PSY56
IMPACT OF EARLY VERSUS LATE SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) DIAGNOSIS ON CLINICAL AND ECONOMIC OUTCOMES
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OBJECTIVES: SLE is an autoimmune disease with a broad list of differential manifestations, further complicating its diagnosis. The objective of this study was to compare clinical outcomes, resource utilization and costs between patients with earlier versus later SLE diagnosis. **METHODS:** Patients aged 18-64 years and at least 2 years of continuous coverage were identified from a large claims database between January 2000 and June 2010. Confirmed SLE diagnosis required > 1 claim for rheumatologist visits with a diagnostic code for SLE (ICD-9 code:710.0x) and, in some cases, an additional requirement for ≥ 1 claim for a typical SLE medication. All patients had ≥ 12 months of continuous baseline eligibility prior to SLE diagnosis. SLE probable onset date was identified during the baseline period by the 2nd claim for antinuclear antibody tests or prodromal symptoms of SLE. Patients were stratified into Early or Late Diagnosis groups based on time between probable SLE onset and diagnosis (<6 or ≥6 months, respectively). Patients in each group were propensity-score matched on age, gender, diagnosis year, region, and health plan type. Resource use and costs were compared post-diagnosis between groups using Poisson regression. Per-patient-per-month costs (PMPM) were calculated to account for differential lengths of SLE periods between groups. **RESULTS:** There were 4274 matched patients per group. Post-SLE diagnosis, the Early Diagnosis group had lower rates of non-severe (RR=0.95; 95% CI 0.94-0.96) and severe flares (RR=0.83; 95% CI 0.78-0.89)) and hospitalizations (RR=0.72 (95% CI 0.68-0.77)) compared to the Late Diagnosis group. Mean inpatient costs were lower for the Early Diagnosis ($411 PMPM) patients compared to Late Diagnosis patients ($539 PMPM, P-value=0.001). Results were consistent for other cost categories. **CONCLUSIONS:** Patients diagnosed with SLE sooner may experience lower flare rates, less health care utilization and lower costs. This finding needs to be further explored within the context of background SLE disease activity.

PSY57
UNITED STATES OUTPATIENT AND PHYSICIAN OFFICE VISIT PATTERNS AMONG PSORIASIS PATIENTS RECEIVING ADALIMUMAB OR ETANERCEPT
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OBJECTIVES: Subcutaneous adalimumab or etanercept (SQ) used in moderate-to-severe plaque psoriasis (PsO), may be patient self-administered in settings other than that of a healthcare provider (HCP) or physician office. This study assessed the annual number of office visits, over a 4.5-year period, incurred by PsO patients receiving SQ and compared to PsO patients not receiving biologics (control). **METHODS:** Adalimumab/etanercept claims received from the IMS LifeLink™ database (01/01/2005-06/30/2010) were analyzed cross-sectionally and longitudinally. Patients were aged ≥ 18 years at index and had ≥ 2 PsO diagnosis codes at anytime. The cross-sectional analysis included patients with ≥ 1 claim for SQ and continuous enrollment for the year of analysis. The longitudinal analysis included patients with 6/12 months pre-/post-index continuous enrollment, ≥ 2 SQ claims, ≥ 1 derm visit, no other inflammatory conditions, and the PsO control group. **RESULTS:** A total of 11,871 PsO patients receiving SQ (125,857 cumulative outpatient visits) were included in the cross-sectional analysis (2005-2009). Mean±SD HCP and dermatology office visits spanned 8.9±9.1 to 10.2±9.8 and 2.6±6.2 to 4.0±8.0, respectively. A total of 2,639 patients (27,684 cumulative outpatient visits) were included in the longitudinal analysis. Mean±SD HCP and dermatology office visits were 9.1±9.6 and 4.4±8.0, respectively. Mean (median) days between visits was 53.8 (44.3) and 94.0 (86.7) for HCPs and dermatology, respectively. The PsO control group (n=38,727 patients) incurred a mean±SD of 9.7±10.5 and 4.0±8.0 for HCPs and dermatology, respectively. **CONCLUSIONS:** Since 2005, PsO patients receiving SQ had a mean of ≥9 HCP office visits each year. PsO patients, assessed longitudinally for 12 months after SQ initiation, incurred a similar number of HCP office visits and visited dermatologists on approximately a quarterly basis. Results were consistent with control group findings, suggesting that there are similar HCP visit patterns in PsO patients using SQ and PsO patients not using biologics.

PSY58
RACIAL AND ETHNIC DIFFERENCES IN PATIENT PERCEPTIONS OF INTRAVENOUS BIOLOGIC THERAPY AMONG CURRENTLY TREATED PATIENTS WITH IMMUNOLOGY CONDITIONS
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OBJECTIVES: Currently two modes of administration are available for biologic therapies used to treat immunology conditions: intravenous infusion (IV) and subcutaneous injection (SQ). This study explores patient perceptions of IV biologic therapy for treatment of immunology conditions among patients of different race/ethnicity. **METHODS:** Semi-structured telephone interviews were conducted with 405 immunology patients currently treated with IV biologic therapy. Patients identified preference for IV or SQ and reasons for preference. Patient perceptions were assessed by agreement (6=agree or 7=strongly agree on a 7-point scale) with a series of statements about mode of administration. **RESULTS:** The sample included 83.5% (n=338) Caucasian/White, 7.9% (n=32) African-American/Black, and 5.2% (n=21) Hispanic. While all patients preferred IV to SQ, African-American/Black patients had a stronger preference than Caucasian/White patients (96.9% vs. 79.9%, p<0.050). Of those preferring IV, a greater proportion of African-American/Black patients reported not wanting to give self-injections or not liking needles as a reason for IV preference (71.0% vs. 40.0% for Caucasian/White patients and 38.9% for Hispanic patients, p<0.050 for both). A significantly larger proportion of African-American/Black patients agreed with the following statements than Caucasian/White patients (p<0.05 for all): IV medications are stronger than non-IV medications (50.0% vs. 31.7%); an IV infusion would be less painful than injections (37.5% vs. 23.4%); I don't like needles and therefore don't like the idea of having to give myself injections (46.9% vs. 24.0%); I would be concerned about the risk of doing harm to myself if I had to give myself injections (40.6% vs. 16.3%); it is easier for me to schedule an appointment at an infusion center than to remember when to give myself injections (37.5% vs. 17.2%). **CONCLUSIONS:** Patient perceptions of IV biologic therapy differ by race/ethnicity. Coverage and access policies that limit availability of IV biologic therapy may disproportionately affect racial/ethnic minorities.

PSY59
VARIATION IN HEALTH-RELATED QUALITY OF LIFE ASSOCIATED WITH CHANGES IN TRANSFUSION STATUS OF PATIENTS WITH MYELODYSPLASTIC SYNDROMES ACROSS SIX MONTHS OF TREATMENT WITH AZACITIDINE
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OBJECTIVES: To assess how health-related quality of life (HRQOL) of patients with myelodysplastic syndromes (MDS) who were red blood cell transfusion dependent (RBC TD) at baseline and remained so across six months of treatment with Azacitidine (AZA) compared with HRQOL of MDS patients who were RBC TD at baseline but became RBC transfusion independent (TI) across six months of AZA treatment. **METHODS:** Data were collected in AVIDA®, a prospective registry of patients treated with AZA. MDS patients who were RBC TD at baseline and who received 56 days or more of AZA were analyzed. RBC TD was verified centrally. Clinicians provided data on clinical characteristics, including RBC transfusions. Patients completed the EORTC-QLQ-C30 at baseline and quarterly thereafter. Summary statistics on global health status, functional scales, and symptom/other scales were analyzed. Statistical significance was determined by ANOVA (SAS 9.1). **RESULTS:** At baseline, 85 patients were RBC TD. At 6 months, 41 had achieved RBC TI, while 44 remained RBC TD. Baseline WHO Disease Classification, FAB subtype, IPSS Risk level and HRQOL of patients who remained RBC TD were comparable and not statistically different from those who became RBC TI. At six months, global health status improved among those who became RBC TI, and declined among those who stayed RBC TD (p=0.0140). Statistically significant and clinically meaningful differences in change between baseline and 6 months were seen in physical and role function (p=0.0005 and p=0.0154), but not in emotional, cognitive or social function. Fatigue was the only symptom (of 9) in which changes were different between groups (p=0.0285), with RBC TI patients reporting less fatigue, and RBC TD patients reporting more. **CONCLUSIONS:** Findings from AVIDA® indicate that HRQOL among RBC TD MDS patients treated with AZA improved significantly overall and on certain domains when RBC TI was achieved.

PSY60
PAIN MANAGEMENT: OBSERVATION AND SIDE EFFECTS
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OBJECTIVES: Pain treatment is a real challenge for Public Health and a requirement for the quality and evolution of a health system. It responds primarily to a humanist and ethical objective, intrinsic to the dignity of the humankind. The physical pain and moral suffering experienced during all ages of life make those already weakened by the disease even more vulnerable. Treatment compliance is essential to the efficacy of the treatment offered. Side effects or undesirable effects may be caused by non compliance when they appear in the first 24 or 48 hours after treatment. The objectyive is to describe the side effects perceived during the first 48 hours and spontaneously cited by the subjects treated with an analgesic. **METHODS:** Prospective, longitudinal, multicenter observational study, conducted in France using data collected by the general practitioners who agreed to participate. **RESULTS:** Patients were treated either with a paracetamol-codeine combination (n= 742) or with a paracetamol-tramadol combination (n =107). Nausea / vomiting, dizziness, drowsiness and constipation were the 4 most commonly cited side effects. In the first group, prevalence after 24h was 9.56%, 2.96%, 4.44% and 1.08% respectively, versus 13.89%, 7.41%, 2.78% and 2.78% in the second group. On the 2nd day, prevalence in the first group was 3.9%, 2.01%, 3.4% and 2.8% respectively, versus 11.1%, 3.7%, 1.85% and 2.78% in the second group. Prevalence of at least one side effect perceived during the 7 days of treatment was 29.74% in the first group versus 40.74% in the second treatment group. **CONCLUSIONS:** A study published in 2005 (Patients and chronic pain–*Exercer* magazine January 2005-Le Goaziou et call) indicated 37% constipation, 24% nausea and vomiting and 22.4% dizziness for a group of patients undergoing treatment. It appeared that the patients treated with one of the two drug combinations had fewer complaints of the same side effects.

PSY61
BASELINE CHARACTERISTICS OF OVER 5,000 PATIENTS USING NPLATE® (ROMIPLOSTIM) IN THE NPLATE® NEXUS (NETWORK OF EXPERTS UNDERSTANDING AND SUPPORTING NPLATE®) PROGRAM, THE NPLATE® REMS (RISK EVALUATION AND MITIGATION STRATEGY) PATIENT REGISTRY
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