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OBJECTIVES: The International Costs and Utilities Related to Osteoporotic fractures Study (ICUROS) is an ongoing 18 months prospective observational study with the objective of estimating resource use and health related quality of life related to osteoporotic fractures. This study aims to describe the resource utilization for hip fractures (sustained during 2007-2012) pooled from 10 countries: Australia, Austria, Estonia, France, Italy, Lithuania, Mexico, Russia, Spain, and the UK. **METHODS:** Patients studied were ≥ 50 years and lived at home prior to fracture. Data were collected through patient interviews and review of medical records: at baseline and 4, 12, and 18 months after fracture. Only resource use related to the fracture event was collected. **RESULTS:** There were 1,795, 1,435, 1,256 patients available for analysis at 4, 12 and 18 months follow-up, respectively. The mean age (\pm SD) at fracture was 77 ± 10 years and 79% were women. 96% of patients were hospitalized. Mean hospital length of stay (LoS) (\pm SD) was 17.2 ± 20.4 days during months 0-4 and 1.2 ± 6.8 during months 5-18. Mean LoS varied from 9.3 days to 26.5 days during months 0-4 across countries. The mean number of physician visits (\pm SD) was 2.8 ± 3.1 during months 0-4 and 2.5 ± 5.6 between months 5-18. The mean number of nurse visits (\pm SD) was 2.4 ± 9.6 and 3.8 ± 31.9 during corresponding periods, respectively. During months 0-4, 65% of patients used analgesics, 41% calcium/vitamin D, and 27% pharmacological interventions for osteoporosis. The respective uptakes for months 5-18 were 47%, 46% and 25%. **CONCLUSIONS:** Almost all patients were hospitalized after fracture and the mean number of inpatient days is high, although there is a large variation. The vast majority of health care consumption in relation to fracture occurs during the first 4 months but substantial consumption persists up to 18 months after fracture.

PMS106

METHODOLOGY OF AN OBSERVATIONAL STUDY TO EVALUATE THE CARE MAP OF WOMEN WITH POSTMENOPAUSAL OSTEOPOROSIS (PMO) IN SWITZERLAND

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OBJECTIVES: The diagnosis and management of PMO involves multiple specialists and referrals. To better understand patient management, an ongoing observational study will evaluate the care map of women with PMO treated in routine clinical practice in Switzerland, and estimate the 2-year treatment cost of parenterally administered medications (denosumab, ibandronate, zoledronate). Here, we describe the study design and methodology. **METHODS:** Of 52 specialist centers across Switzerland operating a DXA machine, 22 agreed to participate in the study. Women diagnosed with PMO and initiated on parenteral antiresorptive treatment were enrolled in the study between June 18, 2012 and May 31, 2013. To minimize selection bias, treatment initiation must have occurred within 6 months before study initiation visit at the participating center. The planned follow-up period is 24 months. Patients may be followed by the specialist or referred back to the general practitioner. Where available, the following data will be collected: demographics and patient history, co-morbidities and co-medications, DXA T-scores, osteoporosis risk factors, PMO treatment and rationale, bone turnover markers, vitamin D level, and costs related to PMO diagnosis and treatment. These parameters will be recorded at baseline and at any visit in the 24-month observation period as available from routine practice. Continuous outcomes will be summarized by descriptive statistics. For categorical outcomes, the number and percentage of patients in each category will be presented. Baseline covariates (demographic, patient characteristics and site characteristics) will be described overall and by treatment received. **RESULTS:** As of May 31, 2013 at least 280 eligible women were enrolled into the study. Full study results will be reported at a later date. **CONCLUSIONS:** The recruited number of patients confirms the feasibility of the planned methodology. Data from this study will provide valuable information regarding the care map of women with PMO in routine clinical practice in Switzerland.

PMS107

AGE AND GENDER DISTRIBUTION OF OUTPATIENT CARE PHYSIOTHERAPY SERVICES FOR DORSOPATHIA DISEASES IN HUNGARY

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OBJECTIVES: To assess the utilization of out-patient care physiotherapy services related to dorsopathia diseases of the musculoskeletal and connective tissue diseases according to age and gender. **METHODS:** The data come from the financial data base of the National Health Insurance Fund Administration (in Hungarian: OEP) involving the year of 2009. The activity list was provided by the rulebook on the application of the activity code list in out-patient care. The dorsopathia diseases of musculoskeletal and connective tissue diseases (M00-M99) are listed in the International Classification of Diseases (ICD) with code of M40-M54. The number of cases in physiotherapy activities were determined per 10,000 persons by age and gender in outpatient care. **RESULTS:** The total number of the provided 151 different types WHO-classified physiotherapy services was 32.318.413 in the year of 2009; 19.095.614 (59,09%) of them with the musculoskeletal and connective tissue diseases. The prevalence of the dorsopathia diseases were 51,17% in the group of the musculoskeletal and connective tissue diseases. The average number of cases of physiotherapy activities per 10,000 persons accounted for 12.015 cases in 2009. The average number of cases per 10,000 persons for males and females were 15.589 cases for males and 8.061 cases for females. The number of cases increase from the 20. age groups in the men and women patients. The highest number of physiotherapy treatment is provided for both gender in the age group 50 to 59 followed

by age groups of 60 to 74. **CONCLUSIONS:** The physiotherapy services occurred with the highest incidence in cases of the 'diseases of the musculoskeletal system and connective tissue' ICD group. The dorsopathia diseases at the ICD groups show the highest prevalence, indicating the importance of prevention.

PMS108

AGE AND GENDER DISTRIBUTION OF OUTPATIENT CARE PHYSIOTHERAPY SERVICES FOR HIP AND THIGH INJURIES IN HUNGARY IN 2009

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OBJECTIVES: The medical aspects of injuries of the lower extremity is well known, however, limited information is available on physiotherapy treatment of these diseases. The aim of our study is to assess amount and frequency of the physiotherapy services in hip and thigh injuries based on age and gender distribution. **METHODS:** Data were derived from the countrywide database of Hungarian Health Insurance Administration (HHIA), based on official reports of outpatient care institutes in 2009. The total numbers of different physiotherapy services were determined by selecting the reported specific diagnoses codes and counting the number treatments provided for that specific diagnosis code. The different types of treatment codes are listed in the chapter of the Guidelines of HHIA for 'Physiotherapists, massage-therapists, conductors and other physiotherapy practices'. The number of cases in physiotherapy activities related to for hip and thigh injuries (BNO 570-79) were determined per 10,000 persons by age and gender in outpatient care. **RESULTS:** The total number of the 151 different physiotherapy services was 353.260 cases at the hip and thigh injuries in the year of 2009 at the. In 2009 the average number of cases of physiotherapy activities per 10,000 persons accounted for 351.91 cases. The average number of cases per 10,000 persons for males and females were 443.7 cases for males and 249.75 cases for females. The number of cases of the hip and thigh injuries were higher in the 15-49 age group in males, and in the age group of elderly females. **CONCLUSIONS:** In case of the hip and thigh injuries, the highest demand of the outpatient care physiotherapy services occurred older injured patients. The differences in young males vary with the physical activity and the type of recreation activities, and with the condition of osteoporosis in elderly females.

PMS109

BONE EVALUATION STUDY (BEST): PREVALENCE AND TREATMENT RATES OF MALE PATIENTS WITH OSTEOPOROSIS (OP) IN GERMANY

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OBJECTIVES: With an aging population, prevalence of OP and OP-attributable fractures (OAF) is expected to rise dramatically. We evaluated prevalence and treatment rates for male OP (MOP) in Germany. **METHODS:** BEST, a retrospective analysis of de-identified claims data from a German sickness fund, included male and female OP patients, aged ≥ 50 years and insured ≥ 1 day between 01/2006-12/2009. Two populations were defined. Inclusion criteria for population B were: 1) OP diagnosis (M80.x, M81.x), and/or 2) prescription for OP-related medication (OPM), and 3) exclusion of diagnoses M88.x, E83.5x, and M90.7x (ICD-10). Population A included population B plus patients solely experiencing OAF. **RESULTS:** Population A included 104,938 men. In 2009, prevalence of MOP was 6%. While 67% of men experienced ≥ 1 OAF during observation period, with the highest rate in those aged 50-54 years (78%), only 15% received OPM. Population B included 47,694 men. In 2009 prevalence of MOP was 4.8%. 27.2% of those diagnosed experienced ≥ 1 OAF, with the highest rate in men aged ≥ 75 years (2006-2009). Only 41.8% of men with ≥ 1 OAF received OPM during the observation period. **CONCLUSIONS:** While prevalence of MOP is lower than that of postmenopausal OP (6% vs. 24% in 2009), high fracture rates in OP-patients represent a significant burden to the German health care system. The low treatment rates reported may lead to suboptimal outcomes, and must be optimized to reduce risk of follow-up fractures in MOP.

RESEARCH POSTER PRESENTATIONS - SESSION V RESEARCH ON METHODS STUDIES

RESEARCH ON METHODS - Clinical Outcomes Methods

PRM1

THE BENEFIT-HARM FRONTIER OF DIFFERENT PRIMARY SCREENING STRATEGIES FOR CERVICAL CANCER IN GERMANY

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OBJECTIVES: Using a benefit-harm frontier (BHF) approach, we systematically compared benefits and harms of different HPV- and cytology-based primary cervical cancer screening strategies in Germany. **METHODS:** A previously validated and published Markov model was used to analyze the trade-off between benefits and harms of different screening strategies differing by length of screening interval and test algorithms, including cytology alone, HPV testing alone, in combination with cytology or with cytological triage of HPV-positives. We used published German clinical, epidemiological and international test accuracy data from meta-analyses. Predicted outcomes included reduction in cervical cancer incidence and unnecessary treatment (defined as conizations of lesions <CIN3). **RESULTS:** Overall, comparing identical screening