OBJECTIVES: A phase III clinical trial demonstrated the advantage of denosumab over placebo in delaying the first on-study and subsequent skeletal-related events (SREs) in patients with prostate cancer (PC). Recently, generic ZA became available. The purpose of this study was to examine the cost-effectiveness of denosumab vs. brand or generic ZA in the prevention of SREs in Kazakhstani patients with PC. METHODS: The NEFIMA model was re-conceptualized and validated in a 4-week model to analyze the cost-effectiveness of the treatments from the perspective of Ministry of Health with a 10-year time horizon for PC cohort. Direct costs in 2014 tenge included costs of drug, adverse event and SRE (bone frag- ture, surgery to bone, radiation to bone, spinal cord compression) treatment. A dis- count rate of 3% per year was applied. Effectiveness was appraised based on the number of SREs. The health states were defined according to SRE occurrence, SRE histo- ry and death. The model assumed that a patient would stay in a health state for each cycle. Transition probabilities were derived from the relevant phase III trials. Results: The estimated incremental total cost per SRE avoided with the use of denosumab was 1,777,436 tenge higher than brand ZA, 6,713,136 higher than generic ZA, 0.58 fewer SREs per PC patient. Over 10-year period, denosumab incurred 10,309,116 tenge higher costs than brand ZA, 6,713,136 tenge higher costs than generic ZA, 0.58 fewer SREs per PC patient; The estimated incremental total direct costs per SRE avoided with the use of denosumab was 1,777,436 tenge higher than brand ZA. RESULTS: Robust to one-way sensitivity analyses. CONCLUSIONS: With assumption that brand and generic ZAs are equally effective, denosumab seems to be supe- rior alternative for brand ZA (insignificant difference in costs), and costly alternative for generic ZA from a perspective of Ministry of Health of Republic of Kazakhstani.

PMS20 ASSESSMENT OF MEDICATION ADHERENCE IN RHEUMATOID ARTHRITIS PATIENTS IN A TERTIARY CARE CENTER

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OBJECTIVES: To assess the medication adherence rates and quality of life in Rheumatoid Arthritis (RA) patients. METHODS: RA patients admitted in the general medicine ward of a tertiary care hospital in Karnataka, India, during August to December 2013 were enrolled in the study. Demographic data of these patients, their disease, medication adherence data and interviews. Patients (age>18 years) with RA, irrespective of sex, fulfilling the 2010 ACR/EULAR Classification Criteria, were enrolled in the study. Patient’s assessment of adherence was performed by using a Medication Adherence Report-Short Form (MARS) and physical function using the Kannada version of the Stanford Improved Health Assessment Questionnaire (KA-HAQ) was collected. RESULTS: The mean age of 72 RA patients was 46.9 ± 12.8 years and disease durations was 6.5 ± 5.5 years. 86% of the patients were females. Among patients, 15 (21.43%) received methotrexate alone and 28 (40%) received a combination therapy of methotrexate and hydroxychloroquine. The mean KA-HAQ score of RA patients measured by KA-HAQ was 2.70 ± 1.01. Scores on MARS ranged from 26 to 41 with a mean score of 38.65 ± 3.5. The Cronbach’s alpha for the MARS was 0.6 and KA-HAQ was 0.92. Using the mean cut-point 44% of 68 patients who completed the MARS were adherent and remaining 64% were not adherent. CONCLUSIONS: In our study we found 64% of the patients were not adherent to the medications which lead to decreased quality of life RA patients. Adherence to the medications is the optimal management for RA.

PMS21 A KINETIC COMPARISON OF OVERGROUND AND TREADMILL WALKING IN HEALTHY FEMALE

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OBJECTIVES: To determine kinematic difference between overground and treadmill walking. METHODS: A total of 30 healthy men, 30 healthy female aged 19-23 participated in the study. Inclusion criteria in the study were that participants no low back and lower extremity pain, no traumatic injury and foot deformities. Participants walked at their preferred velocity on overground and treadmill. Walking in two conditions was captured by high speed cameras and analyzed by motion analyses software. RESULTS: In compar- ison between treadmill and overground walking was significantly different. Maximum hip flexion angle (P <0.017), maximum knee flexion (0.033) maximum ankle dorsiflexion (P<0.008) and maximum ankle plantarflexion (P<0.044) were significantly different in the two conditions. In the male, maximum hip flexion (P<0.002), maximum knee flexion (P<0.019), maximum ankle dorsiflexion (P<0.018) were significantly different in the two conditions. For female, maximum hip flexion (P<0.016), maximum knee flexion (P<0.045), maximum ankle dorsiflexion (P<0.045), maximum plan terflexion (P<0.021) were significantly different in the two conditions. Overground walking male of knee extension was associated with body mass (r=0.443, p<0.05), hip flexion was associated with body mass (r=0.45, p<0.05). Overground walking female of knee flexion was associated with body mass during (r=0.469, p<0.05), ankle dorsiflexion was associated with height (r=0.443, p<0.05), Treadmill walking in female, hip extension (r =-0.542, p<0.05), knee flexion (r=-0.342, p<0.05), ankle dorsiflexion (r=-0.469, p<0.05) was associated with body mass. Hip extension was associated with height (r=-0.542, p<0.05). CONCLUSIONS: The study revealed significantly kinematic difference between overground and treadmill walking.

PMS25 RELATIONSHIP BETWEEN HIP MUSCLE STRENGTH AND KINETICS OF THE KNEE JOINT

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OBJECTIVES: Patellofemoral pain syndrome is a common problem experienced by active adults and adolescents. Ascending stairs is one of the most painful activities of daily living in person with patellofemoral pain syndrome. However, its etiology has remained vague and is controversial. Nevertheless previous studies were reported from either the viewpoint of kinematics of the knee joint or hip muscle weakness, and in unclear whether hip and knee muscle weakness affect on knee medial displacement during physical activities. of the this study was to determine relationship between hip muscle strength and kinematics of the knee joint. METHODS: Forty healthy male and 40 healthy female subjects were selected. The mean age was 59.4 years (SD=15.5). The average history of RA was 5.6 years (SD=2.7). When comparing RA to non-RA patients, drug utilization had some of the largest differences. Fifth, patients had used traditional disease-modifying anti- rheumatic drugs (TDMARDs), biologic DMDARs (BDMDARs), NSAIDs, and steroids at a rate of 70.8%, 13.2%, 64.8% and 52.8% respectively. For surgeries, lab tests, and MMDs, the highest incremental differences were cataract surgeries, immunology examinations, and knee arthroscopic procedures. RESULTS: The association between muscle mass and knee flexion at 90 degrees in the right knee was (r=-0.519, P<0.001) and dropping (r=-0.520, P<0.001). CONCLUSIONS: The present results suggest that hip muscles’ strength, particularly hip external rotators’ strength are closely associated with knee medial displacement.

MUSCULAR-SKELETAL DISORDERS – Patient-Reported Outcomes & Patient Preference Studies

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