CV events and T2DM. CONCLUSIONS: Orlisat is a cost-effective treatment to aid weight reduction in primary care when using a threshold of £20,000 per QALY.

PSY3 ASSESSMENT OF THE GLOBAL COST OF TRANSFUSION IN FRENCH ORTHOPEDIC SURGERY WARDS

Dois-Reis F1, Bernard M2, Reucher S3, Catonné Y4, Massin P4, Sausset A4, Tilleul F4
1Paris Descartes University, Paris, France, 2Richat Hospital, Paris, France, 3Saint Antoine Hospital, Paris, France, 4Pitié-Salpêtrière Hospital, Paris, France

OBJECTIVES: As part of a medico-economic study on a fibrin sealant used in orthopedic surgery to decrease allogeneic transfusion requirement, this study was conducted to evaluate the overall cost of transfusion from hospital perspective. METHODS: A multicenter prospective study was carried out from March 14, 2011 to June 1, 2011 in orthopedic surgery wards of 3 French university hospitals. A micro-casting has been developed to identify global costs of transfusion through: the acquisition cost of red blood cell (RBC), supplies used for a transfusion, and times spent by nursing staff and personal care assistants to deliver RBC to the ward which took 10'17" respectively. RESULTS: Five transfusions were observed in each site. A physician spent 10'17" = 43 (mean ± standard deviation) for the prescription of RBC. Personal care assistants and hospital workers brought samples to the Blood Bank (BB), transmitted the document to the BB, and delivered RBC to the ward which took 10'17" = 45'06" and 10'47" = 0'30" respectively. Nurses spent 52'25" = 04'39" for the control of the documents, the ultimate pre-transfusion control at patient’s bedside, the administration of RBC, and the monitoring of the transfusion. No adverse event occurred during the study. The mean global cost of the transfusion of a RBC was estimated at 254 Euros. Regarding global cost, management of transfusion was estimated at 31 Euros representing 12% of the overall cost of transfusion. CONCLUSIONS: The study shows the heavy workload represented by each transfusion for a nurse in the context of shortage of nurses. These results may be helpful to fill a pharmacoeconomic model used to estimate the incremental cost effective of using fibrin sealant in orthopedic surgery.

Systemic Disorders/Conditions – Patient-Reported Outcomes & Preference-Based Studies

PSY38 ESTIMATING HEALTHY-TIME EQUIVALENTS FOR MIGRAINE TREATMENT OUTCOMES FROM CONJOINT ANALYSIS MEASURES OF PATIENT PREFERENCES González-Benito J1, Johnston MC2, Poulton C1
1EHI Health Solutions, Research Triangle Park, NC, USA, 2GlaxoSmithKline, Research Triangle Park, NC, USA

OBJECTIVES: Evaluate the relative impact of migraine-related outcomes using generalized healthy-time equivalents (GHTE). METHODS: A best-practice conjoint analysis or discrete-choice experiment (DCE) evaluated migraine-related outcomes reported in the Completeness of Response Survey (CORS). We elicited patients’ trade-offs for migraine symptoms with different clinically relevant dimensions, including symptom-free time. Preference-parameter estimates were used to determine the amount of symptom-free time that was utility-equivalent to 24-hour migraine episode profiles described by acute headache, post-headache, and symptom-free phases. These GHTEs quantify the impact of migraine-related outcomes using a utility-theory elicitation framework. RESULTS: Adjusted life years (QALYs), HTETs do not require assuming that utility of a brief, but severe, outcome is a simple fraction of a quality-adjusted year. Also unlike QALYs, HTETs do not require risk neutrality, and easily account for personal characteristics that may determine preferences for health outcomes. CONCLUSIONS: A total of 538 people with a self-reported physician diagnosis of migraine completed the survey. As expected, migraineurs were negatively affected by the duration of headache-phase and post-headache-phase symptoms. However, for some groups in the sample we found no statistical difference in relative preferences for different pain severities in the acute headache phase. Subjects had clear preferences for different levels of daily-activity limitations experienced during the post-headache phase. Results also showed that subjects in the sample were averse to risk. We also found preference heterogeneity based on individual characteristics.

PSY39 PREDICTORS OF HEALTH UTILITIES AMONG PATIENTS WITH RHEUMATOID ARTHRITIS IN EUROPE

Dhondaventura MD1, Pisa C2, Schwandt M3
1Kantar Health, New York, NY, USA, 2Kantar Health, Munich, Germany

OBJECTIVES: Previous studies have examined the humanistic burden of rheumatoid arthritis (RA) and how research has been conducted to understand the factors that are most strongly associated with the health-related quality of life of these patients. METHODS: Data from the European 2010 National Health and Wellness Survey (an annual survey of respondents from France, Germany, Italy, Spain, and the UK) were used in the current study. RESULTS: A total of 498 patients (0.86%) were included in the analyses. Health state utilities (SF-6D), derived from the SF-12, were examined on a bivariate level across a variety of subgroups (e.g., years diagnosed, treatment status, comorbidities, joints affected, etc). Health state utilities were also predicted from demographics and patient characteristic information using multiple regressions. RESULTS: A total of 498 patients (0.86%) reporting being diagnosed with RA. These patients were mostly female (64.3%) and had an average age of 52.3 years. Most patients were diagnosed with RA for more than 10 years (63.8%). Several demographic and patient characteristics were significantly associated with health state utilities. RA patients in Spain (Adjusted mean = 0.60) and Italy (Adjusted mean = 0.53) had the highest and lowest, respectively, utility scores. Severe RA (Adjusted mean = 0.51), comorbid Crohn’s disease (Adjusted mean = 0.52), and RA affecting the spine (Adjusted mean = 0.54) were the largest decrements in utility (all p < 0.05). CONCLUSIONS: Although previous studies have documented the burden of RA in Europe, the current study suggests that burden is not uniform. Certain geographies, particularly Italy, are associated with a greater burden for patients with RA. Similarly, patient characteristics, such as the number of spine and comorbid Crohn’s disease, have a large effect on the quality of life of these patients. These results suggest a more comprehensive assessment of patient characteristics is necessary to fully capture the quality of life burden of RA.

PSY40 EQ-5D UTILITIES IN PATIENTS WITH CHRONIC PAIN DUE TO OSTEARTHROPSIS OF THE KNEE OR LOW BACK PAIN TREATED WITH TAPENTADOL AND OXICODONE

Obradovic M1, Lal A2, Liegens H1, Grummitt GmbH, Aachen, Germany

OBJECTIVES: To analyze QoL of patients with chronic pain due to osteoarthritis of the knee (OA) or low back pain (LBP) using the EQ-5D questionnaire in phase III trials with tapentadol prolonged release (PR) and oxycodone controlled release (CR). METHODS: Three phase III trials in OA and LBP with the same design included the EQ-5D as a core outcome for patients with chronic pain treated with either tapentadol PR, oxycodone CR or placebo. Utilities were obtained at baseline and endpoint (15 weeks). An analysis was performed to explore how EQ-5D distinguished among various health states. RESULTS: Mean utility of all patients treated with tapentadol PR (N = 978) increased from 0.42 at baseline to 0.60 at endpoint, and for patients treated with oxycodone CR (N = 998) from 0.43 at baseline to 0.56 at endpoint, and for patients treated with placebo (N = 990) from 0.41 at baseline to 0.55 at endpoint. The increase in utility was significantly higher (p = 0.001) in patients treated with tapentadol compared to those treated with oxycodone CR or placebo. Presence and severity of adverse events, as well as insufficient pain relief substantially decreased utility values in both tapentadol and oxycodone treatment groups. Whereas the highest Utilities were seen in the groups of patients who had <50% pain improvement and patients who withdrew due to adverse event or due to lack of efficacy had much lower Utilities (< 0.40-0.51). CONCLUSIONS: EQ-5D utilities of OA and LBP patients increased significantly compared to baseline when treated with tapentadol PR or oxycodone CR, whereby the increase was significantly higher with tapentadol PR. Sufficient pain relief and reduction of severe treatment-related adverse events resulted in a large beneficial impact on EQ-5D utility values. This analysis clearly demonstrates that the EQ-5D is a useful tool to measure QoL in pain studies.

PSY41 HEALTH STATUS AND HEALTH-RELATED QUALITY OF LIFE REPORTED BY FEMALE FAMILIES WITH BLEEDING DISORDERS FROM THE CANADIAN NATIONAL HAEMOPHILIA REGISTRY

Hormans B1, Rae CS2, Furlong W3, Barr RP4, Lillicrap D4
1Health Utilities Inc, Dundas, ON, Canada, 2McMaster University, Hamilton, ON, Canada, 3Ontario, Quebec, D4Ontario University, Canada

OBJECTIVES: Compare health measurements of females with bleeding disorders (FBD) to males with von Willebrand disease (VWD) and females in the general population (GP). METHODS: Subjects ≥12yrs of age, with VWD and FBD in the Canadian national registry were eligible for assessment. Health status and health-related quality of life (HRQL) were measured using the Health Utilities Index Mark 3 (HUI3). The results were compared with normative data by age and gender from the 2000/3 Joint Canada / United States Survey of Health and from the 1991 Canadian General Social Survey. Mean differences and proportions were assessed using t-test and chi square, respectively. Differences >0.05 in mean HROL scores and >10% for proportions were considered important. Statistical significance was set at p < 0.05. RESULTS: 411 HUI3 assessments were analyzed. Among 20-79 year old FBD, HUI3 scores were significantly lower (p < 0.05) than in FGP. For those <45 years, FBD had lower HUI3 scores (diff = -0.080; p = 0.027) than males with VWD. No difference between males with VWD and FBD >45 years of age was observed (p = 0.871). Excellent health was self-reported by 18.4% of females from the registry compared to 25.7% (p < 0.05) of FGP and 29.9% (p < 0.05) males with VWD. Between FBD and FGP important differences (p < 0.001) in the proportion reporting disability were observed for HUI3 attributes vision, emotion, cognition, and pain for those <45 years, and ambulation, dexterity, emotion and pain for those >45 years. Between FBD males with VWD males, important differences in the proportion reporting disability was observed for pain. FBD have similar HROL (0.72) to moderate (0.73) and severe (0.71) HIV-negative haemophiliacs. CONCLUSIONS: Females with bleeding disorders have greater morbidity than females in the general population or males with VWD.