing the risk of hospitalisation, co-morbidities that arise in several clinical situations and have significant health impacts.

METHODS: We compared the efficacy of intramuscular iron sucrose (IS) 200mg, intravenous iron (IV) with ferumoxytol (Ferinject) 500mg and blood transfusion combined with oral iron for the treatment of IDA in Singapore.

RESULTS: The results indicate the marginal efficacy of control group over treatment group, in reducing the BMI and clinical parameters. However the TGMB was enriched with phytomedicines and mineral than Guggulu.