OBJECTIVES: Chronic spontaneous/idiopathic urticaria (CSU/CIU) is defined as the spontaneous appearance of itchy hives, angioedema, or both lasting ≥ 24 hours. CSU/CIU has a significant yet underestimated impact on patient’s work productivity. The ASSURE-CSU study aims to identify and quantify the humanistic and economic burden of CSU/CIU. Here we present Canadian data on work productivity and indirect costs related to CSU/CIU. METHODS: A total of 86 patients with CSU/CIU were recruited with disease duration of ≥ 18 years, with disease persisting for ≥ 12 months. Symptomatic despite treatment were recruited in the study. Data were collected on absenteeism and productivity loss via the Work Productivity and Activity Impairment—Specific Health Problem (WPAI-SPH) questionnaire. The WPAI-SPH calculates productivity loss, work limitation, and sleep disturbance and related to hospitalization cost compared to the group with normal EOS ($834 vs 13%, p=0.013). The proportion of patients affected at work by EOS on probability of incurring resource use after controlling for demographics and severity.

ASSURE-CSU suggests that almost all patients in employment are affected at work by their disease, either through absenteeism or reduced productivity at work resulting in a mean (SD) of $1,177 per patient in full-time employment. The overall indirect cost increased with disease severity. CONCLUSIONS: This Canadian-specific analysis from ASSURE-CSU suggests that almost all patients in employment are affected at work by their disease, either through absenteeism or reduced productivity at work resulting in significant economic impact for employers and society.

PRS32 COST-CONSEQUENCE OF EOSINOPHILIC ASTHMA AMONG PATIENTS TREATED ACCORDING TO ERS/ATS GUIDELINES

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OBJECTIVES: The ASSURE-CSU study aims to identify and quantify the humanistic and economic burden of CSU/CIU has a significant yet underestimated socioeconomic impact. The ASSURE-CSU study included a retrospective medical record abstraction, a cross-sectional PRO survey, and 7-day diary of patients with CSU/CIU still symptomatic despite treatment, aged ≥ 18 years, with disease persisting for ≥ 12 months. Patients completed the Urticaria Activity Score (UAS7) and the EQ-SD-3L, a 2-part instrument comprised of the EQ-SD and the Visual Analog Scale (VAS). ED-SD-3L and VAS utility values were derived using a Canadian-specific scoring algorithm and a standard UK algorithm, respectively. Descriptive statistics were provided for these variables and stratified by disease severity. RESULTS: The cohort included 99 patients with demographics in line with published characteristics of CSU/CIU patients and distributed across severity levels. The instrument was completed by 86 patients. Overall, the mean (SD) EQ-SD-3L utility score was 0.7 (0.3), while the mean (SD) VAS utility score was 71.4 (19.24). The dimensions of the EQ-SD-3L most affected where pain/discomfort and anxiety/depression with 61.4% and 40.9% of patients reporting moderate to extreme problems, respectively. Utility values decreased with increased disease severity for overall and dimension specific scores for both tools. CONCLUSIONS: Compared to the average utility score of an average Canadian population (0.875), the results of this study suggest that CSU/CIU has a greater impact on patients’ health status and quality of life, with patients suffering from moderate to severe urticaria showing a greater impact on patients’ health state.

PRS36 IMPACT OF PHARMACISTS-LED INTERVENTIONS TO ASSES ASSESS KNOWLEDGE, ATTITUDE AND PERCEPTION AMONG TUBERCULOSIS PATIENTS IN PAKISTAN: AN INSIGHT FROM A RANDOMIZED CONTROLLED NON-CLINICAL TRIAL

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OBJECTIVES: To assess the impact of pharmacists-led non-clinical interventions on knowledge, attitude and perception among pulmonary tuberculosis (TB) patients treated for TB in Pakistan. METHODS: A randomized controlled non-clinical trial was piloted on PTB patients under the supervision of registered pharmacists whereby PTB patients received additional non-clinical interventions regarding knowledge, attitude and perception on TB. RESULTS: Self-administered research tool was used and demographic characteristics of the patients were determined by means of descriptive statistics. Data was analyzed by using SPSS 21.0. Comparison between trial group and control group was done with the help of inferential statistics. RESULTS: Two hundred and eighty eight PTB patients were randomly chosen for the study i.e. one hundred and forty in each group. No significant differences were observed in either group for mean age, gender, education level, occupation and income whereas a significant improvement (p<0.001) in the knowledge, attitude and perception was noted in the intervention group. CONCLUSIONS: The pharmacist-led, non-clinical intervention caused a significant improvement in PTB patients’ knowledge, attitude and perception scores. This study highlights pharmacists’ need and their significantly important role towards better patient care and education. These finding are consideredly useful for better disease management and control.

RESPIRATORY-RELATED DISORDERS - PATIENT-REPORTED OUTCOMES & PATIENT PREFERENCE STUDIES

PRS34 PATIENT PREFERENCE FOR REAL-TIME FEEDBACK IN EPRO ASSESSMENTS FOR COPD CLINICAL TRIALS

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OBJECTIVES: Clinical trials for COPD are increasingly using electronic methods to collect patient-reported outcomes (ePRO). As use of this technology increases, it is important to consider patient preference in questionnaire design. This study examined patient preference for receiving real-time feedback while completing ePRO assessments. METHODS: A total of 103 patients with COPD were surveyed. Patients were asked to assume that they were using a handheld or tablet device to complete questionnaires as part of a clinical trial; they were then presented with example screens and asked about types of feedback they might receive on the device. Feedback was categorized in age 18 patients with COPD and 30% had reported previous participation in a clinical trial. 59% reported that they would like to see a “thank you” screen at the end of each questionnaire. 81% thought it would be helpful to see the most recent results of treatments on a graph and 81% preferred to see their progress as they completed a questionnaire. Of these, 41% preferred a progress bar and “Question X of Y message” and 47% preferred just the progress bar. 69% said they would like the first screen to summarize the questionnaire results as they described. Patients were then presented with feedback about daily diary compliance, 76% reported that a summary screen showing their percent compliance would motivate them to complete their diary each day. CONCLUSIONS: Patients with COPD prefer to receive real-time feedback while completing ePRO assessments, and are motivated by compliance information. Specifically, they prefer summaries of their data, the ability to track their progress through a questionnaire, and receiving frequent feedback in the form of “progressed” or “cured” messages for completing frequent assessments. Patients would be motivated to complete a daily diary by seeing their overall percent compliance to date. Investigators should consider including these types of elements when designing ePRO assessments for clinical trials.

PRS35 ASSURE-CSU CANADIAN RESULTS: ASSESSING HEALTH UTILITY IN CHRONIC SPONTANEOUS/UIRTICARIA USING THE EQ-SD

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OBJECTIVES: Chronic spontaneous urticaria (CSU), idiopathic urticaria (IU) and urticaria due to CSU/CIU was reported in moderate and severe patients (8.9% and 10.6%, respectively). The mean proportion of overall work impairment due to CSU/CIU was reported in moderate and severe patients (8.9% and 10.6%, respectively). The mean proportion of overall work impairment due to CSU/CIU was 30.6% (SD=27%). Total indirect monthly cost of work productivity loss was estimated to be a mean (SD) of $1,177 per patient in full-time employment. The overall indirect cost increased with disease severity. CONCLUSIONS: This Canadian-specific analysis from ASSURE-CSU suggests that almost all patients in employment are affected at work by their disease, either through absenteeism or reduced productivity at work resulting in significant economic impact for employers and society.

PRS37 TREATMENT OUTCOMES OF SMEAR POSITIVE PULMONARY TB CASES REGISTERED IN TB PATIENTS IN QUETTA

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OBJECTIVES: The purpose of this study was to examine the treatment outcomes of smear positive pulmonary TB cases registered in TB patients in Quetta. METHODS: Cross sectional retrospective cohort study was performed on TB patient in Fatima Jinnah chest hospital, Quetta. Retrospective medical records of smear-positive tuberculosis patients registered for first quarter of year 2012. Tuberculosis treatment outcomes were assessed according to WHO guidelines. The descriptive statistics was used to present the demographic and disease related information. Inferential statistics was used to the evaluation relationship among study variables. All analyses were performed using SPSS 21.0. RESULTS: Two hundred and eighty eight PTB patients were randomly chosen for the study i.e. one hundred and forty in each group. No significant differences were observed in either group for mean age, gender, education level, occupation and income whereas a significant improvement (p<0.001) in the knowledge, attitude and perception was noted in the intervention group. CONCLUSIONS: The pharmacist-led, non-clinical intervention caused a significant improvement in PTB patients’ knowledge, attitude and perception scores. This study highlights pharmacists’ need and their significantly important role towards better patient care and education. These finding are considererably useful for better disease management and control.