drivers of cost consumption in the treatment of patients with psoriasis and PsA in the Czech Republic. Cohort in our study was not treated with biological treatment which would certainly increase the costs therefore further study is required to access the cost-effectiveness of such treatment in the Czech Republic.

PMS21 DIFFERENCES IN COST-OF-ILLNESS AND QUALITY OF LIFE BETWEEN RHEUMATOID ARTHRITIS AND ANKYLOSING SPONDYLITIS IN SOUTH KOREA

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OBJECTIVES: To estimate and compare cost-of-illness (COI) and health-related quality of life (HRQOL) of rheumatoid arthritis (RA) and ankylosing spondylitis (AS) in South Korea. METHODS: Patients with RA (n = 196) and AS (n = 191) were surveyed by face-to-face interviews at the Rheumatology Clinic of Seoul National University Hospital. Direct costs (medical costs, treatment, drug, private physiotherapy, traditional Chinese medicine, other alternative compliance), indirect costs (productivity loss due to job loss and sick leave) and deterioration in HRQOL of RA and AS patients were measured. HRQOL was assessed using EQ-5D. Factors associated with productivity losses were included. RESULTS: COI of AS patients was more than double compared to that of RA patients (6,464,376 Korean Won, AS: 12,433,629 Korean Won) but HRQOL of RA patients was lower than that of AS patients (RA: 0.49, AS: 0.62). As functional severity worsened in both diseases, the total costs increased accordingly (RA: functional class I QFL: 4,230,204 Korean Won, RA II: 7,250,674 Korean Won, FC III: 8,464,434 Korean Won, FC IV: 8,206,215 Korean Won, AS: FC I: 1,812,096 Korean Won, FC II: 13,995,292 Korean Won, FC III: IV: 30,118,247 Korean Won) and the HRQOL decreased significantly. HRQOL can be attributed to RA (FC I: 0.67, FC II: 0.58, FC III: 0.59, FC IV: 0.49) and AS (FC I: 0.72, FC II: 0.61, FC III: IV: 0.24). Functional severity was the most dominant of COI and HRQOL in RA and AS. CONCLUSIONS: Although the HRQOL of AS patients was not as low as that of RA patients, the COI of AS patients was higher than that of RA patients. As impairment of RA and AS is more severe and functionally low mortality costs of patients, re-examination of reimbursement plan of National Health Insurance is needed to figure out this problem.

PMS22 THE BURDEN OF ILLNESS OF OSTEOSPOROSIS IN CANADA

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OBJECTIVES: Since the 1993 estimate of the burden of osteoporosis in Canada, the population has aged and new treatment options have been introduced. The study purpose was to estimate the current burden of illness due to osteoporosis in Canadian women aged 50 and over. METHODS: A systematic review was conducted using five national administrative databases from the Canadian Institute for Health Information for the fiscal-year ending March 31 2008 (FY 2007/08). Gaps in national data were identified using a combination of most responsible diagnosis and interventions. Fractures associated with severe trauma codes were excluded from the analysis. Costs, expressed in 2010 dollars, were calculated for osteoporosis-related hospitalizations, emergency care, same day surgery, rehabilitation, surgery, home care, home care, long-term care, prescription drugs, physician visits and productivity losses. Sensitivity analyses were conducted to measure the impact on the results of key assumptions. RESULTS: Osteoporosis-related fractures were responsible costs of RA patients was estimated to JPY352,170,000. For whole RA patients in the population, 435.1 working hours per 1year. By multiplying average wage, JPY1,753, annual indirect costs applied to patient, health care and society in process of medical care treatment of active JRA, therapy cost of the most common side effects caused by biologics use, cost of inpatient care and cost of out-patient diagnostic and treatment of JRA patients. CONCLUSIONS: Therapy cost with Etanercept and Abatacept was evaluated on the first stage including spending on one patient treatment è standard of inpatient treatment for active JRA, therapy cost of the most common side effects caused by biologics use, cost of inpatient care and cost of out-patient diagnostic and treatment of JRA patients. Costs of side effects treatment caused by Etanercept use resulted in 44 EUR and for Abatacept - 69 EUR. Next stage of cost analysis was evaluation of therapy cost for patients with JRA according standard of inpatient treatment è standard of out-patient diagnostic and treatment. Cost of patient care was considered during cost analysis for the treatment of patients with JRA. Cost of inpatient and out-patient care for patient with JRA excluding biologics cost amounted to 53585 EUR. CONCLUSIONS: Finally total direct costs for the treatment of JRA with during one year with body weight from 15 to 60 kilogram varied from 45,380 EUR to 57,132 EUR for Etanercept and from 42,534 EUR to 60,292 EUR for Abatacept respectively.

OBJECTIVES: To estimate and compare cost-of-illness (COI) and health-related quality of life (HRQOL) of rheumatoid arthritis (RA) and ankylosing spondylitis (AS) in Turkey. METHODS: An expert panel composed of 21 experts chosen from all national tertiary care rheumatology units (n=53) was convened to estimate the direct and indirect costs of care of patients with RA and AS in Turkey, using “cost-of-illness” methodology. To measure indirect costs, the number of days of sick leave and the extent of disability, and the levels of early retirement and early death were also evaluated. Lost productivity costs were calculated using the human “capital approach”, based on the minimum wage. RESULTS: The total annual direct costs were 2,917,03 Euro per RA patient and 3,565,9 Euro for each AS patient. Indirect costs were 38% and 33% respectively. As the disease state is exacerbated using IORRA database. The increase indirect costs may be supervised by proactively controlling RA.