OBJECTIVES: The impact of WMPs on the use of direct healthcare resources therefore warrants further study. OBJECTIVES: Investigate the relationship between presence and severity of WMPs and hospitalisation, physician consultations, and healthcare professional time. Patient support, including use of mobility aids, was analyzed using Chi-square with Bonferroni-adjusted Fisher’s Exact tests.

RESULTS: A positive association between healthcare utilisation and increased severity of WMPs was observed. Number of hospitalisations in the past 12 months increased from 0.93 in patients with no WMPs up to 1.11 (mild), 1.17 (moderate), and 1.76 (severe) (P < 0.0001). Mean annual primary care consultations were 1.7 (no WMPs), 2.0 (mild), 1.9 (moderate) and 2.9 (severe) (P < 0.0001). Similar patterns of health resource utilisation were observed in time spent with urologists – 0.1 (no WMPs), 0.2 (mild), 0.3 (moderate) and 0.6 (severe) (P < 0.0001), and time spent with physiotherapists (2.0, 4.7, 6.9 and 9.9 respectively, P < 0.0001). Similar trends were observed with use of wheelchair, walking frame, walking stick and ambulatory support from family and friends. CONCLUSIONS: Increased WMPs are associated with increased use of healthcare resources among MS patients. These results suggest that the contribution of walking-related mobility problems to healthcare resource utilisation and economic burden in MS is substantial. Therapies that specifically improve patients’ walking and mobility could have a positive socio-economic impact.

PND18 BURDEN OF WALKING AND MOBILITY PROBLEMS IN MS: ANALYSIS OF CARER AND INDIRECT COSTS

PND19 HUMANISTIC AND ECONOMIC BURDEN IN TUBEROUS SCLEROSIS COMPLEX WITH WALKING PROBLEMS: MANIFESTATIONS, SYSTEMATIC REVIEW

A105

PND17 IMPACT OF WALKING AND MOBILITY PROBLEMS ON REQUIREMENT FOR HEALTHCARE AMONG MULTIPLE SCLEROSIS PATIENTS

BACKGROUND: Multisclerosis (MS) is a chronic, progressive disease, often accompanied by functional impairment due to walking/mobility problems (WMPs). The impact of WMPs on the use of direct healthcare resources therefore warrants further study. OBJECTIVES: Investigate the relationship between presence and severity of WMPs and hospitalisation, physician consultations, and healthcare professional time. Patient support, including use of mobility aids, was analyzed using Chi-square with Bonferroni-adjusted Fisher’s Exact tests.

RESULTS: A positive association between healthcare utilisation and increased severity of WMPs was observed. Number of hospitalisations in the past 12 months increased from 0.93 in patients with no WMPs up to 1.11 (mild), 1.17 (moderate), and 1.76 (severe) (P < 0.0001). Mean annual primary care consultations were 1.7 (no WMPs), 2.0 (mild), 1.9 (moderate) and 2.9 (severe) (P < 0.0001). Similar patterns of health resource utilisation were observed in time spent with urologists – 0.1 (no WMPs), 0.2 (mild), 0.3 (moderate) and 0.6 (severe) (P < 0.0001), and time spent with physiotherapists (2.0, 4.7, 6.9 and 9.9 respectively, P < 0.0001). Similar trends were observed with use of wheelchair, walking frame, walking stick and ambulatory support from family and friends. CONCLUSIONS: Increased WMPs are associated with increased use of healthcare resources among MS patients. These results suggest that the contribution of walking-related mobility problems to healthcare resource utilisation and economic burden in MS is substantial. Therapies that specifically improve patients’ walking and mobility could have a positive socio-economic impact.