DERIVING SEVERITY INDEX FOR RHEUMATOID ARTHRITIS FROM HEALTH CARE CLAIMS DATA

OBJECTIVES: Health care claims databases do not contain information about disease severity. The goal of this study was to develop a severity index for rheumatoid arthritis (SIFRA) for private health care claims data using a previously developed claims-based index from the Veteran’s Administration (VA) Health System and rheumatoid arthritis medical records-based index of severity (RARRIS).

RESULTS: We extracted the follow-up period related to rheumatoid arthritis from the claims data and used a number of synthetic disease-modifying anti-rheumatic drugs (DMARDs), total number of biological DMARDs, tests for C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR) ordered, rehabilitation visits, rheumatology visits, Felty’s syndrome and Sjogren’s syndrome in the index. SIFRA, at least for rheumatoid arthritis, controls for disease severity better than any other commonly used measure.

NEUROLOGICAL DISORDERS – Clinical Outcomes Studies

CLINICAL AND PHARMACY UTILIZATION OUTCOMES WITH BRAND TO GENERIC ANTIEPILEPTIC UTILIZATION IN PATIENTS WITH EPILEPSY

OBJECTIVES: To determine if switching from select branded to generic equivalent antiepileptic drug (AED) in patients with epilepsy is associated with adverse outcomes in outcomes research studies related with rheumatoid arthritis. RESULTS: According to the Aksike Information Criterion (AIC), Bayesian Information Criterion (BC), log likelihood function, R-squared values and average squared prediction error, SIFRA performed better than RARRIS, Charlson Comorbidity Score (CCS), Elixhauser comorbidity score and Chronic disease score. Spearman correlation with RARRIS was 0.65 and 0.6521, Elixhauser Index (0.15, p = 0.5312) and Chronic disease score (0.13, p = 0.6011) were low and insignificant. CONCLUSIONS: Controlling disease severity is crucial in retrospective studies. Comorbidity scores are inadequate to be proxy variables, SIFRA, at least for rheumatoid arthritis, controls for disease severity better than any other commonly used measure.

NEUROLOGICAL DISORDERS – Cost Studies

ESTIMATED COST SAVINGS WHEN TREATING RESTLESS LEGS SYNDROME (RLS) WITH GABAPENTIN ENACARbil IN THE US

OBJECTIVES: Estimate total (direct plus indirect) cost savings with 1200 mg of gabapentin enacarbil (GEn), a new RLS therapy. For formulary access, new medications cost differences between those categories.

RESULTS: In the datacut, GID incidence among patients with PD increased over time to stabilize at 75% at 92 months. GID patients with PD and GID matched to 485 controls with PD but without GID. GID was associated with significantly higher rates of neuropsychiatric disorders, including psychosexual dysfunction (RR = 8, p = 0.05), anxiety (RR = 1.61, p < 0.01), depression (RR = 1.28, p = 0.03), ataxia (RR = 1.24, p = 0.03), pain (RR = 1.28, p < 0.01), movement disorders (RR = 1.39, p < 0.01), urinary incontinence (RR = 1.43, p = 0.02), and risk of fall (RR = 1.44, p = 0.04). ER admissions (ratio = 1.42, p < 0.01), number of concurrent drugs (ratio = 1.06, p = 0.04) and PD and non-PD health care costs (ratios = 1.13 and 1.12, p < 0.01 respectively) increased during the observation period in the GID patients. CONCLUSIONS: GID have a substantial deleterious effect on major PD-related clinical and societal outcomes. Non oral formulations of PD drugs (amphor- phine or L-dopa pumps or rotgotive) may offer a good opportunity to bypass gastrointestinal track, and accordingly maximize patient response to treatment.