LEVEL OF ASThma CONTROL AND HEALTH CARE UTILIZATION IN LATIN AMERICA
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OBJECTIVES: Data on the impact of asthma in Latin American countries is limited. The purpose of this study was to examine the association between partly- and uncontrolled asthma and asthma-related health care outcomes among patients residing in Argentina, Brazil, Mexico, Venezuela and the Common wealth of Puerto Rico.
METHODS: Adult and parents of adolescents (12-17 years) with physician diagnosed asthma and asthma medication use or asthma attacks in the past year were surveyed as part of the 2011 Latin America Asthma Insights and Management (AIAM) Study. The objective for AIAM was to identify the prevalence of asthma, minuses were categorized into three levels of asthma control: well-controlled, partly- controlled, and uncontrolled. Chi-square tests and adjusted logistic regression were used to determine odds ratios (ORs) to assess the relation of degree of asthma control with health care utilization outcomes.
RESULTS: Data was available for 2169 completed surveys. Overall, 7% of the patients surveyed had asthma that was classified as well-controlled, with the highest proportion in Mexico (9.4%) and the lowest in Venezuela (3.0%). Patients whose asthma was not well-controlled were significantly more likely to report use of asthma medications (ORs ranging from 1.5-4.2) and to have had emergency health care visits or hospitalizations for their asthma in the previous year (ORs ranging from 2.1-5.9). Respondents with uncontrolled asthma also reported significant decreases in productivity due to asthma compared to patients with well-controlled asthma. CONCLUSIONS: Patients who did not have well-controlled asthma had greater rates of asthma exacerbations and emergency health care services compared to patients whose asthma was well-controlled. These associations strongly suggest that emphasis on improving asthma control could have substantial effects on patient productivity and utilization of health care resources.

OSOTEMOCIA DE ACORTAMIENTO RADIAL EN LA ENFERMEDAD DE KIEBNOCK (SEGUIMIENTO DE 5 AÑOS)
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OBJECTIVES: To evaluate the efficacy, safety and tolerability of 1 and 10 mg/kg belimumab in patients with severe systemic lupus erythematosus (SLE). The primary endpoint was the proportion of patients with ≥5% decrease in SLE disease activity index (SLEDAI) from baseline to week 16. A total of 211 parents of severe hemophilia A children completed the survey. Compared to patients with a 0 ABR who reported a mean PedsQL total score of 76.6, patients with ABR categories of 3-5, 10-20, 31-50, 51-75, and ≥76% showed significantly better mean PedsQL total scores of: 66.4, 63.5, 67.4, 62.5, 56.2 and 59.9 respectively (all p<0.05). Similarly, compared to patients with 0 ABR who reported a mean number of target joints of 6.6, patients with higher ABR categories reported significantly higher mean target joints of: 2.57, 3.42, 3.57, 3.74, 4.67 (all p<0.05). Differences in PedsQL scores from school days showed a significant trend when comparing 0 ABR to ABR categories of 3-4 and beyond. There were no significant differences between patients with zero compared to 1-2 ABR on these health outcomes. CONCLUSIONS: This analysis suggests that even 3-4 bleeds/year may have a negative impact on a patient’s joint health, missed school days and HRQOL. Efforts to maintain a 0 ABR among pediatric patients with severe hemophilia A may help ensure optimal outcomes.

Efficacy and Safety of Belimumab for the Treatment of Systemic Lupus Erythematosus
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OBJECTIVES: To evaluate the efficacy, safety, and tolerability of 1 and 10 mg/kg belimumab, a biologic drug, for the treatment of Systemic Lupus Erythematosus (SLE) through a meta-analysis, comparing these treatments with placebo. METHODS: A systematic review and meta-analysis of randomized, placebo-controlled trials of belimumab for SLE. Data were collected from the Cochrane Library, Medline, and Embase. A total of 17 randomized trials comparing belimumab and placebo were included in the analysis. Results: Belimumab significantly reduced the risk of severe disease flares requiring immunosuppressive therapy (p=0.02) and the risk of serious infections (p<0.01). Belimumab significantly reduced the risk of death in the double-blind treatment period (HR=0.34, 95% CI 0.20-0.58) and in the long-term follow-up period (HR=0.77, 95% CI 0.61-0.99). Belimumab was well tolerated and its safety profile was consistent with previous trials. CONCLUSIONS: Belimumab significantly reduced the risk of severe disease flares, serious infections, and death in patients with SLE. The safety profile of belimumab was consistent with previous trials. Further studies are needed to evaluate the long-term safety and efficacy of belimumab in patients with SLE.