study worldwide investigating the burden of disease. Mypic CNV-related costs of care are substantial and increasing with the severity of vision loss.

**PSS11**

**COSTS OF CO-MORBIDITIES IN PSoriasIs PATIENTS IN THE UNITED STATES**

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**OBJECTIVES:** Estimate health care utilization and costs of co-morbidities in patients with psoriasis. **METHODS:** A retrospective cohort analysis was conducted using the Truven MarketScan data®. Inclusion criteria were adult patients with at least 2 diagnosis of psoriasis (ICD-9-CM: 696.1) on different dates between January 1st, 2010 and December 31st, 2011, with at least one psoriasis diagnosis in year 2010 and with continuous enrollment of medical and pharmacy benefits in year 2010 and 2011. Patients were divided into two groups with and without comorbidity of interest. Simple regression analysis was conducted to compare adjusted health care utilization (Poisson regression) and costs (gamma regression or two part models; 95% confidence intervals (CI) were calculated using bootstrapping method) in year 2011 between patients with and without comorbidity of interest, controlling for age, gender, and region and psoriasis severity in year 2010.

A total of 56,406 patients (mean age 51.71 years) were included in the analyses. The top five prevalent co-morbidities were hypertension (34.49%), hyperlipidemia (33.79%), cardiovascular disease (17.44%), diabetes (14.36%) and psoriatic arthritis (9.94%). The all cause incidence rate ratio (95% CI) of emergency room visits, hospitalization, outpatient visits for patients with at least one co-morbidity was 1.84 (1.75-1.94), 2.03 (1.87-2.19), 1.49 (1.47-1.51) respectively compared to patients with no co-morbidities (all; p<0.0001). The adjusted all cause health care costs difference was $6600 ($6255-$7024) for patients with co-morbidities as compared with patients without. The mean CI (95%) all cause adjusted cost difference for psoriatic patients with co-morbidities as compared to psoriatic patients without co-morbidities was $4,522 ($4034-$5011), $1,635 ($1,188-$2,082), $8,275.1 ($7,461-$9,089), $268 ($957-12,095) and $997 ($432-1561), between patients with anxiety vs. without was $268 ($957-12,095) and $997 ($432-1561), between patients with depression vs. without depression were $997 ($432-1561) and $997 ($432-1561), and compared using t-test and chi-square.

**RESULTS:** A total of 56,406 patients (mean age 51.71 years) were included in the analyses. The top five prevalent co-morbidities were hypertension (34.49%), hyperlipidemia (33.79%), cardiovascular disease (17.44%), diabetes (14.36%) and psoriatic arthritis (9.94%). The all cause incidence rate ratio (95% CI) of emergency room visits, hospitalization, outpatient visits for patients with at least one co-morbidity was 1.84 (1.75-1.94), 2.03 (1.87-2.19), 1.49 (1.47-1.51) respectively compared to patients with no co-morbidities (all; p<0.0001). The adjusted all cause health care costs difference was $6600 ($6255-$7024) for patients with co-morbidities as compared with patients without. The mean CI (95%) all cause adjusted cost difference for psoriatic patients with co-morbidities as compared to psoriatic patients without co-morbidities was $4,522 ($4034-$5011), $1,635 ($1,188-$2,082), $8,275.1 ($7,461-$9,089), $268 ($957-12,095) and $997 ($432-1561), between patients with anxiety vs. without was $268 ($957-12,095) and $997 ($432-1561), between patients with depression vs. without depression were $997 ($432-1561) and $997 ($432-1561), and compared using t-test and chi-square.

**CONCLUSIONS:** Comorbidities continue to have a significant economic burden in patients with psoriasis in the United States.