were categorized into obese (BMI ≥ 30) and non-obese patients. Fewer obese patients were male (47.8% vs 55.8%) and using multi-drug regimens for the same pathogen within 30 days were compared between the cohorts descriptively. Proportions of patients with all-cause and ABSSSI-related readmission to the hospital were found through searching terms associated with “oral health” AND “public health.” A descriptive analysis was performed from the public policy context in oral health, in addition to the estimation of trends and state of the art investigation. RESULTS: 1,727 scientific articles were found through searching terms associated with “oral health” AND “public policy.” The annual growth function provided an increased trend since 2000. The United States, Brazil, and the United Kingdom were the countries with the highest impact and development in the oral health field, providing 40.7% of the total references found. The production is allied especially to universities and research groups, mainly the University of Sao Paulo, University of Arizona, and University of North Carolina at Chapel Hill. The areas of knowledge with the greater incidence were: medicine (44.1%), Dentistry (35%) and social sciences (4.8%). The search for oral health had an index h: 46. CONCLUSIONS: The scientific production in oral health topics shows increasing development and institutional affiliation. It is expected that the oral health problems analyzed had solutions and support from the government of the region and the allocation of resources for health. METHODS: Biologics have provided major advances in the treatment of plaque psoriasis. Little is known regarding adherence to biologics and factors associated with adherence in the Medicare population. This study is the first to examine adherence among Medicare patients with psoriasis receiving biologics. METHODS: The 2009 to 2012 Medicare 100% files were used to identify patients who received infliximab, ustekinumab, adalimumab, or etanercept between 1/1/2010 and 12/31/2011. The first date of biologic prescription defined the index date. Patients were required to have fee-for-service Medicare Parts A, B, and stand-alone Part D plan coverage in the 12-month pre- and post-index period. Overall, 2.7 claims for psoriasis (ICD-SCM code 696.1) in the 12-month pre-index period. Exclusion criteria included presence of other conditions for which these biologics are indicated, or receipt of any biologic in the 12-months pre-index. Adherence to index biologic was defined as patients with proportion of days covered (PDC) > 0.80 during the 12-months post-index. Logistic regression analyses were conducted to determine the factors associated with being adherent. RESULTS: Our sample included 2,707 patients newly initiating biologics. Overall, 68% of PDC for any index biologic was 0.61 and only 38% were adherent to their index biologic in the 12 months following initiation. Mean PDC and adherence rates were similar between physician-administered and self-administered agents, but there were several differences by index biologic. Mean PDCs were 0.66 for infliximab (N = 1,318), 0.70 for ustekinumab (N = 2,980), 0.63 for adalimumab (N = 1,084), and 0.56 for etanercept (N = 1,025). Adherence rates were 49%, 43%, 41%, and 29%, respectively. Logistic regression indicated that older age, and female gender were associated with poorer adherence. CONCLUSIONS: Decreased adherence to biologic treatment for psoriasis is poor in the Medicare population with rates <50% across all biologics. URINARY/KIDNEY DISORDERS – Clinical Outcomes Studies

P4K4 THE BUDGET IMPACT OF TREATMENT PATHWAY REDESIGN IN MEN WITH LOWER URINARY TRACT SYMPTOMS (LUTS) ASSOCIATED WITH BENIGN PROSTATIC HYPERPLASIA (BPH)

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OBJECTIVES: LUTS associated with BPH (LUTS/BPH) in men may present as a combination of voiding, storage and post-micturition symptoms. UK prescribers have proposed two areas of improvement to current care: first, acknowledging that α-blocker monotherapy may not address bothersome storage symptoms; and second, building confidence in primary care to prescribe drug combinations for mixed symptoms. We built a model to evaluate the potential budget savings from implementing these treatment pathway changes. METHODS: A model was built in Microsoft® Excel to depict a simplified LUTS care pathway, aligned with current clinical practice and NICE treatment recommendations in a hypothetical cohort of 10,000 men with LUTS/BPH who have moderate-to-severe storage and voiding symptoms. The budget impact of a proposed pathway redesign was calculated, which could adjust the number of men diagnosed and managed in primary care. Men with low-to-moderate α-blocker monotherapy were assumed to be reimbursed. There are 20 pathways that could be recommended for surgery. RESULTS: The model estimated several annual cost savings: £2,964,169 by increasing the proportion of men diagnosed and managed in primary care; £1,433,708 by increasing the proportion of men receiving initial LUTS treatment in primary rather than secondary care from 50% to 60%; and –£4,114,738 by increasing the proportion of men receiving combined therapy rather than monotherapy from 6% to 20%. A combination of a lower α-blocker index biologic were the most effective treatment factor of which of them is the most clinically effective. This is largely because trials often compare interventions with a placebo or with interventions of the same class; and there are a limited number of trials that compare interventions of different classes. METHODS: We searched Medline, EMBASE, Cochrane Incontinence Group Specialized Register, and all relevant references for randomized controlled trials evaluating interventions for OAB through to October 2014. Using Bayesian Markov Chain Monte Carlo (MCMC) methods, we applied a hierarchical network meta-analysis that accounts for the exchangeability of treatment effects between different modes of administration (e.g. extended and immediate release), between treatments within the same class (e.g. anticholinergics) and the residual between-study heterogeneity. Further we adjusted for differences in baseline severity of the patient population, as different interventions are used at varying times in the treatment pathway. The primary outcomes of interest were mean change from baseline for voiding, urgency, and incontinence episodes. RESULTS: Preliminary results show that for voiding and urgency episodes, BoNT-A 200u is the most effective intervention. BoNT-A 300u was the most effective intervention for reducing incontinence episodes. CONCLUSIONS: BoNT-A 200u was the most effective intervention for reducing symptoms of OAB. Accounting for the exchangeability between different modes of administration and treatments within the same class sufficiently increases the precision in the treatment effect estimates but maintains the interpretability of the individual and diverse range of treatment options.