drug treatment treatment, polytherapy, low mean seizure free interval, male gender, progression of disease, mean duration of disease are significantly (< 0.05) associated with low HRQoL scores. CONCLUSIONS: Epilepsy has a negative impact on their HRQoL. The determinants found by this study will help in framing different strategies to improve patient's compliance and their HRQoL.

PND49
THE IMPACT OF HERPES ZOSTER ON ABSENTEEISM AND QUALITY OF LIFE AMONG IMMUNOCOMPROMISED PATIENTS
Foley E1, Durden K2, Thomson E3, Juneau P4, Zhang D5, Kawai K1, Grehemsek B5, Patwardhan P1, Acosta CJ1
1Tuvalu Health Analytics, Ann Arbor, MI, USA; 2Tuvalu Health Analytics, Austin, TX, USA; 3Tuvalu Health Analytics, Cambridge, MA, USA; 4Tuvalu Health Analytics, Riyadh, MI, USA; 5Merk & Co, Inc, West Point, PA, USA
OBJECTIVES: Little evidence exists on the impact of herpes zoster (HZ) on quality of life (QoL) and work absenteeism for immunocompromised patients. This study describes work absenteeism, and loss in quality of life due to HZ among immunocompromised individuals in the United States, UK, Canada, France and Germany.

METHODS: A web-based survey was conducted with adult males and females age 18-59 who had a cancer or stem cell transplant (SCT) and HZ (HZ and cancer group); 2) cancer or SCT without HZ (cancer group); and 3) had neither cancer, SCT or HZ (immunocompetent group). Validated measures included the Brief Fain Inventory (RFI), activities of daily living (ADLs), the EQ-5D-5L, and the World Health Organization Health and Work Performance Questionnaire (WHO HPQ) for work absenteeism. Multivariable logistic regressions controlling for demographic characteristics and comorbidities examined the impact of HZ on the EQ-5D-5L and absenteeism related to cancer and non-cancer groups.

RESULTS: Overall, there were 353 respondents with HZ (HZ and cancer group), 351 with cancer only, and 353 were immunocompetent. HZ patients had average pain scores that were at least 2 and 3 points greater (p<0.001) than the cancer and immunocompetent groups respectively. Across all ADLs, HZ patients scored 4 and 5 points higher (p<0.001) than the cancer and immunocompetent groups, respectively. HZ patients had 2 and 3 more hours of absenteeence than the cancer and immunocompetent (p=0.086) groups, and scored 0.5 and 3.7 points lower on the EQ-5D-5L than the cancer and immunocompetent (p=0.01) groups. CONCLUSIONS: HZ respondents had greater pain, more absenteeism and lower EQ-5D-5L scores than those without HZ. Despite the differences between cancer and HZ and cancer groups on ADLs and pain, these groups reported similar scores on the EQ-5D-5L, suggesting the EQ-5D-5L may not be sensitive enough to capture the impact of HZ.

NEUROLOGICAL DISORDERS – Health Care Use & Policy Studies

PND50
TRIPAT USE AND ASSOCIATED HEALTH CARE UTILIZATION AND COSTS IN ADULTS WITH MIGRAINES
Nosal T1, Linz V2, Patwardhan P1, Acosta CJ1
1South Carolina College of Pharmacy – USC Campus, Columbia, SC, USA; 2University of South Carolina, Greenville, SC, USA
OBJECTIVES: Triptans have been used widely as acute treatments for migraine. This study aimed to examine distinctive characteristics of triptan users and non-users, identify socioeconomic-related factors associated with triptan use, define migraine utilization patterns and ascertain differences in cost between triptan and non-triptan treated migraine patients. This study used the Medical Expenditure Panel Survey (MEPS) household component files for panels 11-14 (years 2007-2010). The investigation focused on the year 2010, and the predictor variables included demographics, comorbidities, socioeconomic factors and social health status. MEPS respondents with valid data on triptans were included. The primary outcome was the mean total all-cause medical care and prescription drug expenses. A 2-level hierarchical linear model was used to control for the potential clustering in the data. The 2-level linear models were run by 2 age groups separately. Medical care and prescription drug expenses were measured from the payer perspective.

RESULTS: Of 5,708 RRMS patients currently treated with DMTs in the US: METHODS: A multi-center medical chart-review study of MS patients was conducted in 4Q2012 among neurologists to collect de-identified data. Neurologists were screened for duration of practice (≥ 5 years); ≥ 15 MS patients and ≥ 5 HZ patients in the past 3 months; and recruited from a large panel to be geographically representative of the US. Medical charts of next 10 consecutive MS patients were abstracted by each neurologist to collect patient diagnostic, treatment patterns and symptomatology-status. RRMS patients currently treated with 1st-line & 2nd-line DMTs were evaluated.

RESULTS: 708 RRMS patient charts were identified (mean age: 41.2yrs; female:67%; currently treated with DMTs:85%; disease duration:20.9yrs; and disease severity:58%CLND, 42%DISC); 26% had 1st-line DMTs; 40% had 2nd-line DMTs; 35% had both. Of the 601 currently treated patients, current line of DMT: 1st-line:62%, 2nd-line:28%, 3rd-line:10%. 1st-line patient characteristics included: mean age:40.4yrs; female:69%; average time-to-initiation of DMT from diagnosis:7.5mo; total all-cause medical cost over 1st-line DMT:51.4months; JCV status: positive:15% negative:87%; don’t know:8%; don’t tested:8%. Top-4 reasons for 1st-line DMT initiation: efficacy against relapses(55%), efficacy in early MS(25%), efficacy in slowing disease progression(13%); patient decision(12%). Mean EQ-5D score past 3 months: 35(5); DMT-naive median 35(10). Of the 601 currently treated patients, current line of DMT: 1st-line:64%, 2nd-line:27%, 3rd-line:9%. 1st-line patient characteristics included: mean age:42.9yrs; female:66%; average time-to-initiation of DMT from diagnosis:3.7mo; current line of 1st-line DMT:51.4months; JCV status: positive:16% negative:82%; don’t know:8%; don’t tested:8%. Top-4 reasons for choosing the 2nd-line DMT: efficacy against relapses(34%); efficacy in slowing disease progression(34%); patient decision(8%); tolerability(8%); correspondingly, top-4 reasons for switching to 2nd-line DMT: efficacy(59%); patient decision(17%); all other reasons(17%). Mean EQ-5D score 2.98; current disability (per-physician-judgment): mild-50%; moderate-44%; severe-7%. CONCLUSIONS: In this cohort, RRMS patients on 2nd-line DMT appear to have higher disease burden than those on 1st-line DMT.

PND52
THE CHANGING ROLE OF MANAGING AGED-RELATED DISEASES IN CHINA: EXAMPLE OF ALZHEIMER’S DISEASE
Clay L1, Van J1, Milea D2, Ge L1, Toumi M1
1Creative-Teutical, Paris, France, 2Creative-Teutical, London, UK, 3Lundbeck Pte Ltd, Singapore, 4University of China, Beijing, China
OBJECTIVES: Due to a rapidly aging population, aged-related diseases, such as Alzheimer’s disease (AD), are becoming a great concern in China. The objective of this study was to provide an overview of the future social and economic challenges that China is facing with the increasing prevalence of AD in China.

METHODS: A literature review was done to collect information on the disease management, the demographic projections, and medical capabilities available in China. To answer the questions that emerged from the literature review, face-to-face interviews of the two hospital administrative payers were interviewed. RESULTS: It was estimated that there were 10 million cases of AD in China in 2010. As a typical aging disease, the burden of AD in China is currently high and will continue growing as the elderly population grows. About 33% of the Chinese population is expected to be older than 60 by 2050, representing 438 million people. A large imbalance was found between AD management needs and availability of health care services for AD patients, as a result of: 1) Chinese cultural elderly family care for the elderly, while the mortality in 4 grand-parents and 2 parents being cared for by one child, 2) extremely poor awareness of AD in China both publicly and privately (assembled as dementia), and 3) limited medical capabilities for AD. As a result, it is predicted that workload-age differences significantly between these two groups. Further research is warranted to scrutinize the observed treatment patterns and treatment sequencing strategies to alleviate patient burden.

PND53
DRUG EXPENSES FOR ALZHEIMER’S DISEASE IN BRAZIL: A DESCRIPTIVE ANALYSIS
Schneider KF, Xavier LC, Mosca M, Alexandre RF, Nascimento Junior JM, Gadelha CAG
1Federal University of Rio de Janeiro, Brazil
OBJECTIVES: The Brazilian public health system (SUS) provides donepezil, rivastigmine, galantamine and at all individuals with Alzheimer’s disease (AD). The Ministry of Health (MoH) is responsible for the acquisition of rivastigmine and donepezil, whereas the States are responsible for the acquisition of galantamine, reimbursed by MoH. The aim of this study is to characterize patients with AD and the financial resources employed by the MoH. METHODS: Descriptive analysis of the profile of patients and drug expenses, based on data about the amount dispensed and reimbursed by the MoH in 2012, available in the database of the SUS (current values; exchange rate: US$ 1 – R$ 2.36). Were considered: a) MoH expenses with central acquisition of donepezil and rivastigmine and b) values of galantamine reimbursement. RESULTS: In 2012, 119,378 patients with AD were treated with medicines in the SUS. These patients had a mean age of 78.57 years and 65.87% were women. Most of them was treated with rivastigmine (42.98%), followed by donepezile (39.07%) and galantamine (17.95%). The annual costs per patient with galantamine were 17 times higher than donepezil (US$ 1,045.67 with galantamine, US$ 439.78 with rivastigmine and US$ 61.47 with donepezile). The MoH expenses in this period with these drugs summed up to US$ 14,176,227.12. This amount represented 0.73% of the total MoH’s budget of high-cost drugs in 2012. The biggest expenses occurred with rivastigmine (76.16%), followed by donepezile (12.09%) and galantamine (11.74%). CONCLUSIONS: Despite the higher cost of treatment with galantamine, the impact with rivastigmine was higher because it is the only drug approved. The central acquisition of drugs results in lower treatment cost due to its scale economy and the public development partnerships results, a strategy aimed to strengthen the health industrial complex, the resource optimization and the access to medicines.

PND54
REIMBURSEMENT BASED ECONOMICS: AN APPLICATION TO TRIPATNS FOR MIGRAINE THERAPY
Coyle D1, Lee KM2, Sabare KA3
1University of Ottawa, Ottawa, ON, Canada, 2Canadian Agency for Drugs and Technologies in Health (CADTH), Ottawa, ON, Canada, 3Canadian Agency for Drugs and Technologies in Health, Ottawa, ON, Canada