OBJECTIVES: The metabolic disorder begins with signs of overweight. If unattended it leads to metabolic syndrome with Hypertension and Diabetes. The polyvalent ferric ion requires chelation which is found used in this study in the management of over weight. The polyvalent formulation consists of Triphala, Guduchi and Mandor basma(TGMB). METHODS: Study design is randomised single blind clinical trial. Total number of patients in both arms were 40 (20 each) were administered. The control group were administered Guggul 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 28.18/28.28. After treatment, it was 26.58-26.79. The total cholesterol in BT were 213.85 / T 179.93 ; at C 177.5 / T 174.4; Triglycerides in BT C 138.37 / T 129.6, at C119.9 / T 116.1; HDL* BT C 44.17 / T 40.87; at C45.04 / T 41.13 and BUN in BT C 9.79 / T 9.51. CONCLUSIONS: 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 Guggul.

PSY

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. The study was conducted over 3 months. Outcome variables were recorded at baseline, 3, 6 and 12 months. Effectiveness of pharmacotherapy was assessed as improvement in pain score and disability at 3, 6 and 12 months in comparison to baseline. The patients were also evaluated for way repeated analgesic anamn model used to assess the change in pain and disability scores. RESULTS: Total 110 female patients of mean age 32.4 (SD) years were enrolled in the study. At baseline, duration of CLBP was 24 (12-60) months. At the baseline patients on mono therapy 27%, Dual 45% and, multiple 28%. Overall prescribed drugs are drugs, Pregabaline (82%), Amirtiplyine (64%), Duloxetine (59%), Noroptyline (36%), topical analgesics (5%), Calciumkvinmin supplements (3%) , Physical exercises and spasticity treatment (3%). 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 (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< 0.003). CONCLUSIONS: Our study found 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

PSY5

HEALTH ECONOMIC EVALUATION COMPARING IV FERRIC CARBOXYMALTOSE, IRON SUROCATE AND BLOOD TRANSFUSION FOR TREATMENT OF PATIENTS WITH IRON DEFICIENCY ANEMIA (IDA) IN SINGAPORE

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OBJECTIVES: Iron deficiency (ID) and iron deficiency anaemia (IDA) are serious comorbidities that arise in several clinical situations and have significant health impacts. It amplifies underlying chronic conditions increasing the risk of hospitalisations, treatment of over weight. The polyvalent formulation consists of Triphala, Guduchi and Mandor basma(TGMB). METHODS: Study design is randomised single blind clinical trial. Total number of patients in both arms were 40 (20 each) were administered. The control group were administered Guggul 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 28.18/28.28. After treatment, it was 26.58-26.79. The total cholesterol in BT were 213.85 / T 179.93 ; at C 177.5 / T 174.4; Triglycerides in BT C 138.37 / T 129.6, at C119.9 / T 116.1; HDL* BT C 44.17 / T 40.87; at C45.04 / T 41.13 and BUN in BT C 9.79 / T 9.51. CONCLUSIONS: 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 Guggul.

PSY6

COST EFFECTIVENESS OF PROPOFOL VERSES THIOPENTAL IN ICUWARDS

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OBJECTIVES: To study the cost effectiveness of Propofol and Thiopental Sodium in ICU wards as Induction Anesthetic. While perorating major surgery, anesthe- siology is considered as a major factor. The present study is aimed with an understanding alternative as induction anesthetic agents. The efficacy and safety of both agents are considered almost equal. However propofol costs 248 INR (approx 4 $) whereas thiopental is 685 INR (approx 12 $). The variation in the price indicates that thiopental is a natural choice due to price advantage. However propofol is more popular choice of anesthesiast as it is vigorously marketed. in order to establish the value of thiopental the following study was carried out. METHODS: The study was approved by Human ethics committee, KMC hospital. The patients who were on going anesthesiaprocedure were included in the study. However the choice of the anesthetic to be used is at the discretion of the anesthesiologist. 43 patients(19propofol and 19thiopental) were included in the study. The patients were administered EQ-SD and the quality of life was computed manually. Additional data on socioeconomic status was also collected in order to calculate the cost effectiveness studies. RESULTS: The data collected was compiled and the cost effectiveness of Propofol (N=32) vs Thiopental N=19 was calculated using EQ-5d 5L crosswalk index calculator. The EQ-5d score for Propofol was 0.228 ± 0.298 and for thiopental was 0.299±0.211. The ICER was calculated using, The average cost effectiveness = -ICER = - (Costtreatment – Costcontrol) / (Effectiveness treatment – Effectiveness control) and it was found to be -2353.21. CONCLUSIONS: It is found that thiopental is cost effective than propofol as ICER for the treatment is more than 2353.

SYSTEMIC DISORDERS/CONDITIONS – Patient-Reported Outcomes & Patient Preference Studies

PSY7

UNDERSTANDING THE JAPANESE GENERAL PUBLIC’S RATIONALE FOR TRADES IN FUTURISTIC UTILITY ASSESSMENT FOR SYSTEMIC LUPUS ERYTHEMATOSUS

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OBJECTIVES: There is a growing need to evaluate utilities for disorders within the Asian population. However, there has been some concern about the legitimacy of direct utility elicitation among Asian subjects. Understanding the thinking of subjects responding to a time-trade-off assessment, subjects were decomposed into a small number of utility constructs that captured trade-offs. Understanding their rationale will provide insights into the values of respond- ents. METHODS: Utility and demographic data were collected from 101 subjects from the general public in Tokyo. Subjects responded to six hypothetical systemic lupus erythematosus cases described by six scenarios with their valuation of their utility through a visual analog scale and time-trade-off. One health state was randomly selected (excluding the anchor state) for each respondent to provide their rationale for their trade. RESULTS: Respondents were comprised of 54 men and 47 women. Subjects provided a range of responses from concerns of family burden to self-preservation (“prefer to live as long as possible”) and needing to finish personal ambitions and “Dignity / Pride” by not wanting to ask others for any assistance. “Unable to bear symptoms / Prefer to die” was the most frequently provided response (~30%) followed by “Burden on family / others” (~20%). Subjects who responded to the mild health state had a tendency to respond “Able to tolerate symptoms” over other reasons (~50%) but were more likely to respond with “Hope for a cure”. CONCLUSIONS: Our study found that subjects were able to provide valid utility estimates from the time-trade-off. The rationale for time-trade-offs offer insights into how responses are formulated within an Asian country. Additional research will need to be conducted to compare these results to other Asian and Western countries.

PSY8

PREVALENCE OF NEUROPATHIC PAIN IN KOREAN PATIENTS SCHEDULED FOR LUMBAR SPINE SURGERY AND THEIR HEALTH RELATED QUALITY OF LIFE: NATIONWIDE, MULTICENTER, PROSPECTIVE, CROSS-SECTIONAL, OBSERVATIONAL STUDY

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OBJECTIVES: The objectives of this study were to investigate the prevalence of neuropathic pain(NP) among patients scheduled for lumbar spinal surgery and the rela-tionship between health-related quality of life(HRQoL) and NP. This study also aimed to identify the risk factors related to NP and compare the clinical outcomes and impact on the HRQoL after surgical treatment between patients with and without NP. METHODS: This study was a nationwide, multicenter, cross-sectional, observa-tional study. It was conducted from September 2011 to May 2013, and included a total of 1,109 patients who were scheduled for lumbar spinal surgery from 44 spinal centers (both orthopaedics and neurosurgeons). Patients were diagnosed of having NP if the Leeds Assessment of Neuropathic Symptoms and Signs(LANSS) pain scale criteria was ≥ 12 points. The patients were investigated to assess the differences in their clinical outcomes after 3 months of the surgery and were followed up with regards to pain and HRQoL. RESULTS: Of 1,109 patients, 404(36.4%) suffered from NP(mean age 62.1 years; 37.9% male) with mean LANSS score of 17.4±4.1, while 705(63.6%) had nociceptive pain with mean LANSS score of 6.0±3.5. Female and longer symptom duration were identified as risk factors for NP (OR 1.291 and 1.085 respectively, p<0.05). Among patients with NP showed lower HRQoL and more severe pain compared to nociceptive pain patients. However, 3 months after surgical treatment, NP group showed greater improvement in pain(p=0.087) and HRQoL(p=0.029) as compared to nociceptive pain group. CONCLUSIONS: There was a high prevalence of NP in Korean patients scheduled for lumbar spine surgery, and