and referrals, over a period of 4 years before diagnosis to 4 years—plus after diagnosis using one year intervals. Poisson loglinear regression models, published for the UK, allowed to estimate the medical resources consumed if no diagnosis had been established. The impact of diagnosis was evaluated for each of these medical resources. Costs were calculated by multiplying resource use with corresponding French unit costs ($; 2007; both public health care payer perspective and societal perspective including patient co-payments). RESULTS: This study confirms previously published results for the UK: whereas costs gradually increase before diagnosis, a stagnation in costs increase occurs in the year after diagnosis, subsequently followed by a moderate decrease afterwards. The same trend was observed whether the panel consisted of GP or rheumatologists. The savings made as a result of fibromyalgia diagnosis add up to €126 per patient and per year in France from the health care system perspective and €184 from a societal perspective. GP visits, diagnostic tests, drugs and referrals to specialists represent respectively 57%, 23%, 12% and 8% of these savings. CONCLUSIONS: Compared to a diagnosed fibromyalgia patient, a not diagnosed patient represents an incremental cost of €126 from the public health care payer perspective, mainly due to medical nominalism and multiplication of investigations and prescriptions.

PMS31
OSTEOARTHRITIS AND JOB ABSENTEEISM COSTS: EVIDENCE FROM U.S. NATIONAL SURVEY DATA
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OBJECTIVES: Osteoarthritis is a common chronic illness affecting approximately 20 million persons in the United States. To date, however, there is very little evidence quantifying the effects of osteoarthritis on the cost of job absenteeism and presenteeism. Yet such information would be useful to employers in designing health benefits for their employees. METHODS: Using data from the Medical Expenditure Panel Survey (MEPS), a large nationally-representative database from the United States, this study performs bivariate and multivariate analyses to quantify the relationship between osteoarthritis and annual job absenteeism costs to employers. Individual estimates by occupation, as well as nationally-aggregated measures, will be provided. RESULTS: We find that osteoarthritis significantly increases job absenteeism by 2.39 days per annum (p < 0.01), raising job absenteeism costs by $478 per employee. These differences vary by occupation, and are largest for workers in the service sector ($1070), office workers ($922) and equipment operators ($1084). Subjects working in managerial, sales, and professional occupations miss the most days (3.02). CONCLUSIONS: These results indicate that the cost burden from osteoarthritis is quite large for all groups and falls disproportionately on African-Americans and uninsured individuals.

PMS32
THE DIRECT HEALTH CARE COSTS OF OSTEOARTHRITIS: EVIDENCE FROM US NATIONAL SURVEY DATA
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OBJECTIVES: Osteoarthritis is a major debilitating disease affecting approximately 20 million persons in the United States. Yet, the financial and societal costs to patients, insurers, and society from osteoarthritis remains poorly understood. METHODS: Using data from the Medical Expenditure Panel Survey (MEPS) a large, nationally-representative database from the United States, this study performs bivariate and multivariate analyses to quantify the relationships between osteoarthritis and annual health care costs to patients, insurers, and society. Individual and nationally-aggregated cost estimates will be provided. RESULTS: Overall annual health care costs are dramatically higher in subjects with a diagnosis of osteoarthritis than in subjects without osteoarthritis ($10,803 vs $3,427, p < 0.01). This cost differential is particularly great among African-Americans with osteoarthritis compared to African Americans without osteoarthritis ($13,937 vs $3,293, p < 0.01)). This reflects the high prevalence of osteoarthritis among African-Americans. The total cost of osteoarthritis is dramatically and significantly lower (p < 0.01) among uninsured subjects ($2,875) than among subjects with private insurance ($11,798) or private ($11,093) insurance. This suggests that uninsured subjects with osteoarthritis are facing serious health care access problems. Large differences in total costs from osteoarthritis persist when the sample is stratified by age, gender, educational attainment, insurance status, weight classification, and geographic location. Out-of-pocket health care costs are much higher among subjects with osteoarthritis ($1757 vs. $649, p < 0.01) and are also higher for insurers ($9047 vs. $2279, p < 0.01). CONCLUSIONS: These findings indicate that the cost burden from osteoarthritis is quite large for all groups and falls disproportionately on African-Americans and uninsured individuals.

PMS33
HEALTH ECONOMIC EVALUATION OF OUTPATIENT MANAGEMENT OF FIBROMYALGIA IN SPAIN
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OBJECTIVES: To estimate the medical and non-medical resources use and related costs from the health insurance and societal perspective, in the management of fibromyalgia patients in Spain, METHODS: A questionnaire was created based on the resources use from 2260 fibromyalgia patients extracted from the General Practice Research Database in United-Kingdom. Local experts were asked to compare their own clinical practice to UK prescriptions and resource use, over a period of four years before diagnosis to four years plus years after diagnosis. Prescription data related to paramedical and alternative care were also collected. Costs were calculated by multiplying prescribed resource use with corresponding Spanish unit costs ($; 2007; both public health care payer perspective and societal perspective including patient co-payments). Inpatient care and productivity loss were not considered. RESULTS: The mean medical treatment cost represents €536 per patient per year from the health care payer perspective (i.e. 74% visits cost, 14% drugs cost, and 12% diagnostic tests cost) and €549 from the societal perspective. If paramedical and alternative treatments are included, the estimated cost of fibromyalgia is €674 per patient per year from a societal perspective and €536 from a health care payer perspective. The costs of paramedical and alternative treatments represent 18.5% of the total costs (of which 73% paramedical acts, 23% alternative treatment and 4% food supplements). The annual patient co-payment is estimated at 138 euros. CONCLUSIONS: In Spain, the cost of outpatient management of fibromyalgia is estimated at €674 per patient per year from a societal perspective and at €536 from the public health care payer perspective.