affecting the physician prescribing decision included safety (96%), efficacy (90%), and cost (86%) of drug choice while the patients viewed that efficacy (86%), convenience dosage (53%), and safety (42%) of a drug were their main concerns. About eight out of ten patients reported that the sources of information for pain management were from specialists, friends/family, GPs and TV/Radio. Nevertheless, most patients were not proactively discussing the potential risks associated with prescription of NSAIDs with their doctors. CONCLUSIONS: Different concerns and information communicated by doctors may affect how it is perceived by patients. Effective patient education is essential to encourage a two-way communication between physician-patient to minimize the negative outcomes and maximize the quality of care.

HEALTH-RELATED QUALITY OF LIFE AND PRODUCTIVITY AMONG HEMOPHILIA PATIENTS WITH INHIBITORS

Brown TM1, Lee WC2, Joshi AV1, Pashos CL1
1Abt Bio-Pharma Solutions, Inc, Lexington, MA, USA, 2Abt Bio-Pharma Solutions, Inc, Bethesda, MD, USA, 3Novo Nordisk Inc, Princeton, NJ, USA

OBJECTIVES: Health-related quality of life (HRQL) and its impact upon productivity have not been well documented among hemophilia patients, nor among their caregivers. This study of hemophilia patients with inhibitors assessed patient and family caregiver productivity and the impact of patient HRQL.

METHODS: Inhibitor patients who participated in a patient forum were mailed a survey including questions on clinical and demographic characteristics, aspects of medical care, HRQL (via the SF-12 v2), and productivity. 53 of 90 surveys were returned. Regression analyses assessed the association of patient and treatment factors with HRQL mean physical (PCS) and mental (MCS) composite summary scores and patient and caregiver productivity (missed and low productivity days in the past year).

RESULTS: Patient mean age was 20.7 years (SD = 18.8), 88.5% were type A, and 39.6% received on-demand therapy as their only treatment mode. On-demand treatment (B = -0.336, P < 0.05) and number of hemorrhages (B = -0.366, P < 0.05) were negatively associated with PCS; and PCS was associated with patients’ missed work/school days (IRR = 0.93, P < 0.001) and perceived impact on daily activities (IRR = 0.72, P < 0.05). PCS (IRR = 0.94, P < 0.01), hemorrhages (IRR = 1.05, P < 0.05), surgery (IRR = 2.74, P < 0.05), and younger age (IRR = 0.91, P < 0.01) were associated with patients’ low productivity days. Patient surgery was associated with more caregiver missed days (IRR = 3.70, P < 0.05) and more caregiver low productivity days (IRR = 8.99, P < 0.001). Patient MCS was also associated with caregiver low productivity days (IRR = 0.96, P < 0.01). CONCLUSIONS: Physical aspects of HRQL among hemophilia patients with inhibitors impact their daily activities and productivity; mental aspects of HRQL affected the productivity of family caregivers.

SYSTEMIC DISORDERS/CONDITIONS—Health Care Use & Policy Studies

USE OF AN ADMINISTRATIVE DATABASE TO ESTIMATE THE NUMBER OF HOSPITAL ADMISSIONS FOR IMMUNE THROMBOCYTOPENIC PURPURA AND ITS ECONOMIC BURDEN IN FRANCE

Vanchtrock A1, Bogillot O2, Divine M2, Durand-Zaleski IS3
1HEVA, Lyon, France, 2Amgen France, Neuilly-sur-Seine, France, 3APHP Henri Mondor hospital, Créteil, France

OBJECTIVES: Using the French national database of hospital admissions in 2006, we estimated the economic burden for hospitals of immune thrombocytopenic purpura (ITP) and ITP-related splenectomy. METHODS: In France, public and private hospital admissions are recorded in comprehensive administrative databases that generate Diagnosis Related Groups (DRGs) used for billing purposes, ICD10 diagnosis, and procedures codes. Admissions for ITP were extracted. Admissions for ITP-related splenectomy were identified by analyzing the surgical procedures. Linking of each hospital stay and patient was made to estimate the cost of ITP per patient. Admission costs from the health care perspective were estimated from the 2007 official DRG tariffs. RESULTS: In 2006, 10,561 hospital admissions for ITP were recorded, of which 10,047 (95%) were in public or not for profit hospitals. In the public sector, 37 hospitals (i.e. 10% of all public health care facilities) managed 50% of the caseload. There were 269 admissions for ITP-related splenectomy, mainly in the public sector (91%). Altogether 3612 patients in the public sector required 9360 admissions or 2.80 in-patient admissions per patient per year. In the private sector, 150 patients required 508 stays (3.4 hospital stays/patient/year). Based on these results, the mean charge was €3653 per patient in public hospitals, and €33177 per patient in private hospitals. The mean charge per patient in public hospitals for ITP-related splenectomy was €6367. These costs did not include expensive drugs, in particular immunoglobulins or rituximab, which are excluded from the DRGs reimbursement scheme in France and can result in extra billing. CONCLUSIONS: Administrative databases allow the estimation of the burden of ITP for hospitals. ITP and ITP-related splenectomy were managed mostly in the public sector. Splenectomy increased the cost per patient twofold. The cost of expensive drugs to treat ITP must be evaluated in a separate study.

RETROSPECTIVE ANALYSIS OF FACTOR VIII UTILIZATION IN MATCHED HEMOPHILIA A PATIENTS TREATED WITH EITHER RECOMBINANT B DOMAIN-DELETED OR FULL-LENGTH FACTOR VIII

Epstein ID1, Woo P1, Hutchings A5, Li-McLeod J1
1Baxter BioScience, Westlake Village, CA, USA, 2Baxter Healthcare, Newbury, Berkshire, UK

OBJECTIVES: Prior literature has suggested that the B domain of FVIII may play a role in the rate of FVIII inactivation (Krenov 2006). Faster inactivation of recombinant B domain-deleted factor VIII (BDD-rFVIII) could affect efficacy during prophylaxis, potentially leading to increased risk for breakthrough bleeds and higher FVIII utilization. The objective of this analysis was to use real world data to determine whether patients treated with BDD-rFVIII had higher annual FVIII utilization than matched patients treated with full-length rFVIII (FL-rFVIII).

METHODS: Retrospective analysis of a large, US specialty pharmacy database was conducted using 2006/2007 data. Patients who were not receiving Immune Tolerance Therapy, had at least six months of prescription activity, and did not switch brands or treatment regimens were selected. BDD-rFVIII patients were matched with up to 5 FL-rFVIII patients based on treatment regimen (on-demand and prophylaxis), hemophilia severity and age. The annualized number of international units (IU) dispensed per kilogram was compared between both rFVIII groups using a Wilcoxon Matched Pairs Test. Subgroup analysis was performed by treatment regimen. RESULTS: Twenty-two BDD-rFVIII patients met the inclusion criteria and were matched to 104 FL-rFVIII patients. Median annual IU/kg consumed for all BDD-rFVIII and FL-rFVIII patients was 3630 and 3054 respectively (p = 0.20). Subgroup analysis showed a statistically significant difference observed when comparing patients on a prophylactic