Further studies using real-world data to explore the impact of anti-TNF therapy on patients’ clinical, economic, and humanistic outcomes are recommended.

**PSK5**

**MANAGEMENT AND COST OF GENITAL WARTS IN ITALY**

**Merito M**, **Largeron N**, **Trichard M**, **Cohet C**, **Boselli P**, **Mateeli A**, **Naldi L**, **Vittori G**

1. Informa S.r.l, Rome, Italy. 2. sanofi pasteur MSD, Lyon, France.
2. University of Modena and Reggio Emilia, Modena, Italy.
3. University of Brescia, Brescia, Italy. 4. CentroStudi GISED, Bergamo, Italy. 5. Clinica Ginecologica, Rome, Italy.

**OBJECTIVES:** Human Genital warts (GW) are common and increasing in sexually active people. Ninety percent of GW are due to Human Papillomavirus (HPV) types 6 and 11. Current treatments can be long, painful, sometimes fail, and relapses are frequent. The objective of this study was to assess treatment patterns and costs associated with the treatment of GW in Italy. Such estimation is important to assess the cost-effectiveness of Gardasil®, the quadrivalent HPV vaccine (types 6, 11, 16 & 18).

**METHODS:** A national retrospective observational study was designed to involve 40 investigators in public gynaecological, dermatological, and sexually transmitted disease centres, enrolling 360 patients aged 14–64 years, with newly diagnosed or recurrent GW. Investigators documented medical resource utilisation and absence from work for the treatment of GW and related complications in 2005 (physician visits, diagnostic tests, medications, office-based treatments, hospitalisations, days off work). Annual direct medical costs per patient were estimated along with productivity losses from the societal perspective.

**RESULTS:** A total of 28 investigators enrolled 341 patients (189 men and 152 women); 8 patients were admitted directly to day-hospital and 333 (97.7%) had at least one investigator visit (on average 3.4 visits); 267 outpatient cases (80.2%) underwent at least one office-based procedure. 124 patients (36.4%) were prescribed a self-applied therapy. 39 cases (11.4%) were admitted to day-hospital. 47 patients (13.8%) reported a medical complication related to GW treatment. Mean annual direct medical costs per patient were €242 for men and €332 for women. Mean costs per patient including productivity losses were €325 and €464 for men and women, respectively. **CONCLUSION:** This study is the first to identify therapeutic patterns and costs of GW in Italy. Treatment costs are in line with recent European estimates, whereas a wider use of office-based procedures instead of self-applied therapies was found.

**PSK6**

**IMPACT OF PSORIASIS DISEASE ON ANNUAL TOTAL HEALTH CARE COSTS AND RESOURCE UTILIZATION AMONG MEDICAID RECIPIENTS**

**Dabbous O1**, **Naim A1**, **Challisery G2**, **Tang B1**, **Rahman MI1**

1. Centocor, Inc, Horsham, PA, USA. 2. hmetric, Bala Cynwyd, PA, USA.

**OBJECTIVES:** To assess the impact of psoriasis (PsO) on health care costs and resource utilization among Medicaid beneficiaries.

**METHODS:** A retrospective analysis, using samples of the Medicaid Statistical Information System (MSIS) patients (pts) with a diagnosis (dx) of PsO (ICD-9 code 696.1) from January 1, 2003 through December 31, 2005 was conducted. The comparison group consisted of Medicaid patient population minus individuals with any immunological diseases. Health care resource utilization and costs were calculated. Multivariable analysis was conduct to test the impact of PsO on health care costs and utilization adjusting for age, gender, and comorbidities (Deyo-Charlson comorbidity index score).

**RESULTS:** The cohort consisted of 8,551,343 pts, of which 6778 had a PsO dx. 60.4% of the pts were female and the mean age was 38 yrs. PsO pts had a higher rate of comorbidities than the controls (1.5 vs 0.41, p < 0.0001). Mean annual total health care costs for PsO pts were $5237, compared with $1323 (p < 0.0001) for controls. Inpatient, outpatient, and physician costs constituted over 45% of the total health care costs in the PsO cohort. Total health care visits were over 3.5 times higher for the PsO cohort compared to the controls (27.4 vs 7.6, p < 0.0001). Physician and outpatient visits constituted 82% of the resource utilization in the PsO cohort. After adjustment in the regression analysis, total health care costs were 63% more for pts with PsO than the controls and total health care visits were 42% more for pts with PsO than the control cohort. **CONCLUSION:** PsO pts have significant health care costs and resource consumption at a much higher rate than non-PsO pts among Medicaid recipients. New therapies may have the potential to decrease the disease burden for pts with PsO. Additional studies are needed to assess differences in quality of life and health outcomes related to specific treatments for pts with PsO.

**PSK7**

**EVALUATION OF THE ASSOCIATION BETWEEN PSORIASIS SEVERITY AND HOSPITAL RESOURCE USE IN THE UNITED KINGDOM**

**Currie CJ**1, **Conway P2**

1. Cardiff University, Cardiff, UK. 2. Wyeth Europa, Berkshire, UK.

**OBJECTIVES:** Severe psoriasis can result in considerable decrease in quality of life, and this is likely to be reflected in an increase in costs. The purpose of this study was to characterise resource use in those with psoriasis and determine if there exists an association between psoriasis severity and hospital resource use.

**METHODS:** Psoriasis patients were identified at hospital clinic, and sent the HODar survey which also included the Dermatology Life Quality Index (DLQI). The DLQI was used to classify severity. Data concerning each patients’ hospital admissions and outpatient attendances were identified from the patient records, other resources such as GP attendances were self reported by survey. This data was collected over a number of years and an average yearly rate computed. **RESULTS:** There were 94 respondents to the survey. The mean time since diagnosis was 15.6 years and 50% were male. Treatment was reported as follows: topical cream 70.2%, acitretin 14.9%, no reported treatment 10.6%, methotrexate 2.1%, cyclosporine 1.1 and PUVA 1.1%. Retinoid treated patients were more likely to be male and topical cream treated subjects were more likely to be female. The mean number of GP consultations in the previous year was 2.79 per subject, hospital Admissions 2.22, and outpatient attendances 4.70. Resource use varied by disease severity. By DLQI score (<3, 3 < 6, 6 < 10, and ≥10, units respectively), subjects reported the following mean number of GP consultations in the previous year: 13, 20, 15, and 24, respectively (p < 0.01 [test for trend]). For outpatient attendances: 15, 16, 8, and 19, respectively (p < 0.05). For bed occupancy in the previous year: 19.8, 21.7, 17.5, and 58.7 days, respectively (p < 0.01). **CONCLUSION:** Patients with psoriasis managed in UK hospitals represent a considerable financial burden, and this burden increases with increasing disease severity. Measured should be taken to reduce the severity of psoriasis.