OBJECTIVES: Evaluate the incidence of loss of response to etanercept in patients with rheumatoid arthritis treated with etanercept, adalimumab, and infliximab.

MATERIALS AND METHODS: We conducted a prospective cohort study with 107 patients who met the American College of Rheumatology (ACR) criteria for rheumatoid arthritis and who were treated with etanercept, adalimumab, or infliximab. The study was conducted in a single institution in Mexico City, Mexico.

RESULTS: The incidence of loss of response to etanercept was 26% (9/35), 21% (16/77), and 29% (11/38) for patients treated with etanercept, adalimumab, and infliximab, respectively. The median time to loss of response was 12 months for etanercept, 18 months for adalimumab, and 12 months for infliximab.

CONCLUSIONS: The incidence of loss of response to etanercept was similar to that observed in previous studies. Further research is needed to determine the factors that influence the loss of response to etanercept in patients with rheumatoid arthritis.
cost-effectiveness ratio (ICER). Other costs included in the model were obtained by the declared public budget of those Hospitals. RESULTS: The annual total therapy cost for etanercept, adalimumab and infliximab per patient was $141,050, $158,938 and $163,132 Mexican pesos, respectively. The ACR 70 rates responses of etanercept, adalimumab and infliximab, indicated in clinical trials are 43%, 21% and 10% respectively. The ICER per additional patient achieving ACR 70 response of etanercept when compared with adalimumab was –$81,109, and –$66,976 when compared with infliximab etanercept was a dominant alternative compared with adalimumab and infliximab. CONCLUSIONS: According to published results, the use of etanercept in patients with RA is the most cost-saving alternative. If the use of etanercept is increased, more patients could have access to biologic therapy and the health care institutions in Mexico could contain costs in the treatment of RA.

ESTIMATED CLINICAL & ECONOMIC IMPACT OF POOR PATIENT PERSISTENCE WITH OSTEOPOROSIS MEDICATIONS IN BRASIL

METHODS: We used modeling techniques and data from secondary sources to quantify the impact on risks, costs, and consequences of hip fracture resulting from poor persistence with osteoporosis medications. All patients entering the model were assumed to be 65-year-old postmenopausal women, recently diagnosed with osteoporosis, and newly initiated on bisphosphonate therapy. The model calculates the risk of hip fracture as well as fracture-attributable life-years lost and health care costs (acute and follow-up). To estimate the impact of poor treatment persistence on these measures, we contrasted model results for a scenario assuming perfect compliance with therapy over each patient's remaining years of life to another assuming all patients would discontinue therapy after one year. Analyses were performed for all patients and for a subgroup with more severe disease (t-score < -2.5).

RESULTS: We estimate that Brazilian patients who discontinue osteoporosis therapy after one year would experience 27.0 additional fractures per 100 patients, lose an average of nearly one year of life (0.968 fracture-attributable life years), and incur an average of R$131.631 in additional costs of fracture-related care compared with perfectly compliant patients. Corresponding numbers for the subgroup of patients with severe osteoporosis are 33.5 additional fractures (per 100), 1.31 fracture-attributable life-years lost, and R$5,603 in fracture-related health care costs.

CONCLUSIONS: Los tratamientos anuales para el tratamiento semanal en US$ 1.015.984, para el caso de cadera, para Acido Zoledrónico US$ 13,178, Alendronato US$ 15,521 e Ibandronato US$ 20,625. El costo de una fractura de cadera se estimó en US$ 34.884 (hospitalización, cirugía, cuidados, prótesis, andadera, exámenes). De acuerdo a la población femenina venezolana, la prevalencia de padecer osteoporosis, los riesgos de fracturas asociados a la adherencia a los tratamientos y los costos, se estimó que el costo social de las fracturas de cadera estaría para el tratamiento semanal en US$ 1.015.984, para el anual en US$ 1.015.984 y sin tratamiento US$ 1.344.403. Los días de hospitalización se estimaron en tratamiento semanal 116.300 días, anual 85.800 días y sin tratamiento 154.158 días. Los resultados obtienen son sensibles a los precios del medicamento, el costo de los tratamientos y los costos hospitalarios. La adherencia representa una opción eficiente en el manejo de la osteoporosis. La mayor adherencia a los tratamientos permite reducir el número de fracturas y consumo de recursos sanitarios, permitiendo una contención de costos y una minimización de los costos de oportunidad al posibilitar un uso más eficiente de los recursos.