COPID phenotypes and history of pneumonia can impact on exacerbation of COPID in Korea. We need to further investigate prospective studies to reach the concrete conclusion.

PR35

REAL WORLD EFFECTIVENESS AND RELATIVE EFFECTIVENESS OF OLMIZALUBAM. AN HISTORIC-PROSPECTIVE DESIGN STUDY

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OBJECTIVES: Olmizalubam has been shown to decrease the risk of hospitalisation or emergency visits in patients with uncontrolled severe allergic asthma as compared to placebo. This longitudinal study observed the conditions under which olmizalubam patients presented in real-life settings, and assessed whether its use, as an add-on therapy alongside standard treatments, decreases the risk of severe asthma exacerbations. METHODS: A cohort of adult patients with uncontrolled severe asthma despite optimal treatment with inhaled and oral corticosteroids and a long-acting beta2-agonist, but no treatment with olmizalubam upon entry, was assembled. Risk of hospitalisation and/or emergency room visits for asthma exacerbation was assessed using the Andersen-Gill extension of the Cox model for repeated events controlling for age, gender, smoking history, body mass index, gastro-oesophageal reflux, allergic status, allergic rhinitis, treatment, and hospitalisation or emergency room visits for asthma in the 2 months prior to olmizalubam treatment. RESULTS: Overall, 163 physicians recruited 767 patients, of whom 374 took olmizalubam at least once (mean observation period: 20.4 months). Olmizalubam use was associated with an adjusted relative risk of hospitalisation and/or emergency room visits for asthma of 0.57 (95% confidence interval: 0.43-0.78). In olmizalubam users, the adjusted relative risk of hospitalisation and/or emergency room visits for asthma during olmizalubam treatment versus non-treatment periods was 0.40 (95% confidence interval: 0.28-0.58). CONCLUSIONS: Add-on olmizalubam significantly decreases the risk of hospitalisation and/or emergency room visits in patients with uncontrolled severe asthma in the real-life setting.

PR34

COMPARATIVE EFFICACY OF ACLIDINUM BROMIDE 400 MCG BID VERSUS TIOTRIUM 18 MCG AND 5 MCG QD AS MAINTENANCE BRONchodilATOR TREATMENT TO RELIEVE SYMPTOMS IN ADULT PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD): A NETWORK META-ANALYSIS

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OBJECTIVES: To estimate the relative efficacy of a new long-acting muscarinic antagonist (LAMA), aclidinium bromide 400 mg BID (AB400), to tiotropium bromide 18 μg (TIO18) and 5 μg (TIO5) QD in patients with COPD. METHODS: A systematic literature search using a predefined strategy in MEDLINE®, EMBASE® and the Cochrane Library identified 21 unique placebo-controlled RCTs: TIO18 (16 trials), TIO5 (3 trials) and AB400 (2 trials). Outcomes were change from baseline (CFB) in lung function ( trough FEV1), disease-specific health status by St. George’s Respiratory Questionnaire (SGRQ) total score, and Transition Dyspnea Index (TDI) focal score, at 12 and 24 weeks. All trials were analysed simultaneously using a Bayesian network meta-analysis model. Risk of hospitalisation and/or emergency visits for asthma exacerbation was assessed using the Andersen-Gill extension of the Cox model for repeated events controlling for age, gender, smoking history, body mass index, gastro-oesophageal reflux, allergic status, allergic rhinitis, treatment, and hospitalisation or emergency room visits for asthma in the 2 months prior to olmizalubam treatment. RESULTS: Overall, 163 physicians recruited 767 patients, of whom 374 took olmizalubam at least once (mean observation period: 20.4 months). Olmizalubam use was associated with an adjusted relative risk of hospitalisation and/or emergency room visits for asthma of 0.57 (95% confidence interval: 0.43-0.78). In olmizalubam users, the adjusted relative risk of hospitalisation and/or emergency room visits for asthma during olmizalubam treatment versus non-treatment periods was 0.40 (95% confidence interval: 0.28-0.58). CONCLUSIONS: Add-on olmizalubam significantly decreases the risk of hospitalisation and/or emergency room visits in patients with uncontrolled severe asthma in the real-life setting.

PR33

OBJECTIVES: To compare the prevalence of selected medical conditions in Russia as estimated using the National Health and Wellness Survey (NHWS) with those from the medical literature. METHODS: This study used data from the 2011 NHWS, administered to 10,039 adults living in Russian cities recruited through both online and offline methods. All data were self-reported. Weighted prevalence was estimated through self-report and validated scales embedded in the questionnaire. Conditions included depression, restless legs syndrome, and sleep and eating disturbances. All conditions were also assessed. NHWS estimates were compared with prevalence estimates taken from published studies. RESULTS: Twelve-month prevalence estimates of depression according to self-report were 20% in men and 25% in women, and depression of moderate to greater severity was identified through the Patient Health Questionnaire (PHQ-9) in 17% of men and 21% of women, both slightly higher than the approximately 10% and 20% estimates of clinically significant depression in men and women, respectively, reported by Akarachkova and Vershinina (2010). In NHWS, restless leg syndrome was reported by 6% and 10% of men and women respectively, and found to affect 8% of men and 10% of women by Romanova (2008). Difficulty falling asleep was estimated at 25% of men and 32% of women in NHWS, and 30% of men and 28% of women (Romanova, 2008). Prevalence for all conditions among urban Russian adults was much lower across conditions when limited to patients reporting a diagnosis confirmed by a doctor. CONCLUSIONS: Prevalence estimates and gender differences calculated from NHWS Russian data were generally similar to those taken from previous literature, providing initial evidence for its use in estimating prevalence of disease in urban Russia. Reports of experiencing a condition were much more common than reports of confirmed diagnosis, suggesting substantial unmet medical need.

PR37

OBJECTIVES: To compare the prevalence of selected medical conditions in Russia across sources. METHODS: The i3Invision™ Data Mart was used from January 1, 2006 through December 31, 2010. All patients aged ≥12 years were included if they received an aqueous INS formulation (with first such date identified as index date) and had continuous insurance coverage from 6 months before through 24 months after index date. Patients diagnosed with chronic rhinitis or nasal polyps were excluded. Data are descriptive in nature. RESULTS: The sample consisted of 163,473 individuals (31% of patients aged ≥12 years) classified to diabetes of 41 years (SD=13), 55% female, and 55% residing in the southern US. Patients were most commonly prescribed generic fluticasone propionate (44%), montelukast (34%), or triamcinolone (10%) and had a high degree of related comorbidities, including sinusitis (40%), asthma (15%), and otitis media (12%). Treatment patterns during the first year after index date: a mean of 2 INS prescriptions were filled (median: 1.0, SD =1.8), adherence as measured by the medication possession ratio averaged 18% (median =8, SD=16), and persistence averaged 135 days (median =30, SD=134). Furthermore, 7% of patients switched INS products during their first year of use, with 5% of patients who initially received generic INS switching to a branded INS product.

PR36

OBJECTIVES: To examine patient demographic characteristics and patterns of intranasal corticosteroid (INS) use among individuals diagnosed with allergic rhinitis (AR) from a large, US retrospective claims database. METHODS: The i3Invision™ Data Mart was used from January 1, 2006 through December 31, 2010. All patients aged ≥12 years were included if they received an aqueous INS formulation (with first such date identified as index date) and had continuous insurance coverage from 6 months before through 24 months after index date. Patients diagnosed with chronic rhinitis or nasal polyps were excluded. Data are descriptive in nature. RESULTS: The sample consisted of 163,473 individuals with a mean age of 41 years (SD=13), 55% female, and 55% residing in the southern US. Patients were most commonly prescribed generic fluticasone propionate (44%), montelukast (34%), or triamcinolone (10%) and had a high degree of related comorbidities, including sinusitis (40%), asthma (15%), and otitis media (12%). Treatment patterns during the first year after index date: a mean of 2 INS prescriptions were filled (median: 1.0, SD =1.8), adherence as measured by the medication possession ratio averaged 18% (median =8, SD=16), and persistence averaged 135 days (median =30, SD=134). Furthermore, 7% of patients switched INS products during their first year of use, with 5% of patients who initially received generic INS switching to a branded INS product.