main contributor to societal costs. Although time on basic and instrumental ADLs differed across countries, some of this may be explained by use of community care services and institutionalization. Other resources had different patterns of use across countries, reflecting country-specific health and social care systems.

NEUROLOGICAL DISORDERS—Patient-Reported Outcomes & Patient Preference Studies

PN65 ADHERENCE TO INHALED ANTIBIOTICS FOR THE TREATMENT OF CHRONIC PSEUDOMONAS AERUGINOSA INFECTION IN PATIENTS WITH CYSTIC FIBROSIS: A SYSTEMATIC LITERATURE REVIEW

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OBJECTIVES: To perform a systematic literature review of adherence to inhaled antibiotics for the treatment of chronic Pseudomonas Aeruginosa (PA) infection in patients with cystic fibrosis (CF).

METHODS: A systematic literature search of English-language medical literature databases and Google Scholar was performed. Studies were included if they investigated adherence to inhaled antibiotics in patients with CF (irrespective of disease status, and adverse events) and reported at least one measure of adherence (e.g., adherence rates in prospective cohort studies (n=2) ranged between 36% and 90%, and in retrospective studies (n=4) ranged between 60% and 70%). The adherence to inhaled antibiotics in CF was found to be associated with the complexity of treatment, time of drug administration, age of patients, treatment burden (e.g., adherence rates in older vs. younger patients), and patient status and adverse events were helpful to better understand the predictors of the long-term consequences of non-adherence to inhaled antibiotics for the treatment of chronic PA infection in CF.

PN66 COMPARISON OF COMPLIANCE AND DISCONTINUATION RATES AMONG MS PATIENTS TREATED WITH FINGOLIMOD AND OTHER DISEASE-MODIFYING THERAPIES: A CANADIAN RETROSPECTIVE CLAIMS ANALYSIS

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OBJECTIVES: Pharmacological management of relapsing-remitting multiple sclerosis (RMS) includes the use of oral, injectable, or infusible Disease Modifying Therapies (DMT). Achieving therapeutic goals in MS requires strict adherence to medication administration schedule. To assess compliance and discontinuation rates with DMTs in Canadian patients with RMS. METHODS: A population-based claims analysis was performed that included private claims patient cohorts accessed through IMS Rx Dynamics®. Patients had at least one prescription filled for each DMT (oral: fingolimod, dimethyl fumarate (DMF), teriflunomide; injectable (BRACE): interferon beta-1a, interferon beta-1b, glatiramer acetate, infusible (BRACE)). Patients were compliant if the medication possession ratio (MPR) was ≥80%. Discontinuation rates were calculated based on patients who stopped therapy or who were switched to another DMT. RESULTS: Compliance and discontinuation rates were collected at 6-month intervals across countries, reflecting country-specific health and social care systems. Although time on basic and instrumental ADLs differed across countries, some of this may be explained by use of community care services and institutionalization. Other resources had different patterns of use across countries, reflecting country-specific health and social care systems. Main contributor to societal costs. Although time on basic and instrumental ADLs differed across countries, some of this may be explained by use of community care services and institutionalization. Other resources had different patterns of use across countries, reflecting country-specific health and social care systems.