tiveness ratio (ICER) was calculated as cost ($CDN) per QALY gained. QALYs were derived from the health assessment questionnaire (HAQ) scores collected prospectively on patients.

RESULTS: With the effectiveness-based analysis, the QALYs gained during the 12-month monitoring period were estimated to be 0.45 and 0.35, for the treatment and control groups respectively. The resulting ICER was $167,282 (CDN) per QALY. Using boot-strapping techniques and cost-effectiveness acceptability curves the 95% confidence interval (CI) for the ICER was $119,500 to $285,000 per QALY. For the efficacy-based analysis, the incremental QALYs gained were 0.56 and 0.35, for the treatment and control groups respectively. This resulted in a substantially lower ICER, $81,213 per QALY [95% CI = 66,500, 103,430].

CONCLUSION: Depending on the data used for the analysis, the resulting ICER was very different ($167,282 versus $81,213 per QALY). This study highlights some the potential concerns with using RCT data for estimating cost-effectiveness. These results are consistent with, and help to explain, the difference in cost-effectiveness reported in 2 previous modeling studies, one based on efficacy data and the other based on effectiveness data.

BURDEN OF ILLNESS, COSTS AND OUTCOMES OF RHEUMATOID ARTHRITIS IN HUNGARY

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Several cost-effectiveness studies have shown that the innovative highly effective, but costly new biological therapies are within acceptable ranges in rheumatoid arthritis (RA). The transferability of international results is limited. Country-specific data, standardised methodologies are needed to study the adaptability of cost-effectiveness models and to obtain comparable economic evaluations.

OBJECTIVES: The aim of our study was to assess the burden and costs of the Hungarian RA population for the purpose of further cost-effectiveness studies and modeling of biological therapies.

METHODS: A cross sectional questionnaire survey was performed in 2004 in 6 rheumatology centres focusing on clinical characteristics, resource utilisation, EQ-5D and HAQ were also used. A systematic search was performed in the survey was performed in 2004 in 6 rheumatology centres focusing on clinical characteristics, resource utilisation, EQ-5D and HAQ were also used. A systematic search was performed in 2004 in 6 rheumatology centres focusing on clinical characteristics, resource utilisation, EQ-5D and HAQ were also used. A systematic search was performed in the survey was performed in 2004 in 6 rheumatology centres focusing on clinical characteristics, resource utilisation, EQ-5D and HAQ were also used. A systematic search was performed in the survey was performed in 2004 in 6 rheumatology centres focusing on clinical characteristics, resource utilisation, EQ-5D and HAQ were also used. A systematic search was performed in the survey was performed in 2004 in 6 rheumatology centres focusing on clinical characteristics, resource utilisation, EQ-5D and HAQ were also used. A systematic search was performed in the survey was performed in 2004 in 6 rheumatology centres focusing on clinical characteristics, resource utilisation, EQ-5D and HAQ were also used. A systematic search was performed in the survey was performed in 2004 in 6 rheumatology centres focusing on clinical characteristics, resource utilisation, EQ-5D and HAQ were also used. A systematic search was performed in the survey was performed in 2004 in 6 rheumatology centres focusing on clinical characteristics, resource utilisation, EQ-5D and HAQ were also used. A systematic search was performed in the survey was performed in 2004 in 6 rheumatology centres focusing on clinical characteristics, resource utilisation, EQ-5D and HAQ were also used. A systematic search was performed in the survey was performed in 2004 in 6 rheumatology centres focusing on clinical characteristics, resource utilisation, EQ-5D and HAQ were also used. A systematic search was performed in the survey was performed in 2004 in 6 rheumatology centres focusing on clinical characteristics, resource utilisation, EQ-5D and HAQ were also used. A systematic search was performed in the survey was performed in 2004 in 6 rheumatology centres focusing on clinical characteristics, resource utilisation, EQ-5D and HAQ were also used.

RESULTS: A total of 235 consecutive RA out-patients involved, mean age 55.3 years, females 86%, disease duration 9.12 years, HAQ 1.38, DAS28 5.09, EQ-5D 0.46, DMDARD therapy 87.9%, steroids 48%. Progression in HAQ correlates with utility (EQ-5D: 0.78–0.19). Costs: 55% indirect costs (early retirement: 49%), direct medical costs 28% (hospital admissions 11%); direct non-medical costs 17% (informal care givers 15%). In 2000, 117,338 patients were hospitalized because of RA (63,528 bed-days, mean duration 12.4 days), leading to about €1,340,000 consumption of reimbursement.

CONCLUSIONS: Our study investigated Hungarian RA patients’ characteristics, health-care consumption and burden of illness. The questionnaire survey included patients with characteristics of target patients for biological therapy. Health status utility decrease and costs increase consistently with functional disability progression, early retirement and informal care have major impact. Biological therapies are not reimbursed yet in Hungary though arthritis centres network and guidelines has been established. Our study offers standardized data for economic analysis focusing on the adaptability of international cost-effectiveness studies and models of biological therapies in the Hungarian context.

PATIENT COMPLIANCE IN THE TREATMENT OF RHEUMATOID ARTHRITIS WITH BIOLOGIC DMARDs AND PREDICTING FACTORS: A LITERATURE REVIEW

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OBJECTIVES: Poor compliance/adherence has been shown to be one of the leading causes for sub-optimal clinical benefit. Overall adherence in chronic diseases averages 50%, in rheumatoid arthritis (RA) 50–70%. A comprehensive literature survey was performed to explore the field of compliance with biologic DMARDs (bDMARDs), in particular regarding patient satisfaction with different regimens, and to assess predicting factors of compliance in RA treatment in general.

METHODS: Relevant articles were identified through search in a DIMDI Superbase (10 databases). Three search concepts were combined: compliance in RA treatment 1) with bDMARDs, 2) with focus on different administration modes 3) in general (reviews >1990). Additionally, bibliographies and the Internet were reviewed. Juvenile arthritis was excluded.

RESULTS: Focus and approach of the identified publications are highly varied. However, there are only a few reliable data. So far, published compliance data with bDMARDs are quasi limited to the first two approved drugs. Compliance rates of bDMARDs tend to be higher than those for RA in general, calculated on basis of prescription refills (Olzsynski 2004, Harley 2003). Patients’ preferences were evaluated in three surveys. Two compared twice-weekly subcutaneous (SC) injections with bi-monthly intravenous (IV) infusions, showing a tendency in preference towards bi-monthly IV infusion. Factors influencing compliance in RA treatment are older age, female sex, decreased disability, and satisfactory contacts with health care professionals (Viller 1999). Patient education showed positive (Viller 1999, Hill 2001) or no effects (Brus 1998). Less frequent dosing regimens (Claxton 2001) resulted in better compliance, also bi-monthly IV infusion versus twice-weekly SC injection (Jarry 2002).

CONCLUSIONS: Compliance with bDMARDs appears to be higher than with traditional RA treatment. Patients’ preference regarding administration mode tends towards IV infusion but needs further investigation, distinguishing between kind and frequency of administration. Due to the poor data compliance with bDMARDs needs further qualitative and quantitative investigation.

CRITERIA-BASED INTERPRETATION OF SF-36 IMPROVEMENTS FROM ADA LILUMAB PLUS METHOTREXATE (MTX) COMBINATION THERAPY VS. MTX ALONE IN EARLY RHEUMATOID ARTHRITIS (RA)

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OBJECTIVES: To assess the ability of adalimumab + MTX to improve health-related quality of life (HRQOL) in early RA and interpret the results.

METHODS: PREMIER was a 2-year study of MTX-naïve, adult patients with early RA (<3 years) who...