RA diagnoses were most prevalent in the Marmara region (38%), followed by Aegean (20%), Central Anatolia (21%), and Mediterranean (15%). Nearly 40% of RA patients had at least one cardiovascular, diabetic, respiratory or allergic comorbid condition prior to diagnosis. 5% of patients were hospitalized and 42% had at least one outpatient visit during the pre-index period. Most patients were prescribed non-COX inhibitors (78%) and immunosuppressants (71%), and 11% of patients were treated with modifying anti-rheumatic drugs (DMARDs). Few patients (1%) had surgery prior to diagnosis. The total annual cost (€2,386) was comprised of mainly pharmacy (€1,747), followed by outpatient (€360), and inpatient costs (€252), and an average copy of 27 a.

CONCLUSIONS: Annual costs of RA patients are significantly lower in Turkey relative to other countries in Europe, yet, pharmaceutical expenditures cover a significant portion of the overall cost. Comparative effectiveness studies are needed to further decrease pharmaceutical expenditures for RA treatment.

PM25 INDIRECT COSTS ASSOCIATED WITH RHEUMATOID ARTHRITIS IN TURKEY
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OBJECTIVES: To determine indirect costs of rheumatoid arthritis (RA) due to work loss, RA-related consultations, additional investments and caregivers in patients who utilized public health care facility services in Turkey. Association between indirect cost and disease activity scores such as Global Disease Activity (GDA), EuroQol (EQ-5D) visual analogue scale (VAS), Health Assessment Questionnaire (HAQ) and the Routine assessment of patient index data (RAPID-3) were also analyzed.

METHODS: This cross-sectional study was performed in 10 university rheumatology centers. Eligible patients were age ≥18, diagnosed with RA for at least 12 months according to the American College of Rheumatology (ACR) 1987 criteria. We assessed relevant indirect cost variables, activities associated with indirect costs, and actual costs. Multivariate regression determined variables associated with higher indirect costs. Pearson correlation examined the association between indirect costs and disease activity scores.

RESULTS: A total of 698 patients (82%) had data on age and gender were significantly related to indirect costs. Patients needing caregivers reported significantly higher GDA, VAS, HAQ, RAPID-3 and lower EQ-5D scores.

CONCLUSIONS: Indirect RA-related costs in Turkey are significant. Comparative effectiveness studies on RA treatment should include direct and indirect costs.

PM25 TOTAL HEALTH CARE COSTS ASSOCIATED WITH ANKYLOSING Spondylitis Ankylosing Spondylitis Incidence Cases in Turkey
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OBJECTIVES: To estimate risk-adjusted health care costs and identify associated risk factors for ankylosing spondylitis (AS) expenditures in Turkey using real-world data.

METHODS: This study used research-identified data from a system that processes claims for all Turkish health insurance funds. Incident cases of adult AS patients with two AS visits at least 60 days apart, identified between June 1, 2010 and December 31, 2010, were required to have no AS diagnosis before June 1, 2009, with at least 1 year of continuous enrollment for the baseline and follow-up years. Pharmacy, outpatient and inpatient claims were compiled over the study period for the selected patients.

RESULTS: Among 603 patients (mean age: 38.74; female: 44%); 58% were age 18-39, 35% were 40-64 years and 7% were age 65 or older. AS diagnosed in the Marmara region (49%), followed by Central Anatolia (22%), Aegean (13%), and Mediterranean (7%). Nearly 25% of AS patients had at least one cardiovascular, diabetic, respiratory, allergy, Crohn’s disease and rheumatoid arthritis comorbid condition prior to diagnosis. Most patients were prescribed non-COX inhibitors (67%) and 7% of patients were prescribed disease-modifying anti-rheumatic drugs (DMARDs). Nearly 25% of patients had at least one cardiovascular, diabetic, respiratory or allergic comorbid condition prior to diagnosis. 5% of patients were hospitalized and 42% had at least one outpatient visit during the pre-index period. Most patients were prescribed non-COX inhibitors (78%) and immunosuppressants (71%), and 11% of patients were treated with modifying anti-rheumatic drugs (DMARDs). Few patients (1%) had surgery prior to diagnosis. The total annual cost (€2,386) was comprised of mainly pharmacy (€1,747), followed by outpatient (€360), and inpatient costs (€252), and an average copy of 27 a.

CONCLUSIONS: Annual costs of AS patients are significantly lower in Turkey relative to other countries in Europe, yet, pharmaceutical expenditures cover a significant portion of the overall cost. Comparative effectiveness studies are needed to further decrease pharmaceutical expenditures for AS treatment.

PM24 DIRECT AND INDIRECT COSTS OF RHEUMATOID ARTHRITIS IN THE SLOVAK REPUBLIC – COST-OF-ILLNESS STUDY
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OBJECTIVES: International pharmaceutical economics studies suggest Health Assessment Questionnaire (HAQ) as an important predictor of evaluation both direct and productivity costs of rheumatoid arthritis (RA). Costs are supposed to increase with increasing HAQ value. Therefore, we calculated direct (from health insurances perspective) and productivity costs for five groups of patients according to their HAQ (≤0.6, 0.6-1.1, 1.1-1.6, 1.6-2.1, >2.1) to confirm this assumption also in the Slovak Republic.

METHODS: This calculation was based on a retrospective cross-sectional study. We included 119 patients with rheumatoid arthritis, aged 18-84 presenting for working status and utility analysis. We used prevalence-based-cost-of-illness method type bottom-up, retrospectively reviewing individual patient’s medical record. For calculation of productivity costs we excluded patients older than 63 years of age (retirement pensioners). We used fictitious costs approach (CFA) with defined friction period of 130 workdays, based on patients’ absenteeism due to RA. Productivity of part-time-disabled and full-time disabled patients were assumed to be deteriorated by 50% and 70%, respectively, based on the Slovak law on pension insurance. The height of average monthly income in year 2010, €769 was used as denominator. Costs were expressed as mean values per patient with RA. Sample size of five HAQ groups was 22, 16, 16, 10 and 19, respectively.

CONCLUSIONS: Direct and productivity costs for patients with rheumatoid arthritis are closely related to the height of HAQ score. Total (direct and productivity) annual mean costs were €2576.