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OBJECTIVES: To determine the annual direct medical cost of the management of adult patient with active antinuclear autoantibody positive SLE. METHODS: LUCIE is a multicenter, observational, retrospective study carried out in five European countries, including France. SLE patients characteristics, disease severity (severe disease defined as having at least one major domain actively involved at inclusion: musculoskeletal, neurological, renal, neurological, cardiovascular or respiratory AND requiring corticosteroids > 7.5 mg/day and/or immunosuppressants), flares rate, healthcare consumption (laboratory tests, biopsies and/or imaging tests, medications, specialist visit, hospitalization, dental care), and healthcare resource utilization and corresponding costs were collected retrospectively over a two-years period. The French public national health insurance setting was considered when estimating the average annual direct cost using official database. Major cost drivers associated with SLE and flares management were identified by multivariate regression models. RESULTS: Eight French SLE centres participated in the study, and included 96 consecutive patients: mean age 39.9 ± 11.9 years, 93.5% females. The mean SLE duration was 9.8 ± 6.6 years, the mean SELENA-SLEDAI score, a semi-quantitative index of SLE activity was 7.7 ± 5.1. On average, SLE patients had 1.1 ± 0.9 flares/year. The annual unadjusted mean direct medical cost of SLE patients was €4116 (SD5496). In severe patients the cost was 1.3 times higher: €660 versus €5360 in non-severe patients (NS). Medical treatment represents the largest component of the average annual direct cost of SLE patients (61.8%) and was higher in severe patients (7214 versus 1855, p = 0.030). Biological drugs, even though prescribed to only 27% of SLE patients, represented 3.4% of the annual direct medical cost. The multivariate regression model showed that each severe flare increases cost by €230 (p = 0.02). CONCLUSIONS: The annual direct medical cost of active SLE is significant especially for patients experiencing severe flare and is mostly driven by the cost of medication.

PSY23 PREGABALIN IS ASSOCIATED WITH LOWER HEALTH CARE COSTS AND LESS ABSENTEEISM THAN GABAPENTIN WHEN ADDED TO THE TREATMENT OF NEUROPATHIC PAIN

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OBJECTIVES: Adding pregabalin or gabapentin to existing therapy in patients with painful radiculopathies in routine medical practice in a Spanish health care setting. METHODS: A retrospective database analysis was performed using patients’ medical claims records from BSA. Medical records from male and female, with cervical, dorsal or lumbar painful radiculopathy, aged > 18 years, in whom pregabalin, or gabapentin was initiated between 2006 and 2008 were included in the analysis. The economic analysis included medical resource use and corresponding costs from a third-party-perspective. Estimates of indirect costs, due to sick leave were also included. RESULTS: A total of 571 records were eligible for analysis: 378 (66.2%) treated with pregabalin and 193 (33.8%) gabapentin. Time since diagnosis, duration of treatment, prevalence of most comorbidities and previous use of analgesics were comparable. However, concomitant use of analgesics was higher in pregabalin cohort; 3.1 (1.7) versus 2.8 (1.8); p = 0.05, mainly due to a higher utilization of opioids (31.1% vs. 21.2%; p = 0.05) and non-narcotic (63.7% vs. 52.1%; p = 0.01) drugs. Adjusted total costs per patient were significantly lower in pregabalin group; €4727 (2101-2836) versus €3346 (2866-3825); p = 0.005, due to minor absenteeism (€1012 (658-1365) versus €1595 (1129-2062); p = 0.042, and lower adjusted health care costs; €1460 (1,360-1,560) versus €1750 (1618-1882); p = 0.001. The higher acquisition cost of pregabalin was compensated for by lower overall health care costs, mainly in primary care medical visits, hospitalization days and concomitant analgesics. CONCLUSIONS: In a population setting in Spain, pregabalin treated patients with painful radiculopathies were considerably less costly for the healthcare provider than those treated with gabapentin in routine clinical practice. The higher acquisition cost of pregabalin was compensated largely by lower costs in the other components of health care costs. Patients treated with pregabalin had significantly less sick leaves than gabapentin treated patients.

PSY24 WHAT IS THE ECONOMIC IMPACT OF OBESITY ON HOSPITAL INPATIENT PEREZ Ferreira J1, Ribeiro V2, Mateus C2
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OBJECTIVES: In recent years there has been a large increase in the number of morbidly obese persons subject to hospital surgery. In Portugal, 14% of the population of working age is obese. As in other countries these numbers have been rising and it is well known that obese individuals have an increased risk of morbidity and premature death from various diseases. We estimate the impact of obesity on the health sector by calculating the costs of hospital inpatient care associated with obesity in Portugal. METHODS: A prevalence-based cost of treatment approach is adopted. Hospital episode micro data are drawn from the National Health Service’s ( NHS) DRG information system for 2008 (n = 965 212). Besides episodes where the main diagnosis is obesity, population attributable fractions are calculated for 16 co-morbidities (CID-9-MC), including diabetes type 2, musculoskeletal diseases, cardiovascular conditions and some types of cancer. Relative risks are obtained from a recent meta-analysis of large-scale prospective studies and prevalence data from a nationally representative examination survey that recorded anthropometric data. Unit cost data are taken from an NHS database. RESULTS: The hospital inpatient costs of obesity in NHS hospitals in 2008 are estimated at €85.9 million. This corresponds to 0.92% of annual NHS expenditure. The three major contributors to this total are osteoarthritis (19.9%), obesity (15.4%) and ischemic heart disease (14.7%). If circulatory and cerebrovascular system diagnoses are grouped together, they become the largest contributors to total costs. CONCLUSIONS: The structure of costs by diagnosis is different to that commonly found in ambulatory care. Despite the sharp increase in the number of persons subject to obesity surgery the overall inpatient care costs have remained largely stable over time. There has been a large increase in the resources used to treat...