RA diagnoses were most prevalent in the Marmara region (38%), followed by Aegean (20%), Central Anatolia (21%), and Mediterranean (15%). Nearly 40% of RA patients had a history of cardiovascular, diabetic, respiratory or allergic comorbid condition prior to diagnosis. 5% of patients were hospitalized and 42% had at least one outpatient visit during the pre-index period. Most patients were prescribed non-COX inhibitors (78%) and immunosuppressants (71%), and 11% of patients were prescribed modifying anti-rheumatic drugs (DMARDs). Few patients (1%) had surgery prior to diagnosis. The total annual cost (a2,386) was comprised of mainly pharmacy (a1,747), followed by outpatient (a360), and inpatient costs (a252), and an average copay of 27€. Prior comorbid conditions including diabetes, respiratory disease as well as hospitalization, glucocorticoid and DMARD use significantly contributed to annual health care costs, unlike gender and age.

**CONCLUSIONS:** Annual costs of RA patients are significantly lower in Turkey relative to other countries in Europe, yet, pharmaceutical expenditures cover a significant portion of the overall cost. Comparative effectiveness studies are needed to further decrease pharmaceutical expenditures for RA treatment.

**PMS25**

**STRUCTURE OF DIRECT COST OF CARE OF PATIENTS TREATED FOR SEVERE RHEUMATOID ARTHRITIS IN FRANCE**

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**OBJECTIVES:** To examine the resource utilization and direct costs of care associated with use of biologic agents therapy among prevalent rheumatoid arthritis (RA) patients based on retrospective health care claims data. The database (EGB) is a 1/97 representative sample of the national claims database covering the whole French population.

**METHODS:** RA patients were identified as adults (age >18) benefiting from full coverage (ALD eligibility criteria) for RA (ICD-10 M05-06) on January 1, 2009 and still alive on December 31st, 2010. Biologics treated patients (BTP) were defined as RA patients with ≥1 claim for biologics in 2010. All health expenses were assessed from the payer’s perspective. A log-linear generalised model was used to adjust the costs in comparing BTP versus patients not treated by biologics (BNP). **RESULTS:** A total of 1,234 RA patients were identified of whom 199 (16%) were treated with biologics (BTP) including TNF inhibitors in 85% of cases. In comparison, patients not treated by biologics (BNP) showed the proportion of male patients (24% versus 21% p = 0.09) nor the time since registration for RA coverage (8.5 versus 9.0 years p = 0.33) were significantly different but BTP patients were significantly younger 55.2 years ± 13.17 standard deviation (SD) versus 58.2 years ± 13.17 (SD) respectively. BTP patients needing caregivers reported significantly higher GDA, VAS, HAQ, RAPID-3 scores compared with BNP patients (p < 0.001). The mean annual extra cost of patients on biologics was in the range 11,000 - 12,000 €.

**CONCLUSIONS:** When compared to similar data prior to the era of biologics, the structure of medical expenses in RA patients has shifted from in-patient care to productivity costs of rheumatoid arthritis (RA). Costs are supposed to increase with increasing HAQ value. Therefore, we calculated direct (from health insurance perspectives) and productivity costs for five groups of patients according to their HAQ (<0.6, 0.6-1.1, 1.1-1.6, 1.6-2.1, ≥2.1) to confirm this assumption also in the Slovak Republic. **METHODS:** This calculation was based on a retrospective cross-sectional study. We included 119 patients with rheumatoid arthritis, aged 18-84 years, with at least one cardiovascular, diabetic, respiratory and/or allergy comorbid condition prior to diagnosis. 

**RESULTS:** Five groups of patients were identified with the following mean HAQ scores: 0.51 (BNP group), 0.98 (BTP group), 2.21 (BTP group), 2.14 (BTP group), 2.31 (BTP group). The unadjusted per capita annual expenses of BTP were three times higher than in BNP group, sequelae of sick leave and sick leave (average 27 days annually) due to RA, costing patients an average €480 annually due to workdays. 5.4% of patients had other RA-related consultations not covered by insurance (acupuncture, homeopathic, other), bringing their average annual burden to €1,600. 6.5% of RA patients incurred additional RA-related costs (e.g. need for new car, apartment, special equipment), spending an additional €1,640 in 1 year. 13.7% of patients required caregivers. The average annual out-of-pocket amount paid to caregivers was €624. Multivariate regression showed that age and gender were not significantly related to indirect costs. Patients needing caregivers reported significantly higher HAQ, VAS, RAPID, 2576.

**CONCLUSIONS:** Direct and productivity costs for patients with rheumatoid arthritis are closely related to the height of HAQ score. Total (direct and productivity) annual mean costs were €2576.