OBJECTIVES: To estimate the annual per patient cost of Amyotrophic Lateral Sclerosis (ALS) in Greece from a societal point of view. METHODS: Data on direct costs (medications, laboratory/imaging tests, consultations, hospitalizations) were obtained through retrospective chart review of a sample of patients followed-up in Agionion University Hospital, a reference centre for ALS in Greece. Eligible patients were those that visited the ALS clinic in the previous 6 months and had fully recorded data over the previous year. Patients were also personally interviewed, following consent, based on a strictly-structured questionnaire, with an aim to record indirect costs incurred in the previous year (work absenteeism, professional home help, walking aids). Unit prices for health-resource use were the official NHS prices. Work loss and home help were costed with the hourly rate of the basic salary, in order to obtain a conservative approach. Costs are reported in year 2011 prices. Work loss and home help were costed with the hourly rate of the basic salary, in order to obtain a conservative approach. Costs are reported in year 2011 prices. RESULTS: The sample (N=34) was 53% female with an average age of 61.6 years. Total average annual per patient cost was 7450.6€ (standard deviation: 6423€), out of which 4136.3€ (s.d.: 1,350€) were direct and 3314.2€ (s.d. 1,930€) were indirect expenditure. Early retirement, home help and informal care were the major indirect costs (24.4%, 17.7% and 17.4% respectively), while medications had the biggest influence when focusing on direct costs (51.4%). Patients were living in nursing home. Cost of care provided by family members were estimated for hospitalization, for neuropathic pain, urinary antispasmodics (8.1%) and muscle relaxants (7.0%). Drug classes contributing most to other drug costs were antiepileptics (17.1%) used for neuropathic pain, urinary antispasmodics (8.1%) and muscle relaxants (7.0%). Costs are reported in year 2011 prices. The mean other drug cost per person on DMT was €2.7 million (estimated 7.6% of total MS drug costs). The mean other drug cost per person on DMT was €1417 (SD €1863). Drug classes contributing most to other drug costs were antiepileptics (17.1%) used for neuropathic pain, urinary antispasmodics (8.1%) and muscle relaxants (7.0%). The top 10 drugs by cost included pregabalin, gabapentin, modafinil, tizanidine, tolterodine, evening primrose oil, atorvastatin, venlafaxine, baclofen and escitalopram (39.9% of other drug costs). The most commonly prescribed drug classes – antidepressants, analgesics and NSAIDs, dispensed to 20% of the cohort in each year, accounted for 17.1% of other drug costs. Costs are reported in year 2011 prices. The prevalence of epilepsy in this sub-population was 0.7% (95% CI 0.4-1.0). Costs were derived on the fully covered sub-population. The prevalence of epilepsy in this sub-population was 0.7% (95% CI 0.4-1.0). Costs were derived on the fully covered sub-population. A proportion of 70.1% to 71.6% were fully covered by insurance for their expenses, while 22.9% to 24.1% were partially covered. Drug costs alone (51%). Women had a higher average cost than men (5173€ vs. 4963€, p<0.05), mostly as a result of indirect expenditures from productivity loss. Age >65 did not have a significant impact on outcomes due to the substitution of productivity losses (≤65) by home help, for patients >65. CONCLUSIONS: ALS entails a significant per patient economic burden in societal terms. Cost-of-illness data, even for rare diseases, provide important inputs for the decision-making process in health as well as for awareness purposes.

PND21

COST OF ALZHEIMER’S DISEASE IN ROMANIA
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OBJECTIVES: Alzheimer’s disease (AD) is the most common form of dementia. Estimates of the cost of AD in Romania come from external sources and are based on extrapolations and assumptions. We tried to replace some of the assumptions with actual data obtained from official sources and based on data obtained from the Bucharest Memory Center. METHODS: This is an empirical investigation of the economic burden of AD in Romania in 2010. Data on health-care utilisation and costs were collected and allocated to the AD by taking in consideration an extrapolation of European data for incidence and prevalence, actual cost for medication provided by National Insurance House for specific medication used in prevention and treatment of AD, actual costs for professional home help (24.4%), work absenteeism (17.7%) and hospitalizations (9.2%). Women had a significantly higher average cost than men (10,004 vs. 4,347€, p<0.05), mostly as a result of indirect expenditures from productivity loss. Age >65 did not have a significant impact on outcomes due to the substitution of productivity losses (≤65) by home help, for patients >65. CONCLUSIONS: ALS entails a significant per patient economic burden in societal terms. Cost-of-illness data, even for rare diseases, provide important inputs for the decision-making process in health as well as for awareness purposes.

PND22

A COST-OF-ILLNESS ANALYSIS OF MYASTHENIA GRAVIS IN GREECE
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OBJECTIVES: To estimate the annual per patient cost of Myasthenia Gravis (MG) in Greece from a societal perspective. METHODS: Data on direct costs (medications, laboratory/imaging tests, consultations, hospitalizations) were obtained through retrospective chart review of a sample of patients followed-up in Agionion University Hospital, a reference centre for MG in Greece. Eligible patients were those that visited the MG clinic in the previous 6 months and had fully recorded data for the previous year. Patients were also personally interviewed, following consent, based on a strictly-structured questionnaire, with an aim to record indirect costs incurred in the previous year (work absenteeism, professional home help, walking aids). Unit prices for health-resource use were the official NHS prices. Productivity losses and home help were costed with the hourly rate of the basic salary, in order to obtain a conservative approach. Costs are reported in year 2011 prices. Work loss and home help were costed with the hourly rate of the basic salary, in order to obtain a conservative approach. Costs are reported in year 2011 prices. RESULTS: The sample (N=32) was 56% female with an average age of 57 years (men: 66.6, women: 49.5). Average total annual per patient cost was 4125.4€ (standard deviation: 5287€), out of which 4136.3€ (s.d.: 1,350€) were direct and 3314.2€ (s.d. 1,930€) were indirect expenditure. Early retirement, home help and informal care were the major indirect costs (24.4%, 17.7% and 17.4% respectively), while medications had the biggest influence when focusing on direct costs (51.4%). Patients were living in nursing home. Cost of care provided by family members were estimated for hospitalization, for neuropathic pain, urinary antispasmodics (8.1%) and muscle relaxants (7.0%). Drug classes contributing most to other drug costs were antiepileptics (17.1%) used for neuropathic pain, urinary antispasmodics (8.1%) and muscle relaxants (7.0%). Costs are reported in year 2011 prices. The mean other drug cost per person on DMT was €2.7 million (estimated 7.6% of total MS drug costs). The mean other drug cost per person on DMT was €1417 (SD €1863). Drug classes contributing most to other drug costs were antiepileptics (17.1%) used for neuropathic pain, urinary antispasmodics (8.1%) and muscle relaxants (7.0%). The top 10 drugs by cost included pregabalin, gabapentin, modafinil, tizanidine, tolterodine, evening primrose oil, atorvastatin, venlafaxine, baclofen and escitalopram (39.9% of other drug costs). The most commonly prescribed drug classes – antidepressants, analgesics and NSAIDs, dispensed to 20% of the cohort in each year, accounted for 17.1% of other drug costs. Costs are reported in year 2011 prices. The prevalence of epilepsy in this sub-population was 0.7% (95% CI 0.4-1.0). Costs were derived on the fully covered sub-population. A proportion of 70.1% to 71.6% were fully covered by insurance for their expenses, while 22.9% to 24.1% were partially covered. Drug costs alone (51%). Women had a higher average cost than men (5173€ vs. 4963€, p<0.05), mostly as a result of indirect expenditures from productivity loss. Age >65 did not have a significant impact on outcomes due to the substitution of productivity losses (≤65) by home help, for patients >65. CONCLUSIONS: ALS entails a significant per patient economic burden in societal terms. Cost-of-illness data, even for rare diseases, provide important inputs for the decision-making process in health as well as for awareness purposes.