rable to meloprolizumab 250mg. Active treatments were comparable regarding asthma exacerbations and discontinuations due to AE.

**PRS7**

**COMPARATIVE EFFECTIVENESS ANALYSIS OF MAB IN ASTHMA: THE IMPACT OF REFERENCE DEFINITION ON THE RESULTS**

Torninien S, Rémiuzat C, Maziouzi O, Pichl A, Toumi M

**OBJECTIVES:** Several monoclonal antibodies (mAbs) are in development for the treatment of untreated asthma. Network meta-analysis (NMA) will become unavoidable to compare effectiveness of these products. It could only be performed if studies define outcomes similarly. The objective of this research is to review the consistency of exacerbation definition used in clinical trials of mAb.

**METHODS:** All mAbs approved or in phase II/III development in asthma were identified through a systematic review in Medtrack® database. Clinical trials were identified through the clinical trials.gov registry. Exacerbation definition was searched for all identified trials through targeted literature search. Definitions were compared to the current Asthma guidelines.

**RESULTS:** Variation in the placebo response may be potential influencers. We used tiotropium as a baseline to mepolizumab 250mg. Active treatments were comparable regarding asthma exacerbations and discontinuations due to AE.

**CONCLUSIONS:** The relative effect of tiotropium increased over time, ranging from 0.084 to 0.150 in 12 months and from 0.136 to 0.204 in 6 years. The relative difference of tiotropium over time on two major outcomes for assessing drug relative effectiveness in COPD. Further research is required to understand these changes and the implications for evaluating the relative effectiveness of a new drug versus placebo. The declared time to marketing authorization may not be appropriate time to assess the relative effectiveness of a new drug.

**PRS8**

**BAYESIAN NETWORK META-ANALYSIS TO ASSESS THE COMPARATIVE EFFICACY AND SAFETY OF TREATMENTS FOR CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

Taelib V, Belhadi D, Nielsen AT, Hemels M, Van Laer J

**OBJECTIVES:** To assess the comparative efficacy and safety of inhaled corticosteroids and long-acting beta-agonist (ICS/LABA) fixed doses combination and phosphodiesterase-4 inhibitor for chronic obstructive pulmonary disease (COPD), using a Bayesian network meta-analysis. METHODS: A systematic literature review was conducted according to NICE guidelines. Outcomes of interest included through PRS9, a Bayesian network meta-analysis of treatment in COPD.

**RESULTS:** Efficacy of tiotropium was presented as the mean difference to placebo. The relative difference of tiotropium increased over time, ranging from 0.084 to 0.150 in 12 months and from 0.136 to 0.204 in 6 years. The relative effect of tiotropium increased over time, ranging from 0.084 to 0.150 in 12 months and from 0.136 to 0.204 in 6 years. The relative difference of tiotropium over time on two major outcomes for assessing drug relative effectiveness in COPD.

**CONCLUSIONS:** The relative effect of tiotropium over time on two major outcomes for assessing drug relative effectiveness in COPD. Further research is required to understand these changes and the implications for evaluating the relative effectiveness of a new drug versus placebo. The declared time to marketing authorization may not be appropriate time to assess the relative effectiveness of a new drug.
adequate response. The aim of this study was to compare use of xanthines in the treatment of chronic obstructive pulmonary diseases (COPD), as it reflects exacerbation of the disease and quality of medical care, and incurs high medical expenditures. This study aimed to examine pattern and economic burden of readmission, and identify factors associated with risk of readmission in patients hospitalized for COPD in the Netherlands. The Health Insurance Board (LHV) performed a representative sample (two million subjects) of Taiwanese population in 2005 was adopted for this study. Adult individuals who were discharged from acute hospitals for COPD in 2005 were selected and their re-admission pattern one-year after discharge were examined. Cox proportional hazards regression models were adopted to identify factors associated with risk of readmission. RESULTS: The majority of the subjects was male and aged older than 65 years old. The 30-day, 3-month and one-year COPD-specific readmission rates were 28%, 46%, and 58%, respectively. After adjusting for baseline characteristics, male gender, diagnosis of COPD, pulmonary hypertension and chronic kidney disease were associated with higher risk of readmission. Furthermore, death and/or insufficiency/arrest were the three most frequent causes for readmissions during 30 days, 3 months, or one year after discharge. In the one-year follow-up, hospital readmission accounted for 75% of total healthcare expenditures. Gender, education, and living arrangement were associated with the hospital readmission rate. For smoking status, more than twice during the follow-up. COPD, pneumonia, and respiratory failure were the top three most frequent causes for readmission in patients hospitalized for COPD. The information is of importance for planning interventions to reduce hospital readmission rate.

RESPIRATORY-RELATED DISORDERS – Cost Studies

PRS16
THE BUDGET IMPACT OF DUORESP® SPIRIMAX® COMPARED WITH COMMONLY PRESCRIBED DRY POWDER INHALERS FOR THE MANAGEMENT OF ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE IN ITALY: ESTIMATED IMPACT OF INHALATION TECHNIQUE

Ternouth A1, Tebboth A1, Selya-Hammer C2, Gonzalez-Rojas Guix N3

OBJECTIVES: This was a national observational study conducted in community pharmacies distributed around Italy. The data collected consisted in demographics, severity of sore throat and expectations. The data were analyzed. Data collected revealed that most patients (72%) seek pharmacists’ advice for sore throat in the first 48 hours after onset and expect in priority a relief of dysphonia and alleviation of the pain. Most patients suffered from at least one associated symptom such as running nose or headache. About 40% of patients were advised to consult a physician especially when sore throat lasted longer or was associated with a higher number of concomitant symptoms. Combinations of anti-septic and local anesthetic represent the most frequently advised product for sore throat in pharmacies. TROD were not currently offered in most pharmacies (86%) but 2 pharmacists out of 3 consider delivering it in the future depending on adequate training and economic return. CONCLUSIONS: The management of sore throat in pharmacies largely relies on over-the-counter medications. A wider availability of TROD could enable a better disease management and relevant referral to physicians in the case of bacterial infection.

PRS13
MANAGEMENT OF SORE THROAT IN COMMUNITY PHARMACY IN FRANCE: A NATIONAL OBSERVATIONAL STUDY

Berthélemy O1, Berdeaux G2, Auges M3, Bruel P4

OBJECTIVES: In a previous study was conducted in France, in 2013, to evaluate the physicians’ prescribing practices related to sore throat. Special attention was paid to the use of rapid diagnostic test (TROD). The present study aims at describing how sore throat is managed in the community pharmacy and to identify the patients’ expectations concerning this condition. METHODS: This was a national observational study conducted in community pharmacies distributed around France. It included two components: a questionnaire for pharmacists, administrated by Fimea, Danish Statens Serum Institut and Norwegian Institute of Public Health. (2004-2013) were retrieved by a retrospective, observational, population-based study, conducted in community pharmacies distributed around Italy.

PRS14
IDENTIFICATION OF SUBGROUPS WITH LOW RATES OF SMOKING CESSATION IN ISRAEL

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OBJECTIVES: Tobacco consumption is a major public health concern. Every six seconds someone dies due to smoking and every second smoker will die from smoking-related disease. Smoking double the risk of cardiovascular morbidity and all-cause mortality, but smoking cessation significantly reduces this risk. In order to best target resources for intervention, this study identified subgroups in a generalizable population who have the lowest smoking cessation rates. METHODS: This is a population-based retrospective observational study that assessed cessation rates among members of Clalit Health Services (Clalit), the largest health maintenance organization in Israel, who were aged 18 and older and reported that they were current smokers between 2010 and 2014. RESULTS: There are about 642,000 Clalit members who reported that they were current smokers during the past between 2010 and 2014 (consistent with the national rate of 21.1% in 2014). Of those 14.1% reported in 2014 that they quit smoking, versus 11.0% of the smokers reported that they had quit smoking in 2011. Cessation rates were lowest among women of certain age groups: 7.2% for those aged 18-21 and 13.8% for those aged 45-54 versus 19.9% for those aged 25-34, and 22.5% for those aged 65-74. Smokers from lower socioeconomic status were less likely to have cessation attempts and to achieve chronic smoking status (11.0% vs. 19.0%, respectively). CONCLUSIONS: As of 2016, only one in seven current smokers reports quitting and members from low socioeconomic status and young and/or older age females have the lowest smoking cessation rates. Therefore, healthcare providers and smoking cessation interventions should consider focus on these populations.

PRS15
PATTERN AND FACTORS ASSOCIATED WITH READMISSION IN PATIENTS HOSPITALIZED FOR CHRONIC OBSTRUCTIVE PULMONARY DISEASE IN TAIWAN

Cheng J1, Xu H1, Chang G2

OBJECTIVES: Hospital readmission has been an important issue in patients with chronic obstructive pulmonary disease (COPD). A previous study was conducted in Serbia and the Scandinavian countries in the period from 2004 to 2013. METHODS: The data on utilization of drugs for obstructive airway diseases (ATC group R03) during the ten-year period (2004-2013) were retrieved by a retrospective, observational, population-based study, from the Medicines and Medical Devices Agency of Serbia, Finnish Medicines Agency, Fimea, Danish Statens Serum Institut and Norwegian Institute of Public Health. ATC/DDD methodology was applied and the results were expressed in defined daily doses (DDDs) per 1,000 inhabitants per day. Doses per 1,000 inhabitants per day of xanthines (R03DA) showed a significant tendency to decrease in all Scandinavian countries during the whole observed period of time (4.4-fold in Denmark, 3.46-fold in Norway and 2.38-fold in Finland), in Serbia on the other hand, xanthines represented the most used in the R03 group, with a clear decrease tendency. In 2013, xanthines accounted for less than 2% of total use of drugs in R03 group in Finland, Norway and Denmark (1.25 DDD, 0.61 DDD and 0.50 DDD, respectively), versus 17.1 DDD in Serbia. Concomitantly, the number of exacerbations of COPD in the Scandinavian countries due to better control of chronic respiratory diseases. Acknowledgement: This work was supported by the National Strategic Research and Development Autonomous Province of Vojvodina, project No. 114-451-2458/2011 and by the Ministry of Education, Science and Technological Development, Republic of Serbia, project No. 40112.

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