Ant-TNF \(\alpha\) and without psoriasis and DMARD use.

**RESULTS:** According to the tools used, 86.4% (CQR), 74.2% (MARS - mean cut point) and 95.4% (MARS - prior study cut point) of patients showed adherence towards DMARD. Better adherence was seen in patients with primary education (CQR: 95% vs 94%; secondary education (MARS -83%)

Patients who suffered from RA for more than 2yrs showed better adherence (CQR: 93%) compared to those with recent disease (2-3yrs) whereas, non-adherent patients showed high disease activity which lead to Non-adherence which worsened disease activity which lead to decreased quality of life.

**METHODS:** A discrete-choice experiment was conducted using a questionnaire in Belgium, France, Ireland, Spain, Switzerland and United Kingdom to simulate a choice situation between different treatment characteristics for RA patients' preferences.

The multi-profile case design simulates a real choice situation between different drug treatments (and an opt-out option) that vary in several attributes: efficacy in reducing the risk of fracture, type of potential common side-effects, mode and frequency of administration (and cost). This research was funded by Pfizer GmbH.

**RESULTS:** A total of 1,124 patients completed the experiment with at least 66% of valid responses across these countries. However, for levels of some attributes, significant differences were observed.

**OBJECTIVES:** Discrete-choice experiments are increasingly used to assess preferences in health care. To date, very little is known about the transferability of patients' preferences between jurisdictions. In this study, we aim to evaluate the preferences of patients with, or at risk of, osteoporosis for medication attributes in six European countries. We assessed preferences in six European countries, and to assess whether preferences are transferable in patients with, or at risk of, osteoporosis for medication attributes.

**CONCLUSIONS:** This study suggests that the preferences of patients for osteoporotic drug therapy did not substantially differ between the six European countries. However, for levels of some attributes, significant differences were observed.

**VALUE IN HEALTH 17**

**A385**