be generated would reach US$18.8 million. **CONCLUSIONS:** Financing ART given its chronic nature creates an increasing pressure in the public funds available for high cost treatments in SP. This situation would generate insolvency in the midterm if public policies focused on strengthening prescription monitoring and sanction, cost containment of ART and health outcomes are not enforced in the short term.

PIN35

COSTO EN SALUD EN LA INTERVENCION DE ATENCION INTEGRAL DE PERSONAS DIAGNOSTICADAS CON VIH/SIDA PARA REDUCIR LA MORBIMORTALIDAD POR VIH/SIDA EN EL PERÚ, 2011-2014

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OBJECTIVOS: Estimar el costo en salud en la intervención de atención integral de personas diagnosticadas con VIH/SIDA para reducir la morbimortalidad por VIH/SIDA en el Perú, 2011-2014. **METODOLOGÍAS:** Se desarrolló bajo la metodología de uso de recursos médicos, en referencia al recurso humano, materiales e insumos médicos, medicamentos y equipamiento. Se tomó en consideración la asignación presupuestal en la intervención de atención integral de personas diagnosticadas con VIH/SIDA, en el marco de Presupuesto por Resultados (PpR). Se contrastó el uso de recursos médicos de atención integral versus la incidencia de VIH/SIDA a nivel nacional tomados de la Red Nacional de Epidemiología (RENACE) DGE – MINSA 2011-2014 **RESULTADOS:** El uso de recursos médicos en la intervención de atención integral de personas diagnosticadas con VIH/SIDA se incrementó en el periodo 2011-2014 en recursos humanos de $. 1.1 millones a $. 4.7 millones (336%), materiales e insumos médicos de $. 3.5 a $. 4.3 millones (23%), medicamentos de $ 3.4 a $14.5 millones (323%), equipamiento de $ 86,847 a $ 0.35 millones (317%). La incidencia de casos de SIDA 2011 – 2014, disminuyó en 19% de 1194 a 968 casos notificados. **CONCLUSIONES:** La atención integral de personas diagnosticadas con VIH/SIDA disminuye la incidencia de VIH/SIDA, sin embargo, se requiere una adecuada calidad de gasto en esta intervención

PIN36

HEALTHCARE RESOURCE UTILIZATION ASSOCIATED WITH VARICELLA IN ARGENTINA

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OBJECTIVES: Currently there is limited information available on the burden of varicella in Argentina. The objectives of this study are to examine the healthcare resource utilization associated with varicella and varicella-related complications in Argentina. **METHODS:** This multicenter observational study utilized a retrospective chart review design among seven nationally representative hospitals to identify patients who were primarily diagnosed with varicella at the age of 1-12 years, and were admitted to the hospitals for varicella during 2009-2014. Descriptive analyses were applied to examine frequency and duration of healthcare resource utilization associated with varicella and varicella-related complications. **RESULTS:** The total study population consisted of 75 patients who were admitted to hospital due to varicella (mean age 3.4 years old), with 92.0% (n=69) hospitalized and 8.0% (n=6) admitted into intensive care unit (ICU). The majority of patients (98.7%) hospitalized for varicella were diagnosed with varicella-related complications, with 78.4% having one and 21.6% having more than one complications. The most common complication was skin and soft tissue infection (63.5%), followed by pneumonia (7.3%) and sepsis (5.2%). The average hospitalization days for these varicella inpatients who were admitted to the hospital were 5 days, and for those admitted into ICU were 6 days. Among these varicella inpatient cases, more than two-thirds (77.3%) received prescription medications or treatment, with an average of 2.2 prescriptions and 10.1 days treatment. In addition, 70.7% patients received at least one type of lab tests or procedures, and 33.3% patients consulted with allied medical professionals. **CONCLUSIONS:** This study demonstrates the substantial healthcare resource utilization associated with varicella and highlights the significant economic burden of varicella in Argentina.

PIN37

RESISTÊNCIA ANTIMICROBIANA: IDENTIFICAÇÃO DAS PESQUISAS BRASILEIRAS FOMENTADAS PARA SUPORTE À GESTÃO NO PAÍS

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BACKGROUND: A resistência antimicrobiana (RAM) é um problema global crescente e preocupante na comunidade científica, que levou a Organização Mundial da Saúde a alertar governos e autoridades para a questão de saúde pública. No Brasil, o assunto tornou-se pauta nas agendas de saúde, agropecuária, pesca e aqüicultura. Algumas ações de prevenção, monitoramento e combate à RAM estão sendo tomadas, focadas, especialmente, em patógenos de interesse comum à saúde humana e animal. A fim de melhor subsidiar tais ações, o Departamento de Ciência e Tecnologia do Ministério da Saúde do Brasil (DECIT/MS) resolveu quantificar as pesquisas sobre o tema já fomentadas pelo DECIT e com isso identificar lacunas nacionais em gestão em ciência e tecnologia em saúde sobre RAMg **OBJETIVOS:** Identificar as pesquisas nacionais sobre RAM fomentadas pelo DECIT para melhor informar a tomada de decisão das autoridades brasileiras quanto às estratégicas para redução da propagação da RAM no País. **MÉTODOS:** Realizou-se busca no sítio Pesquisa Saúde(que contém as pesquisas financiadas pelo DECIT) com os termos: "resistência microbiana" e "resistência antimicrobiana". Após recuperação dos resultados, excluíram-se as duplicatas e procedeu-se a análise dos dados. **RESULTADOS:** Desde 2004, o DECIT aplicou R$1,3 milhão em 17 projetos na área, dos quais a maioria versava sobre pesquisa biomédica e o processo saúde-doença. A maior parte dos recursos fomentados foi consumida por biotecnologias. Poucas pesquisas abordavam o sistema de saúde e o planejamento e a gestão de políticas, programas e serviços. Há, portanto, carência nacional de dados científicos sobre: impacto da RAM sobre a morbimortalidade, tempo de colonização do paciente após alta hospitalar e ônus econômico para o sistema de saúde. **CONCLUSÕES:** Tais achados poderão auxiliar as pastas governamentais a estabelecer prioridades nacionais para vigilância, prevenção, controle e combate à RAM.

MUSCULAR-SKELETAL DISORDERS – Clinical Outcomes Studies

PMS1

DISTRIBUCIÓN GEOGRÁFICA Y ACCESO A TERAPIAS BIOLÓGICAS EN PACIENTES CON DIAGNÓSTICO DE ARTRITIS REUMATOIDE (AR) EN COLOMBIA

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OBJECTIVOS: Describir la distribución geográfica de los pacientes con diagnóstico de artritis reumatoide (AR) en Colombia y el acceso a tratamientos biológicos **METODOLOGÍAS:** Se realizó un estudio observacional descriptivo, que se dividió en dos fases: En la primera, se desarrolló un análisis de la información proveniente del sistema nacional de información en salud de Colombia (SISPRO), y de las bases de datos de dos Empresas Promotoras de Salud (EPS) de los pacientes diagnosticados con AR atendidos en el último año. En este análisis se estudió el comportamiento de la distribución de los pacientes según régimen de afiliación, localización y género. La segunda fase consistió en una entrevista estructurada (n=50 reumatólogos) sobre el tratamiento de AR y la percepción del acceso a medicamentos. **RESULTADOS:** En Colombia, la distribución por generó de los pacientes con AR muestra que hay más mujeres que hombres en los diferentes departamentos en una relación de 5:1. Por otro lado, el 62.8% de los pacientes obtienen acceso a los servicios de salud en Bogotá, Antioquia, Valle del Cauca y Santander. El 90% de los pacientes con AR viven en el área urbana. En el área rural, los departamentos de Antioquia, Boyacá y Cundinamarca presentaron mayor número de pacientes. Los resultados de la encuesta indican que el 57% de los pacientes se encuentran con FARMES convencionales, 20-49% son tratados con algún FARME biológicos, y el 11% son tratados con FARMEs biológicos diferentes a los anti-TNF. El 92% de los especialistas mencionan que hay dificultades de acceso por trámites administrativos, distancia en la atención y escasez de FARMEs. **CONCLUSIONES:** La mayoría de los pacientes con AR en Colombia se encuentra en los departamentos de Cundinamarca, Antioquia, Valle del Cauca y Santander, siendo más frecuentes en el régimen contributivo y localizado en el área urbana.

PMS3

OCCURRENCE OF TREATMENT INTERRUPTION DURING THERAPY WITH BIOLOGICAL AGENTS IN PATIENTS WITH PREVIOUS ANTI-TNF FAILURE IN RHEUMATOID ARTHRITIS

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OBJECTIVES: To identify, evaluate and compare the main reasons for discontinuation of treatment with biologicals Abatacept, Anankira, Rituximab and Tocilizumab in patients with history of TNF inhibitor failure. **METHODS:** A systematic review with meta-analysis was conducted in Medline (PubMed), IPA (International Pharmaceutical Abstracts) and manual search. Filters to limit date or language were not used and publications were considered until 02/03/2015. Were searched randomized controlled trials (RCTs) that compared Abatacept, Anankira, Rituximab and Tocilizumab to placebo. Treatment discontinuations were evaluated. The EndNoteX3 was used for organizing articles, data collection was conducted in Microsoft Office Excel 2007 and direct meta-analysis have been developed with Review Manager 5.1. **RESULTS:** 446 studies were identified, five presented the selection criteria for the meta-analysis. No studies concerning Anankira treatment were identified. For Abatacept, Rituximab and Tocilizumab were found a higher incidence of treatment withdrawn between placebo compared to drugs, then final value of odds ratio 0.38 (CI 0.30-0.48). About interruptions related only to lost of efficacy, there was a higher incidence in placebo group, with odds ratio 0.23 (CI 0.17-0.33). Nevertheless, regarding the number of withdrawals due to adverse events were not found statistically significant difference between the placebo and treatment groups, with odds 1.10 (CI 0.59-2.05). Heterogeneity between studies was not superior than 31% in any meta-analysis. **CONCLUSIONS:** In addition to the small number of RCTs with studied population, they were not able to allow differentiation between the biological agents evaluated. Although it is possible to infer that the treatments mentioned in patients with anti-TNF failure history carries a lower risk of discontinuation compared to not use these ones. Despite extension of RCTs and cohort studies mostly do not use comparator as placebo, they could contribute with more information regarding treatment interruption.

MUSCULAR-SKELETAL DISORDERS – Cost Studies

PMS4

BUDGET IMPACT OF GOLIMUMAB IV FOR RHEUMATOID ARTHRITIS IN THE CHILEAN PRIVATE SECTOR

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OBJECTIVES: Golimumab intravenous (IV) is an approved biologic therapy for the treatment of adults with moderately to severely active rheumatoid arthritis (RA). Drug reimbursement decisions are generally based on therapeutic value, cost-effectiveness, and burden of disease. The potential financial or budget impact of granting access to a product is an important factor when making reimbursement decisions as part of a comprehensive economic evaluation of a new health technology. To evaluate the potential financial impact of golimumab in the treatment of moderately to severely active rheumatoid arthritis (RA) in Chile. **METHODS:** A