mean age of 65.9 (±10.5) years, 62.1% female, and 88.2% retired. Annual mean direct cost was $2,466 per patient with osteoporosis-related cost accounting for 53.8%. For osteoporosis-related health services, 33.2% of patients experienced ≥1 hospitalization with mean length of stay of 18.0 (±14.4) days and mean cost of $2,913 per admission, and 83.2% of patients experienced ≥1 outpatient visit with mean number of visits 7.4 (±2.7) and mean cost $17 per visit. The medical device cost was the largest component (38.5%) of osteoporosis-related cost, followed by drug cost (31.1%) and examination cost (11.7%). The regression model revealed that osteoporosis-related cost tends to increase with age, patients with hip, vertebral, lower leg and multiple fractures were more likely to have a higher cost.

CONCLUSIONS: Costs for patients with osteoporotic fractures were considerable in Tianjin China, driven mainly by osteoporosis-related hospitalizations. Efforts focused on reducing the utilization of inpatient services and increasing efforts to lower the fracture risks may have the potential to lighten the economic burden of osteoporotic fractures in China.

PMS46 COSTS OF ABSENTEEISM IN ANYLOSING SPONDYLITIS BASED ON REAL-LIFE DATA FROM POLAND’S SOCIAL INSURANCE INSTITUTION DATABASE IN 2013

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OBJECTIVES: The aim of this study was to assess the indirect costs caused by absenteeism associated with ankylosing spondylitis (AS) from the perspective of the Social Insurance Institution (ZUS) in Poland. METHODS: The estimates were based on data from the year 2013 concerning absence from work due to illness (sick leave) the amount of short-term disability, the sufferers of which claim rehabilitation benefits. We assumed a burden per capita €24,680 and €4,304 for AS and CIRD respectively. We estimated the prevalence of AS in the Polish population (4,175/100,000 population) and CIRD (153 per 1000 male and female), and the probability of return to work following each disease (68% for AS and 95% for CIRD). With these data, we estimated the AS and CIRD-related indirect costs. RESULTS: The estimated indirect costs of AS in the year 2013 were calculated using GDP per capita, GVA and GI per worker in Poland were €24 416, 394, €68 631 008 and 14 474 and 14 474 respectively. Considering the prevalence of CIRD and AS, the estimated AS and CIRD-related indirect costs were €13 829, 22 857 (±65% increase) respectively. CONCLUSIONS: As Polish population, the costs are considerable. The indirect costs are the most significant component of the total costs, and they are 5 to 10 times higher than the direct costs, and even higher when the present value of future benefits is included. A methodological limitation is that we assume everyone is employed during the year, which is not realistic, considering the high rate of unemployment in Poland. It would be interesting to compare these findings with European data in order to make international comparisons and to better understand the cost-effectiveness of treating AS and CIRD.

PMS47 THE COST OF RHEUMATOID DISEASES IN ITALY: ANALYSIS FROM AN ITALIAN ADMINISTRATIVE DATABASE

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OBJECTIVES: To estimate the indirect costs of RA from a hospital perspective, the costs could increase from the worst-case scenario, with a 65% increase as the most likely estimate. From the medium population growth and a reduced decline as the most likely scenario. We estimated fracture rates based on data from the hip fracture database (METRO) and other health and social care cost related to hip fractures from a recent Lancet publication. RESULTS: The projected future cost in the period from 2014 to 2040 varies from a 14% increase in the best-case scenario to 121% increase in cost in the worst-case scenario, with a 65% increase as the most likely estimate. From a hospital perspective, the costs could increase from €180M to either €119M in a best-case scenario or €235M in a worst-case scenario. We did not compare our results with the €244M reported by a previous study, which was conducted in the UK. CONCLUSIONS: The magnitude of the impact is very much dependent on demographic change and fracture rate development.