are directly and indirectly linked with HRQoL of TB patients. METHODS: A prospec-
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**RESULTS:** The overall Cronbach’s alpha coefficient of the revali-
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**CONCLUSIONS:** The predictors associated with QoL and/or cost. A total of 2963 abstracts
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questionnaire, the overall QoL of PAR patients was worse (p = 0.002) than that of SAR patients (49.06
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**OBJECTIVES:** To determine the Quality of Life (QoL) of bronchial asthma patients in a
tertiary care teaching hospital at baseline and at follow up. **METHODS:** The study was
conducted for a period of 6 months among 100 bronchial asthma patients, with
and without co-morbidities, admitted to the pulmonary and medicine wards in the
university hospital after obtaining the ethical clearance. The sample was 69% Caucasian, with six males and
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**OBSERVATIONAL STUDY TO ASSESS DURATION ON THE EFFECT OF ALLERGIC RHINITIS FROM A COST AND QUALITY OF LIFE PERSPECTIVE**

**METHODS:** A cross-sectional study was conducted among 50 patients recruited from two public
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inflammatory formulations were discontinued during 12 months after asthma diagnosis. CONCLUSIONS: Asthma treatment utilisation patterns reflect poor asthma control among newly diagnosed elderly patients, and initiation of anti-inflammatory treatment among newly diagnosed elderly patients, and initiation of anti-inflammatory treatment after asthma diagnosis appears to be inconsistent with asthma management guidelines.

PSRS4

DOCTORS’ FAILURE IN OBSERVANCE OF THE COPD MANAGEMENT GUIDELINES: CASE OF THE CZECH REPUBLIC.

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1Czech Republic

OBJECTIVES: The primary objective of this study was to examine the accuracy of the GOLD 2011 strategy implementation among the Czech respiratory specialists, especially with respect to the patients’ classification. The secondary objective was to explore whether the classification has an appropriate use of inhaled corticosteroids (ICS).

METHODS: Multicentre cross-sectional study was conducted among COPD specialists, consisting of general questionnaire and patient-specific forms. A subjective classification into the GOLD 2011 groups as practiced by the health care provider was examined and then compared with the objective classification achieved by rigorous software-computed classification. Adequacy of the ICS prescription was evaluated with regard to the subjective classification.

RESULTS: GOLD 2011 were claimed to be the leading guidelines for 143 out of 144 specialists involved, often accompanied by CFPS guidelines (83.3%) and the ACP/ACCP/ATS/ERS standards (50.7%). Based on 1355 patient forms, a discrepancy between the subjective and objective classification was found in 38.9% of cases. The most common reason for incorrect classification was the erroneous system of cognitive function used in assigning patients to GOLD categories. The examination of the objectively-computed classification, however, revealed that the same discrepancy (20.5%) was found in 21.2% of patient forms.

CONCLUSIONS: Despite high awareness of the GOLD 2011 guidelines, its implementation is insufficient. Czech specialists tend to either under-classify or overuse the ICS.

PSRS5

SOCIAL MEDIA MEETS POPULATION HEALTH: A SENTIMENT AND DEMOGRAPHIC ANALYSIS OF TOBACCO AND E-CIGARETTE USE ACROSS THE UNITED STATES USING TWITTER.

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1University of Vermont, Burlington, VT, USA, 2University of Vermont - College of Medicine, Burlington, VT, USA

OBJECTIVES: Twitter, a popular social media outlet, has become a useful tool for the study of social behavior through user interactions called tweets. The location, time and characteristics of tweets provide valuable social and demographic information for an applied comparison of social behaviors across the world. Our goal is to determine the density and sentiment surrounding tobacco and e-cigarette use in tweets and the relationship between tweeted smoking sentiments and time-space coordinates over a 4-month span.

RESULTS: For states with >600 tobacco related tweets (N=30), we find a strong positive correlation (Pearson’s r =0.54, p<0.03) between the relative tweet density per state and the average positivity of tobacco related tweets. However, state-to-state sentiment comparisons suggest the attitude toward tobacco use can vary. We also explore the relationship between the ratio of tobacco tweets per state-to-state smoking rate estimates. Our results illustrate significant variation in smoking sentiments by state and at varying regional scopes.

CONCLUSIONS: It is anticipated that real-time analysis of nicotine and tobacco products using tweets will allow for more targeted forms of health policy planning and intervention. Regional density of nicotine and tobacco use related tweets yield insight to the prevalence of tobacco usage per capita. Sentiment analysis across the twitter-sphere can help illuminate hazardous behavioral trends, which may lead to better targeting of health behavior interventions.

PSRS6

SUSTAINABLE POLICY: HIGHER MEDICATION USE & ADHERENCE DURING REIMBURSEMENT OF PHARMACOLOGIC SMOKING CESSATION TREATMENTS

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BACKGROUND: The discussion on the reimbursement of Smoking Cessation Treatment (SCT) has known many stages in The Netherlands. From January 2011, SCTs were reimbursed, until January 2012 when the reimbursement of nicotine replacement therapy (NRT) and pharmacotherapeutic SCT (pSCT) was discontinued. As of 2013, NRTs and pSCTs were again reimbursed for a maximum of one attempt per calendar year, provided they are accompanied by behavioural counselling.

OBJECTIVES: To assess the impact of changes in reimbursement policy of pSCT on use and adherence. METHODS: A retrospective dispensing database analysis was performed on real-world observational data from the years 2010-2013 in The Netherlands. Data on use and adherence was collected, in patients who were dispensed bupropion or varenicline in community pharmacies for the first time. Adherence was defined as a minimal 80% of the in guidelines recommended duration and intensity of use. RESULTS: The study cohort consisted of 4,412 users of pSCT and 54,740 users of NRT, of which 56.5% were female. Adherence among new patients (dispensing prevalence, dp) during 2010 was on average 0.8 dp, with peaks in the 1st and 4th quarters of 2011. In 2012, the prevalence was stable at 0.4 dp. In 2013 was on average 0.5 dp, with a small peak in the 1st quarter.

Adherence was 18% in 2010 and 2012 (non-reimbursement period), and 21% in 2011 and 2013 (reimbursement period). CONCLUSIONS: Not only the likelihood of starting smoking cessation, but also the extent of adherence to pharmacological smoking cessation treatment is higher during reimbursement. Increasing the awareness of health care providers on adherence issues is warranted.

PSRS7

MONTÉ–CARLO SIMULATION TO ESTIMATE THE HEALTH CARE COSTS AVOIDED WITH FLUTICASONE Furoate/VIlanTEROL DUE TO EXACERBATION RATE REDUCTION IN SPANISH COPD PATIENTS

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OBJECTIVES: Exacerbations are considered one of the main drivers of costs of Chronic Obstructive Pulmonary Disease (COPD). In moderate to severe COPD patients with a history of exacerbations, the addition of an inhaled corticosteroid (ICS) to a long-acting β2 agonist (LABA) has been associated with a decreased rate of exacerbations versus LABA alone. This study aimed to estimate the health care costs that the addition of the ICS Fluticasone Furoate (FF) to the LABA vilanterol (VI) could avoid versus LABA monotherapy in Spanish patients due to the reduction in rate of exacerbations. METHODS: The number of moderate to severe COPD patients >40 years old with a history of exacerbation potentially treated with FF–VI was estimated from Spanish prevalence data. 1-year Monte–Carlo simulation (the simulation was performed in the simulateR java platform) was developed to simulate the number of moderate and severe exacerbations and the health care costs avoided with FF–VI versus VI from the National Health System (NHS) perspective. Monte–Carlo simulation was chosen as it allows simulating the effect of changes in different parameters that describe real-life distributions. Parameters used in the simulations were the yearly rate of moderate-severe exacerbations with FF–VI and VI obtained from pooled-analysis of two head-to-head clinical trials (NCT01009463 and NCT01017952) and the cost of moderate and severe exacerbations.

RESULTS: 18,088 patients were included. FF–VI could avoid 7,424 moderate and severe exacerbations (85% confidence interval 7,411, 7,438) vs VI. The reduction in the number of exacerbations could lead to a saving of €2,733,100, 3,278,382 (3,066,703: 3,336,392) in a year. CONCLUSIONS: Treatment with FF–VI could decrease the economic burden associated with COPD reducing the health care costs for the Spanish NHS due to the decreased rate of exacerbations compared to LABA (VI) monotherapy.

PSRS8

DETERMINATION OF AVAILABILITY OF ANTIMICROBIAL PREPARATIONS FOR TREATMENT OF COMMUNITY-ACQUIRED PNEUMONIA IN UKRAINE

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OBJECTIVES: Data of British specialists show, that 5–11 out of 1000 adults have community-acquired pneumonia (CAP) every year, which is 5–12% of all cases of lower respiratory tract infections. The main cause of CAP is bacteria in 90% of the cases. The main risk factors for pneumonia disease rate in Ukraine within years 2007–2011. METHODS: The data of use of antimicrobial preparations (AP): cefepime (ceftiaxone), penicillins (amoxicillin and enzyme inhibitor), macrolides (azithromycin) and fluoroquinolones (ciprofloxacin, levofloxacin) for CAP treatment in Kyiv city hospital were used. Analysis of affordability as of index of payment capacity (Ca. s.) of trade names (TNs) provided in pharmaceutical market of Ukraine on indicated INN has been carried out to determine the availability of such preparations for wider population of Ukraine. RESULTS: Results of the AP affordability analysis made in five groups of INN, showed, that the ratio of therapy, high, medium and low availability for each AP group is different, in all but pharmacological groups except for ceftiaxone group, highly available therapy prevails. Percentage of highly available preparations in the studied groups of INN is: azitromycin (92.2%) > ciprofloxacin (74.3%) > amoxicillin and enzyme inhibitor (67.5%) > ceftriaxone (49.02%) > vofloxacin (46.94 %). As of preparations of middle availability, costing 5% - 15% of average monthly salary, ceftriaxone preparations are most (49.02%), azitromycin preparations are least (6.49%). There are no low availability preparations in ciprofloxacin fluoroquinolone group. Cefepime and macrolides group preparations have one AP of low availability. Pharmacotherapy with application of preparations-analogous to levofloxacin, is costly, as 32.7% of preparations of this group are preparations of low availability (16 AF). CONCLUSIONS: Antibacterial preparations needed for treatment of CAP are present in the pharmaceutical market of Ukraine wide range of preparations and cost. It makes them available to various social groups.

PSRS9

HOW MUCH THE APPROPRIATE TOBACCO PRICE WOULD BE?: A DISCRETE CHOICE EXPERIMENT OF GENERAL PUBLIC IN JAPAN

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OBJECTIVES: Though tobacco price increases are effective in reducing tobacco consumption and prevalence of smoking, tobacco tax in Japan is still lower than those in other developed countries. General public, particularly non-smokers, may think that