

reported approximately 20% impairment in productivity due to psoriasis. Twenty-six percent of the patients indicated psoriasis was the reason for altering their job type, description, or work responsibilities. Thirty-four percent of patients believed that their condition affected their choice of career or ability to find a job. Assuming patients were not paid during their absenteeism, absence from work resulted in lost mean patient wages of CDN\$2580.97 per person per year. With an estimated 330,000 Canadians suffering from moderate to severe psoriasis, total lost wages due to moderate to severe psoriasis may cost up to approximately CDN\$852 million for all moderate to severe psoriasis patients in Canada. **CONCLUSION:** The results of this study indicate that moderate to severe psoriasis may have a substantial impact on the work productivity of patients with this disease. Further studies on lost productivity as well as societal impact of moderate to severe psoriasis are needed.

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USTEKINUMAB IMPROVES WORK PRODUCTIVITY AND DECREASES WORKDAYS MISSED DUE TO PSORIASIS IN PATIENTS WITH MODERATE TO SEVERE PSORIASIS

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OBJECTIVE: To examine the effect of ustekinumab on work productivity and the number of workdays missed due to psoriasis. **METHODS:** A total of 1995 patients were enrolled in the PHOENIX I and II trials. Patients were randomized 1:1:1 to one of three groups: placebo, ustekinumab 45mg, or ustekinumab 90mg. In the ustekinumab groups, patients received treatment at weeks 0, 4, and every 12 weeks thereafter. Patients randomized to placebo at baseline crossed-over to receive either 45 mg or 90 mg of ustekinumab at weeks 12, 16, and every 12 weeks thereafter. Productivity was assessed using a 10cm Visual Analog Scale (VAS), and change in productivity was recorded in cm units. Productivity and number of workdays missed due to psoriasis in the last 4 weeks was evaluated at weeks 0 and 12 in both trials. **RESULTS:** Mean and median baseline productivity scores and number of workdays missed due to psoriasis were similar between treatment groups at baseline. At week 12, the ustekinumab 45 mg and 90 mg groups had significantly greater improvements ($p < 0.001$ for both comparisons) from baseline in productivity scores than the placebo group. The mean (median) change in productivity from baseline score at week 12 was -2.2 (-1.1) for the 45 mg group and -2.4 (-1.4) for the 90 mg group, compared with 0.0 (0.0) for the placebo group. The mean (median) change from baseline to week 12 in the number of workdays missed due to psoriasis in the last 4 weeks was 0.0 (0.0) in the placebo group, -0.2 (0.0) in the 45 mg group ($p < 0.002$), and -0.3 (0.0) in the 90 mg group ($p < 0.002$). This could translate to an annualized average reduction of missed workdays due to psoriasis of 2.6 days for the 45 mg group and 3.9 days for the 90 mg group. **CONCLUSION:** Ustekinumab 45 mg and 90 mg resulted in significantly improved productivity compared with placebo in moderate-to-severe psoriasis patients, as measured by the productivity VAS and workdays missed due to psoriasis.

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VALUE OF DRIVING FOR PATIENTS WITH GLAUCOMA: WILLINGNESS TO PAY

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OBJECTIVE: The loss of driving privileges in glaucoma patients has a significant impact on personal, social, and economic well-being. As a result, glaucoma patients are believed to highly value any intervention or pharmaceutical agent that can either preserve or extend visual acuity. The objective of this study was to assess the willingness to pay to maintain driving privileges in patients with glaucoma. **METHODS:** A mailed survey assessing glaucoma severity, current driving status and willingness to pay for additional years of driving privileges was sent to a random sample of 5,000 individuals. A contingent valuation scenario was posed to individuals as "Your physician tells you that there is a treatment available for glaucoma that will increase your chances to see for a longer period of time, and thus maintain your ability to drive independently. However, the treatment is not covered by your insurer. If you had to make a decision today, what is the maximum amount you would be willing to pay for the treatment in order to maintain driving privileges for one more year?" **RESULTS:** A total of 2,009 individuals completed the survey for a 40% response rate. The majority of the responders were women (70%) and the mean age of the population was 60.5 (SD = 16.5) years. Over 60% of individuals rated their glaucoma as mild and 73% of individuals reported that they still drive. Approximately 43% of responders replied that they would pay up to \$50,000 for one additional year of driving privileges. **CONCLUSION:** Driving privileges and personal independence are highly valued by older individuals. In order to maintain their driving privileges and personal independence, older individuals are willing to pay a substantial amount of money to improve visual acuity.

SENSORY SYSTEMS DISORDERS—Health Care Use & Policy Studies

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PROSTAGLANDIN ANALOG USE WITH AND WITHOUT ADJUNCTIVE THERAPY FOR THE TREATMENT OF GLAUCOMA: A NETHERLANDS POPULATION BASED ANALYSIS

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OBJECTIVES: Glaucoma is an optic neuropathy associated with visual field loss. Currently, treatment for glaucoma is focused on controlling intraocular pressure. First-line treatment typically involves β -blockers or prostaglandin analogs (PAs). β -blockers and other intraocular pressure lowering agents (IOPAs) may be used as adjunctive therapy to prostaglandins. We quantified the use of adjunctive therapy in association with prostaglandins. **METHODS:** We conducted a cohort study using pharmacy dispensing data from The Netherlands using the PHARMO database. We identified all patients with a first dispensing for bimatoprost, latanoprost or travoprost between January 2, 1998 and July 1, 2006, and determined the proportions of patients who received adjunctive therapy in the first 12 months of prostaglandin use. Use of adjunctive therapy was identified by at least