**PMS113**

**ESTIMATING THE MONETARY VALUE OF RELIEF OF TENNIS ELBOW: A CONTINGENT VALUATION STUDY OF WILLINGNESS-TO-PAY**

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**OBJECTIVES:** To estimate the willingness-to-pay (WTP) for symptom relief of tennis elbow to the general population. **METHODS:** The WTP was related to change in disability, i.e. the potential to improve outcomes, or other socio-demographic factors. **RESULTS:** This cross-sectional WTP contingent valuation study was performed alongside a randomised controlled trial comparing the efficacy of physiotherapy and corticosteroid injection in 25 participants with tennis elbow. The contingent value scenario constructed required participants to decide the monetary value (AUD) they would pay for a quick and non-invasive new treatment for relief of persistent tennis elbow. **CONCLUSIONS:** The analysis was underpowered to hold to considered that their symptoms would persist for the next 12 months if left untreated. The efficacy of this new treatment was defined as complete recovery in 50% of people treated. Two WTP approaches (bidding game and binary response) were used. For both methods, 50% of people treated. Two WTP approaches (bidding game and binary response) were used. For both methods, 50% of people were willing to pay a significant amount to improve their quality of life. **CONCLUSIONS:** Achievements of clinical responses and symptom relief were associated with increased workplace and household productivity in WTP-treated axSpA patients, including AS and nr-axSpA.

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**PMS115**

**CLINICAL RESPONSES AND IMPROVEMENTS IN PATIENT-REPORTED OUTCOMES ARE ASSOCIATED WITH INCREASED PRODUCTIVITY IN THE WORKPLACE AND AT HOME IN AXIAL Spondyloarthritis PATIENTS TREATED WITH CERTIZOLIMUB PEGAL**

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**OBJECTIVES:** To evaluate the association between improvements in clinical and patient-reported outcomes (PROs) and improvements in workplace and household productivity in axial spondyloarthritis (axSpA) patients treated with certolizumab pegol (CZP), including ankylosing spondylitis (AS) and non-radiographic axSpA (nr-axSpA). **METHODS:** Analyses used Week (Wk) 24 data from the double-blind, placebo-controlled period of RAPID-axSpA (NCT01087762), for patients with active disease (AS responders) and for clinico-

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**PMS116**

**ELDERLY OSTEOPOROSIS SUSPECTS WITHOUT DIAGNOSIS – INTERIM DATA FROM A GERMAN GERIATRIC PRACTICE**

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**OBJECTIVES:** Elderly patients are at higher risk for osteoporotic (OP) fractures compared with the general population [1], with low-trauma fractures in elderly patients associated with increased mortality risk [2]. In a high proportion of patients with an OP fracture, OP is previously undiagnosed and no OP-medication initiated [3]. This market-research aimed to assess the OP-risk in geriatric patients without OP-diagnosis. **METHODS:** Achievement of clinical responses and symptom relief were also associated with increased workplace productivity (CFB for AS responders [responders/non-responders]: -3.9/0.1 for ASAS40; -3.0/0.7 for ASAS-DI and reported improved physical function and less back pain (pres-}