diagnosis of osteoporosis between January 1 and June 30, 1999 and 2 pharmacy claims for an estrogen or SERM were selected from the PharMetrics Integrated Outcomes Database. Patients were excluded if they had less than 6 months of continuous enrollment following the first (index) prescription claim for an estrogen or SERM or received other drugs for osteoporosis, such as bisphosphonates or calcitonin-salmon. The frequency of of hip, vertebral, forearm/wrist or other fracture and/or related surgical procedures and osteoporosis-specific charges were assessed over the 6-month period following the index prescription. **RESULTS:** 252,892 patients met the selection criteria, including 245,650 treated with estrogen and 7,242 with SERMs. The estrogen cohort was significantly younger than the SERM cohort (mean age: 54.3 vs. 59.0 years, $p < 0.001$) and had less frequent fractures/surgical procedures (1.0% vs. 1.6%, $p < 0.001$). The SERM group had higher mean osteoporosis-related pharmacy ($309 vs. $106) and medical charges ($73 vs. $29) resulting in a total charge difference of $247 ($p < 0.001$). Stratified analyses indicated that the SERM cohort had consistently higher mean charges across all age ranges compared to the estrogen cohort. **CONCLUSION:** In this initial cost comparison between SERM and estrogen therapy for osteoporosis, short-term (6-month) osteoporosis-related charges were significantly higher in the SERM group primarily due to the difference in drug costs. Longer-term studies are required to examine all of the costs associated with these therapies.

PAM9

COST COMPARISON OF TREATING RHEUMATOID ARTHRITIS PATIENTS WITH COX-2 INHIBITORS OR NSAIDS IN A MANAGED CARE POPULATION

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OBJECTIVE: To compare rheumatoid arthritis (RA) treatment charges with a cyclooxygenase-2 specific inhibitor (COX-2) versus a non-steroidal anti-inflammatory drug (NSAID) therapies in a managed care population. **METHODS:** Patients with a diagnosis of RA between January 1 and June 30, 1999 who had prescriptions for COX-2s or NSAIDs were selected from the PharMetrics Integrated Outcomes Database. Patients were excluded if they had osteoarthritis or did not have 6 months of continuous enrollment following the first (index) COX-2 or NSAID pharmacy claim. COX-2 and NSAID-treated groups were compared on their demographics, comorbidities, and total RA-specific charges during the 6 month follow-up period **RESULTS:** A total of 5,261 patients met the patient selection criteria, including 668 who received COX-2 and 4,593 who received NSAID. The COX-2 group was older (53.7 versus 49.6 years, $p < 0.0001$) on average and more likely to have at least one comorbidity (46.0% vs. 31.9%, $p < 0.001$) compared to the NSAID group. They also had higher RA-related pharmacy ($914 versus $636) and medical charges ($611 versus $566). Total mean charges for the COX-2 cohort were $323 higher ($p = 0.019$) than the NSAID cohort. **CONCLUSION:** In this initial cost comparison between COX-2s and NSAIDs, the mean charge for a 6-month period with COX-2s was 27% higher than with NSAIDs, mainly due to higher pharmacy charges. Longer-term studies are required to examine whether the higher acquisition costs of COX-2 are offset by savings in the costs of treating gastrotoxicity.

PAM10

THE IMPACT OF EARLY RHEUMATOID ARTHRITIS ON PRODUCTIVITY

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BACKGROUND: Rheumatoid arthritis (RA) leads to physical and psychosocial functional disabilities affecting productivity of patients in their daily activities. **OBJECTIVE:** to evaluate the impact of early RA on productivity. **METHODS:** Baseline data was analyzed from the Study of New Onset Rheumatoid Arthritis (S.O.N.O.R.A.SM), a five-year prospective, longitudinal, inception-cohort study to document long-term functional, clinical, and humanistic outcomes and patterns of treatment in patients with new onset RA. Telephone interviews were performed by trained interviewers to collect data on employment status, annual household income (AHI) and productivity at work and normal activities, outside of paid job (NAOPJ), including absenteeism over the past 4 months, reason for absenteeism, and effectiveness at work and NAOPJ when working with arthritis symptoms (AS). **RESULTS:** One hundred thirty one patients completed the baseline survey. Mean age was 56 ± 15 years; 78% were female; 82% were Caucasian. Employment status reported was full-time (52%), part-time (2%), retired (26%), and other (20%). AHI were <$50,000 (63%), $50,000–74,999 (17%), >$75,000 (18%), and 2% refused to provide AHI. Ninety-one percent of patients were employed at a paid job. The mean absenteeism at work and NAOPJ were 4.3 days (SE = 1.1) and 25.9 days (SE = 3.3), respectively. Of the participants reporting absenteeism, 40% and 69% reported that the majority of absenteeism was due to AS for work and NAOPJ, respectively. Compared to their normal performance, patients were 78% and 64% as effective when working with AS at work and NAOPJ, respectively. **CONCLUSION:** Despite new onset of RA in this population, negative impact on productivity was observed. A greater decline in productivity was reported for NAOPJ. This may imply that NAOPJ is compromised before work activities in early RA patients. Five-year follow-up of this population will provide further insight on productivity changes and the economic burden associated with progressive disease.