from 132 SLE patients were analyzed. The infection was found in 30 SLE patients. The mean disease activity score in infected group was higher than the score in non-infected group (p < 0.001). Stress and non-compliance were significant positively associated with more disease activity (r = +0.242, r = +0.276, p = 0.005, 0.001 respectively). Disease duration, SLE knowledge and self-management were non-statistically significant with disease activity. Infection, stress and compliance were predicted factors in disease activity model. CONCLUSIONS: Factors associated with SLE disease activity were infection, stress and non-compliance.

**PSY6**

**PREDICTING FACTORS FOR METABOLIC SYNDROME FOR US ADOLESCENTS AGE 12–17**

Sias S1, Hufstader MA1, White-Means S2, Gourley D1, Vaidya V2

1University of Tennessee Health Science Center, Memphis, TN, USA, 2University of Tennessee, Memphis, TN, USA

**OBJECTIVES:** To contrast the factors that are associated with metabolic syndrome risk for US adolescents overall and US Hispanic adolescents. **METHODS:** At risk is defined as having three or more of the following: elevated fasting glucose, elevated SBP, elevated DBP, elevated triglycerides, elevated BMI, elevated waist circumference, or low HDL. Logistic regression and NHANES 2003–2006 data were used to examine the impact on metabolic syndrome risks; gender, race, ethnicity, immigrant status, income, insurance, parental education, activity levels, number of school lunches and breakfasts per week, milk consumption, language preference, and number of meals outside the home per week. US adolescents overall were compared with US Hispanic adolescents. Weighted sample sizes for Hispanic adolescents and US born adolescents were 8,178,714, and 50,837,204 respectively. At risk is defined as having three or more of the following: elevated fasting glucose, elevated SBP, elevated DBP, elevated triglycerides, elevated BMI, elevated waist circumference, or low HDL. Logistic regression and NHANES 2003–2006 data were used to examine the impact on metabolic syndrome risks; gender, race, ethnicity, immigrant status, income, insurance, parental education, activity levels, number of school lunches and breakfasts per week, milk consumption, language preference, and number of meals outside the home per week. US adolescents overall were compared with US Hispanic adolescents. Weighted sample sizes for Hispanic adolescents and US born adolescents were 8,178,714, and 50,837,204 respectively. **RESULTS:** The results of the regressions were vastly different between US adolescents and US Hispanic (First Generation and Native) adolescents. All variables in the models were statistically significant. Where US adolescent females faced a lower risk (42%) of having metabolic syndrome, US Hispanic females faced a higher risk (17%). Notably, for those Hispanics that were first generation, risk increased by 65%. For US adolescents overall, low or middle income levels increased risk three times, while low and middle income level US Hispanic adolescents had a risk decrease of 77% and 69% respectively. For every meal eaten outside the home per week (excluding school meals) metabolic syndrome risk increases for US adolescents by 4% and by 13% for Hispanic US adolescents. **CONCLUSIONS:** Adolescents with metabolic syndrome are at risk for acute cardiovascular endpoints, higher medical utilization and expenditure, and lower quality of life. Interventions should focus on education regarding healthy eating outside the home despite limited financial resources. A surprising result of this analysis is the high price of acculturation for Hispanic first generation adolescents.

**PSY7**

**THE BUDGETARY IMPACT OF INCLUDING LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING AS A COVERED SURGICAL TREATMENT FOR MORBIDLY OBESE ADULTS IN A MANAGED CARE POPULATION**

Campbell J1, McGarry L1, Gilmore K1, Hale BG2, Weinstein MC3, Shikora S4

1I3 Innovus, Medford, MA, USA, 2Allergan Pharmaceuticals, Irvine, CA, USA, 3Harvard University, Boston, MA, USA, 4Tufts-New England Medical Center, Boston, MA, USA

**OBJECTIVES:** To examine the 5-year economic consequences of reimbursing laparoscopic adjustable gastric banding (LAGB) in addition to laparoscopic gastric bypass (LGBP) for a large US managed care organization. **METHODS:** We used a Markov model to estimate surgical costs and outcomes, weight loss, and obesity-related costs and outcomes for LAGB, LGBP and no treatment over a 5-year period for a hypothetical 1-million-member managed care plan. Weight loss was estimated from a randomized clinical trial (LAGB causes somewhat less weight loss than LGBP). Complication rates, treatment and adverse event costs, and medical costs were estimated from published and publicly-available sources (LAGB has less severe complications than LGBP). The treatment-eligible population was estimated from US obesity rates, treatment guidelines, and clinical experience. Market expansion and substitution between LAGB and LGBP were projected from historical trends and physician/patient surveys. Budgetary impact, measured in 2007 dollars, was calculated as net cost with LAGB versus without LAGB; deterministic sensitivity analyses identified model drivers. **RESULTS:** Mean 5-year cost for LAGB was less than LGBP by $41,800 versus $52,800 per surgically-treated patient, primarily due to lower surgical and complication costs. The net budgetary impact was 14.5 M over 5 years ($1.8 M in year 1, rising to $3.6 M in year 5). Net 5-year costs associated with market expansion totaled $47.9 M, while patients receiving LGBP saw net cost-savings totaling $33.4 M. Results are sensitive to estimates of the proportion of patients that would choose LGBP in the absence of the LAGB option (net budgetary impact: +$32.8 M to −$5.2 M) and estimates of market expansion (net budgetary impact: +$12.3 M to +$16.6 M). **CONCLUSIONS:** For a hypothetical 1-million-member managed-care organization, the estimated 5-year budgetary impact of reimbursing LAGB is approximately $14.5 M. Although plan expenditures increase as additional patients seek surgical treatment, substantial savings are realized for patients receiving LAGB instead of LGBP.

**PSY8**

**BUDGET IMPACT ANALYSIS OF DEFERASIROX FOR THE TREATMENT OF CHRONIC IRON OVERLOAD IN PATIENTS WITH BETA THALASSAEMIA IN VENETO REGION, ITALY**

Ventricini E, Adami S, Alberici C, Scroccaro G

Veneto Regional Drug Information Center; Verona, Italy

**OBJECTIVES:** This study aims to estimate the budget impact of deferasirox (a once-daily oral iron chelator recently marketed in Italy) in patients with beta-thalassaemia major and chronic iron overload from blood transfusions, who live in the Veneto region. Our analysis compares the costs of deferasirox versus deferoxamine (which is the current standard of care for these patients) and versus deferoxprone, another oral iron chelator that is licensed only for the treatment of iron-overloaded thalassaemic patients, when deferoxamine is contraindicated or inadequate. **METHODS:** Our analyses was conducted from the perspective...