are directly and indirectly linked with HRQoL of TB patients. **METHODS:** A prospec-
tive study was conducted. A NACS and a KDRG were constructed and tested in a province of the Punjab, Pakistan. Data was collected by using WHOQOL-BREF question-
naire (Urdu version, pretested for reliability and validity) by means of face-to-face interviews and where possible by gender-focused group sessions. In addition, fac-to-face interviews were conducted based on open-ended questions in order to get patients’ demo-
graphic and socioeconomic data. Participants were also asked to share their per-
sonal experiences of being diagnosed and treated with TB and what impact it had on their lives. All obtained data was analyzed using statistical packages and the correla-
tional methods. **RESULTS:** The overall Cronbach’s alpha coefficient of the revalidated WHOQOL-BREF questionnaire was 0.785. The confirmatory factor analysis also pro-
vided an acceptable fit to a four-factor model in the studied sample. The scores for negative feelings, blue mood, depression, living place, personal relationships and sex life were significantly different in the psychological health and social relations domains. Age, gender and physical exercise were also significantly associated with the HRQoL. **CONCLUSIONS:** The revalidation of the WHOQOL-BREF questionnaire is valid in the assessment of the HRQoL of TB patients in Pakistan. Despite the ability to cure TB, there was a significant impact on HRQoL of the TB patients. Till today, much attention is spent on curative and preventative mechanisms whereas the impact of TB on HRQoL is often neglected.

**REFERENCES**

1. **PROCISE LITERATURE REVIEW ASSESSING DATA ON THE BURDEN OF ALLERGIC RHINITIS FROM A COST AND QUALITY OF LIFE PERSPECTIVE**

**OBJECTIVES:** To conduct a systematic literature review on all allergic rhinitis/house dust mite allergic (PAR) patients and seasonal allergic rhinitis/grass pollen allergic (SAR) patients in order to establish the burden of allergic rhinitis (AR) and allergic asthma from a cost and quality of life (QoL) and cost perspective. A systematic literature re-
view was conducted using Medline and Embase in eight pre-specified coun-
tries for the time period of January 2000 to January 2014. Search terms were related to PAR and SAR. A total of 2636 abstracts and titles were identified, 650 abstracts met predefined criteria and provided data for calculations and collation. **RESULTS:** Based on the RQLQ, the overall QoL of PAR patients was significantly worse than that of SAR patients (2.7 ± 0.12 cf. 2.64 ± 0.18, p<0.001). In general, practical problems (mean: 3.80 ± SE: 0.08) and activities (mean: 3.70 ± SE: 0.11) were the most affected domains. Measured by the physical component score from the SF-36 questionnaire, the overall QoL of PAR patients was worse (p<0.002) than that of SAR patients (49.06 ± 1.26 cf. 64.19 ± 7.89). For both PAR and SAR patients, domains measured by the SF-36 showed that vitality (mean: 59.95 ± SE: 3.24) was the most affected domain. Based on RQLQ, allergy immunotherapy improves eye symptoms, nasal symptoms, activities and practical problems the most in grass allergic patients. Direct compari-
sons of total and indirect costs were complicated by differences in individual

**RESULTS:** The mean age of the study population was 53.30±14.59 having 61% of the patients as females. Data was analyzed by Wilcoxon signed rank test. The total score of Qol at follow up (5.94 ± 0.76) showed an improvement with a P value <0.001 (wilcoxon signed rank t test) when compared with baseline (3.92 ± 1.00). A significant improvement in symptoms was seen in follow up (6.05 ± 0.83) from baseline (3.93 ± 1.14). The activity limitation improved with a P value < 0.0001 (Wilcoxon signed rank t test) from baseline (4.00 ± 1.08) to follow up (5.92 ± 0.83). At follow up (3.92 ± 0.82) the emotional function showed an enhancement on compar-
ing with baseline (3.92 ± 1.14). The environmental stimuli showed no significant changes at baseline (3.66 ± 1.39) and follow up (3.84 ± 1.34). **CONCLUSIONS:** The results of the study suggests that clinical pharmacists have a major role in improv-
ing patient knowledge and thereby significantly improve the quality of life of the patient.

**RESPIRATORY-RELATED DISORDERS – Health Care Use & Policy Studies**

**PSR82**

**EVALUATION OF SELECTED KEN-DRGS IN GREEK PUBLIC HOSPITALS: THE INDUCTIVE WAY THEY REFLECT ACTUAL EXPENDITURE AND AVERAGE LENGTH OF STAY**

**OBJECTIVES:** To evaluate the degree to which the officially pre-determined cost and average length of stay (ALoS) per selected KEN-DRG reflect actual resource use by investigating other factors (e.g. size, type and location of hospital) corre-
lated with charges and AloS. **METHODS:** Data were from the Health Regions data base and included discharges, AloS, and charges in NHS Hospitals for the selected KEN-DRGs. Pre-determined AloS and cost per KEN-DRG were derived from Gazette 946/27/03/2012. Continuous variables did not follow normal distribution, so non parametric methods (Spearman’s correlation coefficient, Kruskal-Wallis test and Mann-Whitney test) were used. A two sided p value ≤ 0.05 was considered sta-
tistically significant. **RESULTS:** ALoS of KEN-DRGs was not correlated at all with the officially pre-determined was found for Chronic Obstructive Pulmonary Disease (COPD) with complications (10.8 vs 9 days), Bronchitis & Asthma with complications (5.8 vs 4 days), Bronchitis & Asthma without complications (2.7 vs 2 days) and Breast Cancer with complications (7.9 vs 5 days). Consequently, officially pre-determined cost for Breast Cancer with complications (€695), Bronchitis & Asthma with complications (€793) and COPD with complications (€1,446) represents less than 90% of total hospital charges (total average charge: €1,186/2929, €1,634 respect-
ively). However, for the rest of the DRGs, under study, there were none or limited additional hospital charges. For all KEN-DRGs, size and population density was positively correlated with total charges (rs = 0.23, p = 0.12) and negatively correlated with ALoS (Ms = -0.07, p = 0.018; median for Athens vs 7). The SS for most was a return to work, for less than 24 hours–2 y

**RESULTS:** The sample was 69% Caucasian, with six males and seven females, and a mean age =47. Most were working full time or retired, and had many years since asthma diagnosis (mean =22 years). NCS were related to reliever (n=7), preventive (n=4) or both (n=2) medications with the most common NCS from one brand to another (n=4). Participants reported negative feelings, difficulty using the medications and side effects were the most commonly reported NCS (median: 6 months range <24 hours–2 years). The SS for most was a return to their pre-NSC medication (n=11). Although most found getting their SS straightforward, this required at least two HCSP visits for half the sample, and took up to two weeks, on average. Most expected symptoms to improve following the SS but nine participants still had sub-optimal ACT scores. Lasting impacts included damaged relationships with HCSPs, strong views about NCS and concern about NCS restrictions. **CONCLUSIONS:** Both SS and NCS can incur costs associated with rejection of medicines and additional consultations, thus negating any attempt at cost saving.

**RESPIRATORY-RELATED DISORDERS – Treatment in Newly Diagnosed Elderly Patients is Inconsistent with Asthma Management Guidelines**

**OBJECTIVES:** Asthma is under-diagnosed and under-treated in elderly, and utili-
zation of asthma medications in this population is not well characterized. This study describes utilization patterns of asthma medications in newly diagnosed <50 years patients. **METHODS:** Medicare enrollees were followed for 12 months after first asthma diagnosis between Q1 2004–Q3 2012 (ICD-9-CM code: 493). Treatment pat-
tern analysis was applied to initiators of asthma medications. Patients with >1 prescription of second-line therapy following exposure to first-line therapy are con-
sidered therapy switchers or augmenters. Patients with history of chronic obstruct-

**PSR83**

**IMPACT OF NON-CONSENTED SWITCH AND SUBSEQUENT SWITCH IN ASTHMA MEDICATION: QUALITATIVE STUDY OF PATIENT PERSPECTIVE IN THE UK**

**OBJECTIVES:** To explore the experiences of patients who had a NCS and subsequently reported receiving a second switch (SS). **METHODS:** Interviews were conducted with 13 UK adult asthma patients recruited through an agency, Twitter and Asthma UK’s website. Participants were asked to share their per-
sonal experiences of being diagnosed and treated with asthma and their symptoms. **RESULTS:** The sample was 69% Caucasian, with six males and seven females, and a mean age =47. Most were working full time or retired, and had many years since asthma diagnosis (mean =22 years). NCS were related to reliever (n=7), preventive (n=4) or both (n=2) medications with the most common NCS from one brand to another (n=4). Participants reported negative feelings, difficulty using the medications and side effects were the most commonly reported NCS (median: 6 months range <24 hours–2 years). The SS for most was a return to their pre-NSC medication (n=11). Although most found getting their SS straightforward, this required at least two HCSP visits for half the sample, and took up to two weeks, on average. Most expected symptoms to improve following the SS but nine participants still had sub-optimal ACT scores. Lasting impacts included damaged relationships with HCSPs, strong views about NCS and concern about NCS restrictions. **CONCLUSIONS:** Both SS and NCS can incur costs associated with rejection of medicines and additional consultations, thus negating any attempt at cost saving.