12.5 million. CONCLUSIONS: Colombian decision makers in health could largely benefit from controlling these for these types of patients. This study is one of the first approaches at quantifying the impact of the disease and its relapse. Policy measures should consider this data for addressing mental health in a systematic and conjoint approach.

RESPIRATORY-RELATED DISORDERS – Clinical Outcomes Studies

PRS1 EVALUATION ANALYSIS OF SMOKING POPULATION IN ULAANBAATAR
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OBJECTIVES: 1. to study health effect of smoking by questionnaires and tests, 2. to study by comparing smoking population’s function of the lung with non-smoker’s function of the lung. METHODS: 1201 people has participated for the research study and they were 20-39 years of age, and older than 40 years old, also study has taken in Ulaanbaatar at the same time. Research included 79 questions from “Adult core questionnaire” study of chronic respiratory diseases in the Asia-Pacific and spirometry analysis has done too. RESULTS: The smoking population by age and gender in Ulaanbaatar. AGE Male Smoking/% Female Smoking%/ 20-29 194 75.4 45 15.8 30-39 131 79.3 19 13.0 40-49 153 78.4 17 11.2 50-69 218 81.3 19 9.1 70 and above 176 89.8 21 11.5 CONCLUSIONS: Research study shows that 49.4% of total population and 76.9% of males, 21.4% of females have been smoking for their lives with some smoking prevalence in young women. Also study showed smoking among old females is smoking more than other ages particularly. For males smoking is in equal level for all ages. Function of lungs has changed depending on smoking and total years of smoking.

PRS2 FLUTICASONE PROPIONATE VERSUS BUDENOSIDE OR BECLOMETHASONE AS MONOTHERAPY TREATMENT FOR ASTHMA PATIENTS – A SYSTEMATIC REVIEW
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OBJECTIVES: compare the efficacy and the safety of fluticasone propionate in the management of moderate to severe asthma in adults and children to the inhaled corticosteroids currently available in the public health care system in order to present an ultimated system to the Brazilian government. METHODS: a systematic review of the MEDLINE, the Cochrane Library and Centre for Reviews and Dissemination (CRD) databases was conducted until September 2014, including randomized clinical study and systematic reviews about comparison between fluticasone propionate and the clinical desccende or beclomethasone medications. There was no age limit and the assessed endpoint was pulmonary function through morning and evening Peak Expiratory Flow Rate, Forced Expiratory Volume in one second, exacerbation and adverse events. The quality of the study was measured by Grades of Recommendation, Assessment, Development and Evaluation. RESULTS: there were 788 articles identified in MEDLINE, 231 in The Cochrane library and 46 in CRD, among all of these, 219 were duplicates, remaining 568 articles. Of these, 164 articles were included – 3 systematic reviews and 18 randomized clinical studies. All systematic reviews showed a strong recommendation in favor of the new technology and high methodological quality on which they are based. The studies of total cost for TBS is of 27,443,865 dólares corresponding to a 14,905,159 dólares (54.3%). CONCLUSIONS: from this perspective, the inclusion of fluticasone propionate in the Brazilian Clinical Protocol and Therapeutic Guidelines could represent an extension of the therapeutic arsenal, especially, for the pediatric population that have few options of treatment. Funding for this study was provided by Pfizer-Brasil, São Paulo, Brazil.

PRS3 OUT HOSPITAL DRUG CONSUMPTION IN THERAPY OF OBSTRUCTIVE PULMONARY DISEASE IN SERBIA IN THE PERIOD FROM 2007 TO 2012
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OBJECTIVES: Non infectious chronic diseases become one of the most frequent cause of morbidity all around the world and they are results of interactions between man and his environment. This group of diseases includes also chronic obstructive pulmonary disease (COPD), which explains why medications for the treatment of this disease take a large part in the consumption. The aim of this study was to analyze the consumption of medications in COPD in Serbia and in Norway in period from 2007 to 2012. METHODS: The data about the use of medications in Serbia were taken from the Agency for Drugs and Medical Devices of the Republic of Serbia. The data about the use of medications in Norway were taken from official website of the Norwegian healthcare system. RESULTS: Total consumption of medications for the treatment of respiratory diseases in Serbia from 2007 to 2012 was lower than the consumption of the same medications in Norway in the same time of period. The utilized medications of R group in both countries was very uneven in this period of time. Between the subgroups, the most frequently used medications were those for the chronic obstructive pulmonary disease (COPD). The consumption in Serbia was 8000-15000. In Norway the consumption was 20000-25000. The total average out of pocket cost was FK. Rs. 11,685 per month for an individual patient. In addition, it was calculated that a patient spend FK. Rs. 70,000 for diagnostic tests in a year. In addition, the cost is raised because of the cost of other treatments. CONCLUSIONS: The study was not completed, it was con- cluded that although government paid all the medication and other treatment cost for TB patients, yet patient had to bear a high amount of money from his pocket which put additional burden to the poor patient suffering with a disease like TB.