Taiwan mixed model analysis were performed using SPSS 16.0 and presented as inferential recording adverse reactions. Chi-square test, repeated measures ANOVA and indication for reimbursement the biologics were DAS28 strophic Illness file and can benefit for waiving the outpatient registration fee. The Catastrophic Illness certificate. Patients who fulfilled the American College of all patients by both with a primary diagnosed code ICD-9-CM 714.0 and with RA from 1999-2009.

Trend of health care expenditures and biologics costs due to rheumatoid arthritis production of new expensive biologics within this decade. This study compared the FRACTURES AMONG POSTMENOPAUSAL WOMEN IN TAIWAN PMS8

Since 2003 and next year it reflected an 11.6% growth rate in expenditure. Although (11.5%-44.1%) were much higher than that of inpatient drug growth rates (2.4%-11.5%) but there was no statistically significant difference on different periods, or between different age groups. These results indicate potential benefits from interventions aimed at reducing fracture incidences.

PMS10

Hospitalization costs and their predictors in patients with rheumatoid arthritis in urban china Yang L1, Zhang Y1, Dong P1, Xie X2, Tang B2

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OBJECTIVES: To conduct a systematic review to estimate the disease burden of rheumatoid arthritis in Mainland China. METHODS: Publications between 1990 and 2010 were systematically searched from 10 electronic databases. Observational studies and case series were included. Data were extracted using a standardized form. Quality of searched publications was evaluated by the quality rating scale. Meta-analysis of prevalence rates was conducted using the generic inverse variance model. Results: A total of 676 RA patients were randomly selected by stratified two-stage sampling from the China Basic Health Insurance database in 2009 and 2008. All information of patient demographic characteristics, clinical and costs were collected for the analysis. We used generalized estimating equations to examine potential predictors of the costs. RESULTS: Among 676 RA patients (mean age = 57.8 years; 75.2% female), the mean hospital length-of-stay was 19.4 days for RA patients with basic medical insurance for urban residents and 15.0 days for those patients with basic medical insurance for urban residents. The average inpatient cost was Chinese Yuan (CNY) 8521.5 (median: 6080.7, IQR: 4223.5-10383.3), higher than those without RA/CNY 7670) and the average drug cost accounts for 49.95% of the total cost (mean: 49.95%, SD: 20.0%). The multiple linear regression model showed that the hospital cost of patients with basic medical insurance for urban employees had 39.6% higher costs than those with basic medical insurance for urban residents (P<0.001). Patients from tertiary hospitals had 97.8% higher costs than those from primary hospitals (P<0.001) and patients from municipalities had 46.0% higher costs than those from county-level cities (P<0.01).

CONCLUSIONS: Patients with RA is associated with high hospitalization costs. Costs are now driven predominantly by the cost of drugs, primarily biologic agents, and sociodemographic characteristics such as type of health insurance and levels of hospitals also play an important role in determination of costs.

PMS11

The inpatient costs and their predictors in patients with ankylosing spondylitis in China Yang L1, Wu J1, Zhang Y2, Dong P1, Xie X2, Tang B2

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OBJECTIVES: Ankylosing spondylitis (AS) is associated with poor quality of life and higher health care cost. This study aimed to assess the hospitalization costs of rheumatoid arthritis (RA) and to characterize predictors of these costs. METHODS: A total of 560 AS patients were randomly selected by stratified two-stage sampling from the China Basic Health Insurance database in 2009. All information of patient demographic characteristics, clinical and costs were collected for the analysis. We used generalized estimating equations to examine potential predictors of the costs. RESULTS: Among 560 AS patients (mean age = 55.7 years,57.8% female), the mean hospital length-of-stay was 15.2 days for AS patients with basic medical insurance for urban employees and 9.8 days for those with basic medical insurance for urban residents (P<0.001). The hospital cost of patients from tertiary hospitals was 68.9% higher than those from primary hospitals, (P<0.001) and patients from municipalities had 72.5% higher costs than those from county-level cities (P<0.05).

CONCLUSIONS: Patients with AS is associated with high hospital costs. Costs are now driven predominantly by the cost of medical service, and sociodemographic characteristics such as regions and levels of hospitals also play an important role in determination of costs.

PMS12

Cost implication of prescriptions in private and public health institutions in Bayelsa State of Nigeria Emoikhan P1, Drummwene DO, Odogba SO

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OBJECTIVES: On the contrary, from 2005 to 2009, we divided age into ten groups between 50-100 years. The HR of sex fractures among elder women by different age groups.

MUSCULAR-SKELETAL DISORDERS - Cost Studies PMS7

The medication costs of rheumatoid arthritis - comparing before and after introduction of the biologics Lang H1, Lin HY2, Lee SS3, Wu SL4

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OBJECTIVES: Rheumatoid arthritis (RA) is a chronic, autoimmune inflammatory disease imposing a great burden on individuals and society, highlight by the introduction of new expensive biologics within this decade. This study compared the trend of health care expenditures and biologics costs due to rheumatoid arthritis from 1999-2009. METHODS: This study was based on data from the National Health Insurance Research Database (NHIRD) released by the National Health Research Institute, which representing 95% of the entire population of Taiwan. We identified all patients by both with a primary diagnosed code ICD-9-CM 714.0 and with RA Catastrophic Illness certificate. Patients who fulfilled the American College of Rheumatology criteria for the classification of RA are qualified to register in Catastrophic Illness file and can benefit for waiving the outpatient registration fee. The indication for reimbursement the biologics were DAS28 ≥5.1 for two continuous measures 1 month apart in Taiwan. RESULTS: After adjusting by using WHO 2000 population, we found the incidence rate of RA is stable around 0.01% from 1999 to 2009 in Taiwan. However the prevalence rate is increasing from 0.07% to 1.13%. The average annual growth rates of total medication cost for RA patients (51.6%) are higher than the growth rates of total treatment cost for RA patient (36.7%) during the study period from 1999 to 2009. In addition, Outpatient drug cost growth rates (11.5%-44.1%) were much higher than that of inpatient drug growth rates (2.4%-26.7%) during this period. Embrel was reimbursed by the National Health Insurance since 2003 and next year it reflected an 11.6% growth rate in expenditure. Although there are three biologics reimbursed by NHI for qualified RA patients, Embrel dominates on the market. CONCLUSIONS: The introduction of biologics may benefit to the decrease of costs.

PMS8

The mortality and costs from hip, vertebral, wrist and other fractures among postmenopausal women in Taiwan Huang KC1, Chang WZ2, Ling YL3, Tang CH4

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OBJECTIVES: To examine the mortality and medical cost during the first and second year following fractures among elderly women by different age groups. METHODS: Using the inpatient and outpatient database of National Health Insur- ance to define new hip fracture (ICD9 code 820, 733.14), vertebral fracture (ICD9 code 805, 806, 733.13) wrist fracture (ICD9 code 813, 733.12) and other fracture (ICD9 code 807, 808, 810, 811, 812, 821, 733, 10.73, 13.73, 13.15, 13.76, 13.19) cases from 2006 to 2009. We divided age into ten groups between 50-100 years. The HR of mortality and the incremental costs compared to the population without any fracture history in each group were estimated by cox proportional survival model and generalized linear model. RESULTS: The HR of mortality after hip fracture in each group ranged from 1.87 to 1.43 while after vertebral fracture ranged from 5.60 to 11.11. During the first year after fracture discharge patients had a significant increase in costs in all groups in the first year after fracture discharge in each group were NT$1785.53, NT$1585.83, NT$1844.34, NT$190.20, NT$179.261, NT$1605.56, NT$1316.195, NT$1364.194, NT$1104.476, NT$41 194. In the second year, the extra costs of hip and clinical vertebral fracture were NT$221 036 and NT$135 912, respectively. CONCLUSIONS: Hip and vertebral fractures result in significant costs. These results indicate potential benefits from interventions aimed at reducing fracture incidences.