loss and resource were similar in Brazil and the 5EU (all p > 0.01). The 5EU had higher median productivity per year, by using the formula: (working hours per day*5 days per week*46 working weeks a year) - (days absent from work*working hours per year). To assess health-related productivity per 6 months results in 569.6 hours employed: (661.0), meaning 6,5540.40 € (employed: 7,634.55) in monetarily valued productivity. CONCLUSIONS: This non-interventional study aimed at providing new insights in the therapy of RMS patients treated with natalizumab. The study's main objective was to show how an increase in working hours in employed patients as well as a decrease in days absent from work can lead to an increase in productivity. Study was funded by Biogen Idec.

PND73
SIGNIFICANT AND MEANINGFUL IMPROVEMENT IN TREATMENT SATISFACTION WITH TERIFLUNOMIDE VERSUS SUBCUTANEOUS IFN-β1A IN PATIENTS WITH RELAPSING-REMITTING MS RESULTS FROM A REAL-LIFE STUDY


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OBJECTIVES: The impact of Cognitive Impairment (CI) on Health Related Quality of Life in Relapsing-Remitting Multiple Sclerosis (RRMS) is becoming a field of study increasingly relevant due to its implications on the effectiveness and quality research. Since a significant number of patients with CI and other correlated factors on HRQoL in a sample of RRMS patients. METHODS: Observational, cross-sectional and multicenter study at 21 Neurology Departments in Spain. Main linear regression analysis (stepwise) was carried out to assess if HRQoL (EQ-SD scores) was predicted by CI (Brief Repeatable Battery of Neuropsychological Tests, BRB-N), physical disability (Expanded Disability Status Scale - EDSS), depression (Beck Depression Inventory-BDI-II) and disease duration (years diagnosed). Bivariate, partial and semi-partial correlations andmulticolinearity analysis were performed to control confounding factors. RESULTS: We included 291 RRMS patients (71.50% female), mean age 44.65 years (SD=10.18). The mild disability group (EDSS 0-3) included 152 (52.20%) patients and the moderate disability group (EDSS 3.5-5.5) included 139 patients (47.80%). All correlations between ED-SD scores and BRB-N, BDI-II, EDSS and disease duration variables were statistically significant (p<0.05), not multicollinearly detected. The results of the regression analysis indicated that two predictors explained 56.9% of the HRQoL variance (Adjusted R squared=0.569, F=187,251, p<0.001). It was found that depression significantly predicted HRQoL (β=0.287, p<0.01), as did physical disability (β=-0.315, p<0.001). CONCLUSIONS: The results showed a weak predictive value of CI (measured with the BRB-N battery) in HRQoL scores while depression and psychical disability were important predictors. Future research is needed in order to understand the relationship between CI and HRQoL.
CONCLUSIONS: These data suggest that, after initial monotherapy, a majority of these patients do not have a placebo effect, and all except two of the trials included patients with a degree of divergence increasing through lines of therapy. These results call for more detailed investigation into treatment patterns and the reasons for divergence from clinical guidelines in epilepsy.

PND75 PATTERN OF USE OF TESTS TO MONITOR DISEASE ACTIVITY AMONG PATIENTS WITH RELAPSING REMITTING MULTIPLE SCLEROSIS IN THE UNITED STATES AND EUROPE

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OBJECTIVES: The aim of our study is to assess amount and frequency of the physiotherapy services in the different neurology diseases within outpatient care in Hungary.

Methods: The data come from the nationwide, financial data base of the National Health Insurance Fund Administration covering the official reports of outpatient care institutes in 2009. The total number of the 151 different types of services were determined by selecting the reported specific diagnoses codes and counting the number treatments provided for that specific diagnosis code. The diseases of the nervous system are listed in the International Classification of Diseases (ICD) with code of G00-G99. RESULTS: The total number of the 151 different types of diseases was included in the analysis (INJ: 66%; Oral: 34%). Patient characteristics were (INJ/Oral): 78%/30%, 18%/45%, and 4%/25%; time on current DMT (INJ/Oral): 134/97, 88/84, and 71/84. RESULTS: In this cohort of RRMS patients, physicians initiated oral DMTs predominantly as the result of patient request (83%/86%), physician decision (12%/10%), oral administration (0%/17%) and oral administration (0%/17%). Patient characteristics were (INJ/Oral): 78%/30%, 18%/45%, and 4%/25%; time on current DMT (INJ/Oral): 134/97, 88/84, and 71/84. RESULTS: In this cohort of RRMS patients, physicians initiated oral DMTs predominantly as the result of patient request (83%/86%), physician decision (12%/10%), oral administration (0%/17%) and oral administration (0%/17%). Patient characteristics were (INJ/Oral): 78%/30%, 18%/45%, and 4%/25%; time on current DMT (INJ/Oral): 134/97, 88/84, and 71/84. RESULTS: In this cohort of RRMS patients, physicians initiated oral DMTs predominantly as the result of patient request (83%/86%), physician decision (12%/10%), oral administration (0%/17%) and oral administration (0%/17%). Patient characteristics were (INJ/Oral): 78%/30%, 18%/45%, and 4%/25%; time on current DMT (INJ/Oral): 134/97, 88/84, and 71/84. RESULTS: In this cohort of RRMS patients, physicians initiated oral DMTs predominantly as the result of patient request (83%/86%), physician decision (12%/10%), oral administration (0%/17%) and oral administration (0%/17%). Patient characteristics were (INJ/Oral): 78%/30%, 18%/45%, and 4%/25%; time on current DMT (INJ/Oral): 134/97, 88/84, and 71/84. RESULTS: In this cohort of RRMS patients, physicians initiated oral DMTs predominantly as the result of patient request (83%/86%), physician decision (12%/10%), oral administration (0%/17%) and oral administration (0%/17%). Patient characteristics were (INJ/Oral): 78%/30%, 18%/45%, and 4%/25%; time on current DMT (INJ/Oral): 134/97, 88/84, and 71/84. RESULTS: In this cohort of RRMS patients, physicians initiated oral DMTs predominantly as the result of patient request (83%/86%), physician decision (12%/10%), oral administration (0%/17%) and oral administration (0%/17%). Patient characteristics were (INJ/Oral): 78%/30%, 18%/45%, and 4%/25%; time on current DMT (INJ/Oral): 134/97, 88/84, and 71/84. RESULTS: In this cohort of RRMS patients, physicians initiated oral DMTs predominantly as the result of patient request (83%/86%), physician decision (12%/10%), oral administration (0%/17%) and oral administration (0%/17%). Patient characteristics were (INJ/Oral): 78%/30%, 18%/45%, and 4%/25%; time on current DMT (INJ/Oral): 134/97, 88/84, and 71/84. RESULTS: In this cohort of RRMS patients, physicians initiated oral DMTs predominantly as the result of patient request (83%/86%), physician decision (12%/10%), oral administration (0%/17%) and oral administration (0%/17%). Patient characteristics were (INJ/Oral): 78%/30%, 18%/45%, and 4%/25%; time on current DMT (INJ/Oral): 134/97, 88/84, and 71/84. RESULTS: In this cohort of RRMS patients, physicians initiated oral DMTs predominantly as the result of patient request (83%/86%), physician decision (12%/10%), oral administration (0%/17%) and oral administration (0%/17%). Patient characteristics were (INJ/Oral): 78%/30%, 18%/45%, and 4%/25%; time on current DMT (INJ/Oral): 134/97, 88/84, and 71/84. RESULTS: In this cohort of RRMS patients, physicians initiated oral DMTs predominantly as the result of patient request (83%/86%), physician decision (12%/10%), oral administration (0%/17%) and oral administration (0%/17%).