FIRST BRAZILIAN REGISTRY OF BIOLOGICAL TREATMENT IN PSORIASIS PATIENTS: PRELIMINARY CONCEPT AND RESULTS
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OBJECTIVES: Monitorize PsO patients under biological therapy to evaluate their epidemiologic aspects, therapy safety profile and reveal scientific knowledge based on Registry data.

METHODS: GBB initiative was created in Rio de Janeiro involving eight sites. Patients are monitored according to GBB Clinical Research Form (CRF) that include social-economic aspects, disease history, previous treatment and safety and efficacy data. A software has been developed to collect on-line data at the sites.

RESULTS: One hundred twenty-six (126) patients have already been included in the Registry since 2006. The interim analysis has shown that 66% are men and 34% women, mainly white (63%). The mean age is 48.5 years old (range of 20 to 80 years old). The most frequent disease form was plaque PsO (82%), followed by erythrodermic form (23%). Overall, 71% of patients are under Etanercept treatment, 25% Infliximab and 4% Adalimumab. Regarding treatment safety, 448 patients of Etanercept and 728 patients of Infliximab presented adverse events. In general, infectious events were rare. Related to time of the disease, 46% of patients presents up to 10 years, 45% 11 to 30 years and 9% more than 31 years. CONCLUSIONS: Patient registries are an essential complement to data obtained from randomized, controlled trials. It clarifies important questions about the use of therapeutic options in the real life and in a long-term perspective. GBB preliminary data has shown the first demographic and clinical data regarding PsO in our country. In addition is the first biological treatment monitoring among those patients. Therefore GBB project is revealing important data that may help to prevent loss in patients with DM-2. Were also revealed important issues in PsO scenario. This pivotal initiative will have its data collection intensified and also intends to be disseminated trough other services in Brazil.

EFFECT OF WRITTEN EMOTIONAL DISCLOSURE INTERVENTIONS IN PERSONS WITH PSORIASIS UNDERGOING NARROW BAND ULTRAVIOLET B PHOTOTHERAPY
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OBJECTIVES: A beneficial health effects of emotional writing disclosure (ED) on several chronic diseases has been described. The aim of this study was to investigate the effect of different ED techniques on disease severity and quality of life in psoriatic patients treated with UVB therapy.

METHODS: Forty patients with psoriasis (mean age 45 ± 18 years) were randomly assigned to two different ED treatments (according to Pennebaker [PW] writing about stressful events, or according to King [KW], writing about major life goals), or to a control group (CG). Disease severity and QoL were assessed at baseline, halfway through and at the end of UVB treatment, and again 4 months after ED. Outcome measures were the PASI and SAPASI scores, to assess disease severity; the Skindex-29, to evaluate health-related QoL; and the GHQ-12, to assess psychological wellbeing. RESULTS: Statistically significant differences in SAPASI scores were recorded between end of therapy and the final assessment in KW and CG individuals, whereas no differences were found in PW patients. Differences between baseline and final Skindex-29 scores were not statistically significant in any group, nonetheless lower scores were observed in PW patients indicating a better health status. Also, all but the PW patients showed significant increases between end of UVB therapy and final scores on all three scales (emotional, functioning and symptoms). Although all groups had similar GHQ scores, KW patients had the worst GHQ values, especially at the final assessment. CONCLUSIONS: In our pilot study, we observed that patients with psoriasis allocated to the writing exercise on traumatic and distressing experiences (PW protocol) have a longer period of remission after phototherapy. This provides preliminary evidence that such a simple and inexpensive tool may play a role in enhancing treatment efficacy and QoL, so that further research in this area may be warranted.

MODEL OF COST BENEFIT BETWEEN BUPRENORFINA TRANSERDERMICA, MORFINA PARENTERAL Y OXICODONORA ORAL, EN EL TRATAMIENTO DE PACIENTES CON DOLOR CRONICO MODERADO A SEVERO EN UN SERVICIO DE SALUD DE ATENCION DOMICILIARIA
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OBJECTIVES: Determining the economic benefit comparing the administration transdermica, parenteral and oral of different opioids in a service of health attention domiciliary in a city of Colombia. METODOLOGÍAS: Based in the revision bibliographic, choosing data of equipment and assuming end differences in the perfil of security of each alternative, it was planned a analysis of cost-benefit; the benefit neto mean in a hosters represented by the differences in the tratamiento, manejo of reactions adversas between the alternativas comparadas, discriminating the costs atribuibles to estimiento and emissary generated by each alternative. The results of costs of administration of each alternative was mon- tared in a matrix that considered the cost of the medicamento e insomnios necesario for its administration. Luego of the cost of each item, it was realized an analysis for each of the results of the administration of each treatment. RESULTADOS: The administration of buprenorfina transdermica presented a beneficio neto del 50% in favor in comparation with Morfina parenteral according to equivalence terapeutica. The costs of the Morfina se were augmentados by the manejo adicional of reacciones adversas atribuibles a la misma. Al comparar Buprenorfina transdermica con Oxicodonora oral, se encuentra que el beneficio neto es del 40% a favor de buprenorfina. CONCLUSIONS: From the perspective of a proveedor of servicios de salud of atención domiciliaria, the use of Buprenorfina transdermica represents as an ahorro in compara- tion with Morfina parenteral and Oxicodonora oral, in the tratamiento of patients with chronic pain moderated to severe. Los beneficios adicionales of la Buprenorfina transdermica se traducen in mayor autonomia del paciente, menor dependencia for the administration of the tratamiento with optimization of costs for the proveedor of salud.

ECONOMIC EVALUATION OF METFORMIN, METFORMIN + SIBUTRAMINE OR ACARBOSE IN THE MANAGEMENT OF OVERWEIGHT AND OBSESE DIABETES PATIENTS
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OBJECTIVES: Diabetes mellitus is an important public health problem in Mexico. The illness progression is faster when the patient also presents overweight or obesity. The objective of this study was to evaluate the clinical and economical impact of the use of metformin + sibutramine versus metformine and acarbose as a treatment for overweight with obesity and/or diabetes.

METHODS: Cost-effectiveness analysis by decision tree of the pharmacological treat- ments for weight loss in patients with diabetes mellitus II from the health service provider perspective, considering a temporary horizon of 5 years. The considered effectiveness measure was the percentage of patients that reaches an IMC ≤ 25 without peritoneal dialysis. Costs were estimated using 2008 prices and are expressed in US dollars (exchange rate of 11.14 pesos 1 US dollar). RESULTS: According to the model, the effectiveness of each alternative was metformine, 2,16%; acarbose, 21.6% and metformine + sibutramine 50.18%. The treatment with metformine threw the lowest average cost per treated patient with DM-2: $5,486.3, followed by the treatments with metformine + sibutramine y acarbose with a cost of $10,729.3 y $10,892.0 respectively. The average treatment cost-effectiveness in ascending order is: met- formine + sibutramine $21,383.5, metformine $43,183.3, and acarbose $503,116.7. The incremental cost of metformine + sibutramine is $2,589.1 and acarbose is an alternative dominated by metformine. CONCLUSIONS: Metformine + sibutramine is a cost-effective alternative from the institutional perspective, in order to accomplish the weight loss in patients with diabetes mellitus type 2, with obesity or overweight in Mexico.

IMPACT OF DEPRESSION AND ANXIETY ON EMPLOYABILITY AND PRODUCTIVITY IN PATIENTS WITH MODERATE-TO-SEVERE PSORIASIS
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OBJECTIVES: We evaluated the impact of depression, anxiety, and psoriasis treat- ment on employability and productivity in patients with moderate-to-severe psoriasis.

METHODS: In PHOENIX 1, 25 without and PHOENIX 2, 1154 patients with moderate-to-severe psoriasis were included in this analysis. In PHOENIX 2, 1230 patients with moderate-to-severe psoriasis were evaluated the impact of depression, anxiety, and psoriasis treatment on employability and productivity in patients with moderate-to-severe psoriasis.

RESULTS: In PHOENIX 1, 25 patients with moderate-to-severe psoriasis were randomized to receive ustekinumab 45mg, 90mg, or placebo at wk0 and 4, then q12wks, with placebo crossover to ustekinumab at wk12. Anxiety and depression were defined using the HADS (score > 7 for each scale) and productivity limitations were assessed using a YAS and Work Limitations Questionnaire. Unem- ployable patients were defined as those who were currently unemployed and could not work even if a job was available. Spearman correlations, or multiple linear and logistic regression models were used to measure associations between employability and depression or anxiety adjusting for age, gender, disease duration, and PASI. Patients of working age (18–64 years) (N = 1154) were included in this analysis.

RESULTS: At baseline, 40.8% of patients experienced anxiety, 26.8% experienced depression, while 8.7% were unemployed due to their psoriasis. Depression was the most significant variable associated with a higher probability of being unemployed (RR = 2.7, p < 0.001). Depression or anxiety were correlated with lower productivity and higher work limitations independent of PASI in the regression models (p-values < 0.01). Improvement in depression or anxiety scores was significantly correlated with improvement in work limitations and work productivity, even after adjustment for improvement in PASI. Greater improvement in work productivity and work limitations were observed after treatment with ustekinumab vs. placebo at wk12 (p < 0.01), especially among the subgroup with depression or anxiety at baseline. Among unem- ployable patients who had depression or anxiety at baseline, 44% in the combined ustekinumab group vs. 14.3% in the placebo group became employed (p < 0.05). CONCLUSIONS: Depression or anxiety in patients with moderate-to- severe psoriasis is associated with poor employability and low productivity. Treatment with ustekinumab significantly improved both employability and productivity in this comorbid population.