PRODUCTIVITY IN UNITED STATES PATIENTS WITH RHEUMATOID ARTHRITIS WITH OR WITHOUT PRIOR ANTI-TNF EXPOSURE: RESULTS FROM THE PREDICT STUDY

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OBJECTIVES: To investigate the effect of CZP treatment on workplace and household productivity and social participation in US RA pts with and without prior anti-TNF exposure in the PREDICT trial (NCT01255761). METHODS: Pts received CZP standard dosing regimen (400mg at Wks 0, 2, 4 [loading dose], then 200mg Q2W). The main specific Work Productivity Survey (WPS; administered Q4W until Wk42, then QW), assessed the impact of CZP on workplace and household productivity, stratified by pts with or without prior anti-TNF exposure. Mean WPS (LOCF) are summarized over 52 wks: RESULTS: 73 pts were randomized; 55.5% were prior anti-TNF failures. At baseline (BL), 38.8% (A) and 49.4% (B) pts were employed outside the home. A high burden of RA on workplace and household productivity and social participation was reported, with ~6 working days (A: mean 1.8, range 0-6) and ~7 days with reduced productivity/month (B: mean 7.5, range 4-13) missed. Consistently, A had 4 days missed, 4.9 days with reduced productivity/month) and >14 days of household work (A: mean 9.6 housework days missed, 7.8 days with reduced productivity/month; B: mean 7.5 housework days missed, 7.4 days with reduced productivity/month) affected per month. By Wk4, pts reported reductions in workplace absenteeism and presenteeism (A: mean 1.2 days missed, 3.0 days with reduced productivity/month; B: mean 0.7 days missed, 1.9 days with reduced productivity/month); and improvements in household productivity (A: mean 6.2 housework days missed, 4.8 days with reduced productivity/month, B: mean 4.4 days missed, 4.0 days with reduced productivity/month). Improvements continued to Wk12 and were maintained to Wk52. Similar improvements in social participation were reported in both groups. CONCLUSIONS: In RA pts initiating CZP, there were similar improvements both with and without prior anti-TNF exposure in workplace, household productivity and social participation. These improvements were observed as early as Wk4 and maintained through Wk52.

MUSCULAR-SKELETAL DISTURBANCES – Health Care Use & Policy Studies

GENDER AND RACIAL DISPARITY OF SERUM VITAMIN D INADEQUACY: RESULTS从 NATIONAl DATA IN THE UNITED STATES

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OBJECTIVES: To describe the level of serum vitamin D (25(OH)D) inadequacy by gender and race among US adults using national level data. METHODS: Cross-sectional study was conducted using the National Health and Nutrition Examination Survey (NHANES) from 2001 to 2006, i.e., the latest data including serum 25(OH)D concentration, including all US adults (~40 years). Predictive factors of serum 25(OH)D inadequacy (i.e., <20 ng/ml) were evaluated using study variables including patient demographics, health and lifestyle factors, health care utilization, insurance coverage, and clinical covariates. All analyses were performed using SAS statistical software, version 9.1, at a alpha of 0.05. RESULTS: Of 125 million adults, 37.3% had inadequate serum 25(OH)D levels. The inadequacy was higher in female than male participants (36.7% vs. 38.9%; p < 0.0001), and is significantly higher in high-income and middle-income groups (32.9% vs. 35.8% for low-income, respectively). Among racial/ethnicity groups, the prevalence of serum 25(OH)D inadequacy was significantly higher in non-hispanic black populations (77.6%), non-hispanic whites (50.5%), and other race (53.2%) than non-hispanic whites (29.7%) (p < 0.001). Participants who had no health insurance coverage were more likely to have inadequate serum 25(OH)D levels (47.4% vs. 35.9%; p < 0.0001). CONCLUSIONS: A significant number of US adults maintain inadequate serum 25(OH)D level. The prevalence of the inadequacy was significantly higher in females and black populations as compared to their counterparts. Coordinated efforts through comprehensive programmatic approaches or improved collaboration including other health care professionals such as pharmacists and nutritionists can be a key element to improve vitamin D adequacy in US health care system.

PATTERNS OF DISEASE REMISSION AMONG PATIENTS WITH RHEUMATOID ARTHRITIS TREATED WITH BIOLOGIC THERAPIES IN THE UNITED STATES

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OBJECTIVES: To assess the patterns of disease remission among Rheumatoid Arthritis (RA) patients recently treated with biologic therapies in the United States (US). METHODS: A multi-center medical chart-review study of RA patients was conducted in nine BioPharmaco-logical centers to collect de-identified data on patients who are currently on a biologic or recently discontinued a biologic within past 3-months. Physicians were screened for practice-duration and patient-volume and recruited from a large panel to be geographically representative of the US. Patient charts of ~400 RA patients visiting each center/practice during study period were selected. Physicians abstracted data for practice-duration and patient-volume and recruited from a large panel to be geographically representative of the US. Patient charts of ~400 RA patients visiting each center/practice during study period were selected. Physicians abstracted data on disease remission, treatment patterns/dynamics and disease severity/status (per physician-judgment). Kaplan-Meier (KM) analysis was conducted to determine time-to-discontinuation for 1st-biologic by 50% of patients. RESULTS: 467 eligible RA patients were included in the analysis, mean-age 51.7yrs; female 71% (range 63%/Germany-75%/(France)). Geographic distribution of patients were UK/France/Spain/20% each, Germany, 18%/Italy, 21%. Pattern of patients currently on 1st-line biologic 74% (range 69%/France-77%/Italy), on 2nd-line biologic 19% (19% in all countries except Spain (21%)), on >3rd-line biologic 7%/4% (Italy-12%/France). Time between diagnosis and 1st-biologic 52mo (range 31mo (Spain)-57mo (UK)). Conclusions: Medications used prior to 1st-biologic were mostly Non-biological/DMARDs and corticosteroids. Disease-severity at diagnosis (mild/moderate-sever): overall-11% 64%/22%, UK-15%/57% 18%, France-73%/63%, Germany-78%/63%, 18%, USA 65%/55%, Sweden-14% 18%, Italy-60%/55%, 18%. Current disease activity outcomes based on the ACR66 score: overall-50%/41%/8%, UK-55%/30%/14%, Germany-51%/41%-14%, France-84%/10%-8%, Italy-48%/47% 5%, Spain-38% 5%. For KM-analysis, time-to-discontinuation for 1st-biologic 22mo, moderate-sever: 46mo, severe-45mo, 46mo, severe-45mo, moderate-sever: 43mo (mild group had inadequate events (of discontinuation) for evaluation). CONCLUSIONS: Among this large cohort of RA patients who received a biologic, disease severity differed within UK, time-to-discontinuation for 1st-biologic by 50% of patients also varied across SE, decreasing with increasing patient severity.