data. Costs and benefits were discounted at 5% per annum as per Hungarian guidelines. RESULTS: With reference to the ATTAIN trial, and assuming a treatment duration of 1 year and 10 years time horizon, abatacept was cost-effective compared to MTX, yielding 0.57 additional QALY at an additional cost of 2.03 million HUF with an incremental cost-effectiveness ratio of 3.6 million HUF/QALY based on a societal perspective. From the Hungarian health insurance perspective, the incremental cost-effectiveness ratio was 4.4 million HUF/QALY gained. Compared to cycled anti-TNFs, abatacept was dominant (more effective and overall less costly), with a QALY gain of 0.48 and estimated savings of HUF 731,113. From the Hungarian health insurance perspective, the savings were HUF 479,815. The results are robust to extensive sensitivity analyses. CONCLUSIONS: The results of this cost-utility assessment suggest that abatacept is cost-effective compared to MTX and to cycled anti-TNFs in Hungary for the approved indication, and within the usual acceptance cost-effectiveness ranges.

PMS43
GOLIMUMAB, A HUMAN ANTI-TNF-ALPHA MONOCLONAL ANTIBODY, SIGNIFICANTLY REDUCES TIME LOST FROM WORK FOR PATIENTS WITH RHEUMATOID ARTHRITIS: POOLED RESULTS FROM THREE PHASE 3 STUDIES

OBJECTIVES: To evaluate the effect of golimumab (GLM) treatment on time lost from work in patients with rheumatoid arthritis (RA). METHODS: The effect of GLM on time lost from work was evaluated in three multicenter, randomized, double-blind, placebo (PBO)-controlled RA studies (GO-BEFORE, GO-FORWARD, and GO-AFTER). Data from patients receiving GLM or PBO with or without methotrexate (MTX) were included. GLM SC injections of 50 mg or 100 mg were administered q4wks. Analyses were pooled to increase the power to detect a difference between treatment groups. Time lost from work was collected through a questionnaire at baseline and at each visit. Time lost was calculated and compared between groups. RESULTS: There were significant differences in time lost from work (days) for patients treated with GLM +/- MTX compared to PBO +/- MTX. At wk24, the PBO +/- MTX group had lost on average 6.9 days compared with 5.0 days lost from work in the GLM +/- MTX group (p < 0.001). At wk 24, the 75th percentile for the combined GLM +/- MTX group was 1,000 days (range 0-180) compared with 3,000 days (range 0-120) for the PBO +/- MTX group. A significantly higher proportion of patients in the GLM group reported no time lost from work compared with PBO +/- MTX (73.1% vs. 60.7%; p = 0.002). CONCLUSIONS: GLM +/- MTX significantly reduced time lost from work for RA patients compared with PBO +/- MTX. A significantly higher proportion of patients in the GLM group reported no time lost from work compared with PBO +/- MTX.

PMS44
PARAMEDICAL OR ALTERNATIVE TREATMENTS AND ASSOCIATED COSTS FOR THE MANAGEMENT OF FIBROMYALGIA IN FRANCE

Maugars Y1, Lamotte M2, Van Vlaenderen I1, Le Lay K3, Taieb C4
1Hotel Dieu, Nantes, France; 2IMS Health, Brussels, Belgium; 3IMS Health, Brussels, Belgium; 4Pierre Fabre, Boulogne, France

OBJECTIVES: To describe the multidisciplinary outpatient management of fibromyalgia and the paramedical resources and alternative treatments used in France. METHODS: A French expert panel, comprising 33 general practitioners (GP) and 27 rheumatologists, was asked to describe their prescribed paramedical care and other alternative treatments for fibromyalgia patients, by means of a questionnaire covering a period of four years before diagnosis to four plus years after diagnosis, with 1-year intervals. RESULTS: Paramedical resource use and other alternative treatments increase substantially as from year four from the first year after diagnosis, and slightly decrease in the subsequent years. In the first year after fibromyalgia diagnosis, 20% of the panel prescribes various food supplements in 59% of their patients (average duration varying between 8 and 52 weeks); 93% prescribes physiotherapy in 63% of their patients (average duration of 14 weeks); 57% prescribes thermal baths in 23% of their patients (3 weeks); 55% prescribes acupuncture in 30% of their patients (14 weeks); 48% prescribes chiropractor therapy in 28% of their patients (8 weeks); 55% prescribes relaxation therapy in 24% of patients (17 weeks); 37% prescribes psychoanalysis in 21% of patients (28 weeks); 20% prescribes hypnotherapy in 16% of patients (9 weeks); 8% prescribes biofeedback in 16% of patients (20 weeks). The average cost from a societal perspective is estimated at €83 per patient per year, ranging from €265 before diagnosis (4 year period), over €678 in the year following diagnosis, towards €453 in the period after diagnosis (3 year period). CONCLUSIONS: Paramedical and alternative treatment of fibromyalgia represents €387 euros per patient and per year from the societal perspective. Resource use and costs steadily increase till the year following diagnosis and decline afterwards.

PMS45
OUTPATIENT MEDICAL MANAGEMENT OF FIBROMYALGIA IN FRANCE COMPARED TO THE UNITED KINGDOM

Maugars Y1, Lamotte M2, Van Vlaenderen I1, Le Lay K3, Taieb C4
1Hotel Dieu, Nantes, France; 2IMS Health, Brussels, Belgium; 3Pierre Fabre, Boulogne, France

OBJECTIVES: To describe and compare the outpatient medical management of fibromyalgia patients in France and United Kingdom. METHODS: A French expert panel, comprising 33 general practitioners (GPs) and 27 rheumatologists, was questioned in 2007 by means of a questionnaire describing the UK prescriptions registered in the General Practice Research Database between January 1998 and March 2003. Participating experts were asked to describe their own clinical practice compared to the UK prescriptions in terms of diagnostic tests, drugs, consultations and referrals. Over a period of four years before diagnosis to four plus years after diagnosis using one year intervals. Average reported prescriptions were calculated and compared to the UK data. RESULTS: Interviewed experts monitor on average 36 (24-49) fibromyalgia patients, of whom 38% [31-47] for at least 4 years. Their patients have an average age of 48 (47-49) vs 49 in UK), 86% [84-88] are women (vs 81% in UK). French physicians are 74.4% [73.3-75.6] likely to validate the