higher risk of relapse, lower quality of life and higher medical costs. The adherence measure, persistence, refers to the duration a patient continues with therapy. This study aims to evaluate the non-pharmacy medical costs associated with the persistency of DMTs in patients with MS. METHODS: A decision-analytic model was designed using persistence rates, human capital and friction cost methods to describe the costs from the patient’s perspective. The model evaluated the medical costs associated with the persistency, switching, and discontinuation rates of patients on interferon β1a IM, interferon β1b SC, and interferon β1a SC over a 2-year time horizon. Using 6-month intervals in the model, patients were assigned to a comparator treatment or continuing therapy until one month of discontinuing. The overall medical costs related to persisting on treatment, switching treatment or discontinuing treatment were calculated for all treatment arms. RESULTS: Based on the results from the model, an annual per-patient medical cost of $7423 was observed for interferon β1a IM patients, showing a medical cost advan-
tage over patients on interferon β1b SC ($8144; 8.9%), and interferon β1a SC ($7552; 1.7%). CONCLUSIONS: MS is a lifelong disease that requires continuous treatment. The results of this model show that interferon β1a IM is a cost-saving treatment for the medical costs associated with MS patients on disease modifying therapies.

LONG-TERM DISABILLY COST IN TUBEROUS SCLEROSIS COMPLEX (TSC) IN BRAZIL
Valentin I1, Raposo, Paulo SP Brazil
OBJECTIVES: To estimate long-term disability costs associated with tuberous sclerosis complex, a rare multisystem genetic disease, in Brazil. METHODS: Literature review for TSC long-term disability and economic burden was performed (PubMed, EMBASE). Intervention was limited to epilepsy, incontinence and TSC disorder. Cost of lost productivity in patients since epilepsy onset in childhood and carried in adulthood as well as caregivers’ productivity costs were estimated. The Human Capital Method was adopted and potential lost working years estimated till an active age of 65 years. It was assumed a caregiver for all ages. Average income, unemployment rate due to epilepsy, productivity growth and epidemiology data were obtained from the literature and from the Brazilian Institute of Geography and Sta-
tistics. Mean annual productivity cost per patient, total productivity cost per patient and the total productivity burden of TSC-related epilepsy were calculated. Costs were estimated in 2008 Reals and discounted at 5%. Univariate sensitivity analysis was conducted for epidemiology data, employment status rate, productivity growth, dis-
count rate and time horizon. RESULTS: Productivity loss was 47, 30 and 65 years for epilepsy onset in childhood and adulthood and caregivers, respectively. The dis-
counted and not discounted mean annual productivity cost per patient were R$710 and R$11,323, total productivity cost per patient R$977,882 and R$691,150 and total productivity burden of TSC-related epilepsy in Brazil R$1,568,965,961 and R$1,078,5,524,1, respectively (Euro = 3.24 Round). Results were sensitive to the parameters varied in the sensitivity analysis, especially discount rate. CONCLUSIONS: TSC-related epilepsy is a chronic disorder associated with loss of productivity with a significant economic burden in Brazil. Although significant, the economic burden related to productivity loss is expected to be even higher since there are still costs deriving from absenteeism of patients and caregivers when employed looking for health services to be included in further analysis.

NURSE COSTING SURVEY FOR THE MANAGEMENT OF ADVERSE EVENTS IN PATIENTS WITH MULTIPLE SCLEROSIS TREATED WITH DISEASE-MODIFYING DRUGS IN THE UK
Perard R, Parkes L
Micro Serson Limited, Feltham, UK
OBJECTIVES: To determine the costs and medical resource use for the management of injection-site reactions (ISRs) and flu-like symptoms (FLS) associated with injectable disease-modifying drugs (DMDs) used to treat patients with relapsing–remitting multiple sclerosis (RRMS) in the UK. METHODS: A survey was carried out amongst NHS nurses to understand the management of adverse events occurring with injectable DMD use. Data were collected via a postal questionnaire. Responses were compiled for the frequency and duration of side-effects, support received and medical consulta-
tions required for adverse event management. The unit costs were derived from the Personal Social Services Research Unit, the Office for National Statistics and the British National Formulary. Once all parameters and unit prices were characterised with conservative approaches for missing data (e.g. no GP consultation mandatory before antibiotics prescription), computations were processed to determine means and stan-
dard deviations (SDs). RESULTS: A hypothetical nurse assumed to treat a hypothetical number of patients with MS for different primary care trusts participated in the costing survey. On average, the nurses reported that patients experienced 27 ISRs per year of those 33% experienced ISRs only at treatment start while 21% experienced ISRs continuously during the year. Seventy-four percent estimated 30–60 ISRs treatment start and 11% continuously. The average cost for the management of ISRs per patient was £187 (SD £209) equivalent to an average cost of £7 per event. The average cost for the management of FLS per year was £166 (SD £144) equivalent to an average cost of £6 per event. CONCLUSIONS: This is the first UK study to provide data on the costs associated with management of ISRs and FLS occurring with inject-
able DMDs. These data, alongside prevalence estimates, enabled us to calculate the costs of managing adverse events associated within DMDs in an economic model.

EUROPEAN-HUNTINGTON’S DISEASE BURDEN STUDY (EURO-HDB)—PRELIMINARY RESULTS FOR ITALY AND FRANCE
Dorny J1, Touni M2, Clay E, Tedroff J1, Squira F, Da Nicola N1, Verry C
1Criminale Ceutical, Paris, France; University Claude Bernard Lyon 1, Lyon, France; 2NEUROSEARCH Balenup, Denmark; *Neurogenetics and Rare Disease Centre, Pozzoli, Italy; #Neurolvelocity Unit, Cheju, Angers, France
OBJECTIVES: Huntington’s disease (HD) is a rare neurodegenerative disease leading to sustained disability and poor health-related quality of life (HRQOL). As new treatments are in development for HD, data on the burden of disease are required. This study evaluated patient health status, patient and caregiver HRQOL and costs in HD. METHODS: Euro-HDB is a European cross-sectional survey being conducted in eight European countries. Self-reported questionnaires were completed by patients and care-
givers. This study assessed the Huntington Self-Assessment Instrument, a specific tool that assesses clinical characteristics, HRQOL and health care resource utilization. The EQ5D questionnaire and the SF36 Survey are also included. RESULTS: To date, 201 patients have been enrolled in France and 124 in Italy. All levels of disease severity are represented. Average annual costs from societal