PMS113

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

Perreira MJ1, Goebbes BK1, Bisset LM1, Vicenzino B1, Connelly L1

1University of Queensland, Brisbane, Australia, 2Griffith University, Gold Coast, Australia

OBJECTIVES: To estimate the willingness-to-pay (WTP) for symptom relief of tennis elbow. 

METHODS: Two WTP approaches (bidding game and binary response) were evaluated with one group of volunteers. The bidding game was performed in 87 participants. WTP participants were randomly allocated a starting bid from values of $50, $650, $1250 or $1850.

RESULTS: The bidding game approach was performed in 71 participants. WTP ranged from $50 to $1000 (median WTP $695, $390, $940). WTP was significantly associated with an individual’s gross income, greater pain and disability and a worsening condition. The binary response approach was performed in 87 participants. Participants all accepted a $50 bid, while more than half accepted $650 and 76% at least $1250. The binary response approach produced more likely to accept higher WTP values if they had experienced greater pain and disability, a worsening condition and reduced pain-free grip of their affected arm.

CONCLUSIONS: This study examined the value of relief of tennis elbow in terms of change from baseline (CFB) in workplace and household productivity, assessed with the arthritis-specific Work Productivity Survey (WPS). Groups were compared using a non-parametric bootstrap-t method. LOCF was used for WPS outcomes.

PMS114

CLINICAL RESPONSES IN JOINT AND SKIN OUTCOMES AND PATIENT-PERCEIVED OUTCOMES ARE ASSOCIATED WITH INCREASED PRODUCTIVITY IN THE WORKPLACE AND AT HOME IN PSORIATIC ARTHRITIS PATIENTS TREATED WITH CZP

Kavanaugh A1, Gladman D2, van der Heijde D1, Purcaru O1, Mease P3

1University of California, San Diego School of Medicine, La Jolla, CA, USA, 2University of Toronto, Toronto, ON, Canada, 3Leiden University Medical Center, Leiden, The Netherlands, 4UCB Pharma, Brussels, Belgium

OBJECTIVES: To evaluate the association between improvements in clinical and patient-reported outcomes (PROs) and improvements in workplace and household productivity in psoriatic arthritis (PsA) patients treated with certolizumab pegol (CZP).

METHODS: Analyses used Week (Wk) 24 data from the double-blind, placebo-controlled period of RAPID-aspA (NCT01087762), for patients with psoriatic arthritis (PsA) who were not responders at Week 12 for clinical outcomes and PROs. The RAPID-aspA study included patients with PsA Flares, psoriasis body surface area (BSA) ≥ 10% or ≥ 20%, or occupational/endurance sport or competitive. Patients were randomized to receive CZP (subcutaneous 400 mg every 2 weeks) or placebo for 12 weeks. Secondary outcomes assessed at Wk 12 included: PASI 75/100, PR40, DII, SDAI, SAPI, DAS28, CRP, ACR20, ACR50, ACR70, HAQ DI.

RESULTS: At Week 24, 50% of patients treated with CZP achieved PASI 75 (PASI 100, 78.1% 100% at Week 24).

CONCLUSIONS: CZP-treated PsA patients who achieved a clinical response (improvement in moderate/severe/severe disease) were more likely to have increases in workplace and household productivity compared to placebo.

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 CERTOLIZUMAB PEGOL

Fegan Z1, Keefe D1, Braun P2, Rudwaleit M1, Purcaru O1, Kavanaugh A1

1Leiden University Medical Center, Leiden, The Netherlands, 2Rheumazentrum Ruhrgebiet, Herne, Germany, 3Klinikum Bielefeld Rosenhöhe, Bielefeld, Germany, 4UCB Pharma, Brussels, Belgium, 5University of Medicine and Dentistry of Nijmegen, Nijmegen, The Netherlands

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, 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 axSpA who were not responders at Week 12 for clinical outcomes and PROs. The RAPID-axSpA study included patients with axSpA who were not responders at Week 12 for clinical outcomes and PROs. Patients were randomized to receive CZP (subcutaneous 400 mg every 2 weeks) or placebo for 12 weeks. Secondary outcomes assessed at Wk 12 included: BASDAI, BASFI, BASRPQ, CDAI, CRP, DAS28, ACR20, ACR50, ACR70, HAQ DI.

RESULTS: At Week 24, 50% of patients treated with CZP achieved BASDAI 40 (BASDAI 50, 52.0% at Week 24).

CONCLUSIONS: CZP-treated axSpA patients who achieved a clinical response (improvement in moderate/severe/severe disease) were more likely to have increases in workplace and household productivity compared to placebo.

PMS116

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

Schmid T1, Brunme U1, Kerner S1, Zimmer K2

1Amgen GmbH, Munich, Germany, 2Leipziger Gesundheitsnetz e.V., Leipzig, Germany

OBJECTIVES: Elderly patients are at higher risk for osteoporotic (OP) fractures compared with younger 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 study aimed to assess the OP risk in elderly people without OP-diagnosis. [1] Cooper C et al. (1992). Hip fractures in the elderly: a worldwide problem. Osteoporosis international; 2(6):285-289. [2] Bliuc et al.: Mortality risk associated with low-trauma osteoporotic fracture and subsequent fracture in men and women. JAMA 2009 Feb 4;301(5):513-21. [3] Klein S et al: Osteoporose in Deutschland – Epidemiologie und Versorgung. 56. GDMS Jahrestagung (2011): NEW patients to a German geriatric-practice without OP-diagnosis, classifying a questionnaires [0] with their physician evaluating OP risk factors determined by the German-S3-OP-guideline[1], e.g. age, gender, BMI, were eligible. A total of 29 questions were assigned 1 or 2 points depending on OP-risk impact (total points: 0 - 31). A score ≥ 3 identified “OP-suspects” who were to be referred to an orthopedist. In orthopedic-centers OP-cases, OP-medication was initiated. We present interim data (patients completing the QU from 10/14 to 3/15). [1] http://www.dv-osteologie.org/uploads/Leitlinie%202014/DV-Leitlinie%20Osteoporose%202014%20kurzfassung%20und%20Langfassung%20%01%20%04%20pdi.pdf RESULTS: Among 53 patients included in the interim analysis, mean age was 78 years and 40 (76%) were post-menopausal women; 23 (43%) had co-existing diabetes and 15 (28%) chronic renal insufficiency. One-third (17 [33%]) had experienced ≥ 1 fracture after the age of 50. All 53 patients were identified as “OP-suspects” (mean QU-score, 6.6 points); 29 (55%) scored ≥ 7 points indicating very high OP-risk. To date, 26 patients had returned to the geriatric-practice, with 12 [46%] having an orthopedics-confirmed OP-diagnosis.

CONCLUSIONS: Our data suggest proactive evaluation and identification of OP is needed in the elderly population, to improve disease management including initiation of therapy as appropriate.

PMS117

PERSISTENCE TO THERAPY AND THE ASSOCIATED RISK OF FRACtURES WITH ANTI-OSTEOPOrotIC DRUGS: AN ITALIAN FOLLOW-UP STUDY

Valentina Orlando V1, Francesca Guerriero F1, valeria Marino Monetti V2, Maria Claudia Punzo M1, Francesca Gimigliano F1, Giovanni Iolascon G2, Enrica Menditto F1

1University of Naples Federico II, Naples, Italy, 2IADN Cardarelli, Naples, Italy, 3Second University of Naples, Naples, Italy

OBJECTIVES: Osteoporosis is a chronic progressive disease characterized by low bone mass and deterioration of bone structure, leading to an increased risk of fractures. The aim of this study was to investigate the determinants of non-persistence and impact of persistence on the risk of fractures. METHODS: The data used for this study were

A654

VALUE IN HEALTH 18 (2015) A335–A766

MUSCULAR-SKELETAL DISORDERS – Health Care Use & Policy Studies

(PLQ), and Work Productivity and Activity Impairment Index (WPAI). Patients were classified as having either no or partial, or no benefit from treatment. Full benefit was defined as no PsA flare, psoriasis body surface area (BSA) = 0; a “mild” rating of physician/patient global perception of PsA and all skin and joint symptoms. No benefit was defined as a PsA flare or physician/patient global perception of PsA that remained “moderate/severe” or worsening compared with baseline, or a PsA flare and other associated conditions that were not resolved between medical disease. HRQoL was described for those with partial benefit. Residual disease was defined as BSA > 0, ≥ 1 tender or swollen joint, or ≥ 1 skin or joint symptom rated as “moderate/severe”. Adjusted associations were evaluated between medical disease, HRQoL, productivity and switching. RESULTS: The sample included 398 patients; 19.6% achieved full, 49.0% partial, and 31.4% no benefit. Of those achieving partial benefit, 43.1% were female, mean (SD) age 50.1 (11.8), PsA duration in months 97.9 (91.0), BSA 8.0% (10.2%). Mean (SD) HRQoL scores for partial benefit patients were 0.81 (0.20) EQ-5D; 27.01 (27.10) overall work impairment; 5.17 (5.16) DLQI; 11.03 (5.00) WPAI scores. CONCLUSIONS: A substantial proportion of patients yield partial or full benefit from biologics. In this sample, residual skin disease did not impact HRQoL or work productivity.