non-gastroenterology (104/7, 50.1%) and gastroenterology specialists were similar, but monthly trend of gastroenterology visits significantly increased (p<0.001) in different tiers of medical facilities. Antipsychotics (13904, 41.0%) and laxatives (9240, 27.2%) were the most frequently prescribed and monthly consumptions of antipropulsive, antispasmodics and propulsive significantly increased (p<0.001) over time. CONCLUSIONS: A small cohort of outpatients receiving long-term IBS treatments was conducted at a tertiary care teaching hospital in India on patients randomized to Magnex® + Metronidazole or was compared with the combination of two groups Cefuroxime + Metronidazole or Ceftriaxone + Metronidazole + Amikacin.

Pharmacoeconomic analysis was the primary study and the data was conducted in the successfully treated patients. All comparisons between treatment groups were compared by intention-to-treat (ITT) analysis. All costs were reported as Indian Rupee(INR) and actual unit costs collected in 2011 were used for the analyses. [1 USD = 49 INR]. RESULTS: In the successfully treated patients, the average cost of treatment was numerically lower in the Ceftriaxone + Metronidazole + Amikacin combination. The analyses that found the average cost of treatment for Ceftriaxone + Metronidazole + Amikacin was INR 2989.86, Cefuroxime + Metronidazole was INR 4191.92 and Magnex + Metronidazole was INR 4458.04. Average cost per day for Magnex + Metronidazole was INR 800.36, Cefuroxime + Metronidazole was INR 744.42 and for Ceftriaxone + Metronidazole + Amikacin was INR 536.77. The Incremental Cost Effectiveness Ratio between Magnex + Metronidazole and Cefuroxime + Metronidazole was 5.37 and between Magnex + Metronidazole and Cefuroxime + Metronidazole + Amikacin was 5.49. CONCLUSIONS: Prospective study was conducted in the teaching hospital and average cost of treatment was the primary objective of the study. The analyses found that average cost for Magnex + Metronidazole was INR 4458.04, Cefuroxime + Metronidazole was INR 4191.92 and Ceftriaxone + Metronidazole + Amikacin was INR 2989.86. Average difference in cost between Magnex + Metronidazole and Cefuroxime + Metronidazole was 6.1% and between Magnex + Metronidazole and Ceftriaxone + Metronidazole + Amikacin was 4.9%.

GASTROINTESTINAL DISORDERS - Patient-Reported Outcomes & Patient Preference Studies

PG10 FACTORS ASSOCIATED WITH TREATMENT AdHERENCE AND PERSISTENCE IN CANADIAN PATIENTS WITH ULCERATIVE COLITIS (UC): ANALYSIS OF PRESCRIPTION CLAIMS FROM THE RAMQ DATABASE Lachaine J1, Yen L2, Beauchemin C3, Hodgkins P4 1University of Montreal, Montreal, Canada, 2Shire Development LLC, Wayne, PA, USA, 3Shire AG, Eysins, Switzerland, 4Shire pharmaceuticals Pe., Basingstoke, UK OBJECTIVES: To assess adherence and persistence to oral mesalamine treatment for UC using the Quebec provincial public health plan (RAMQ) database and identify patient characteristics associated with adherence and persistence. METHODS: A retrospective prescription claims database was conducted on a random sampling of patients with UC from the RAMQ database. Eligible patients initiated mesalazine therapy between January 2005 and December 2009, and could not have a diagnosis of Crohn’s disease. Adherence and persistence were measured for 1 year after the first prescription, and patients were defined as having a medication possession ratio >0.8 and persistent patients had a subsequent claim for mesalazine within 60 days of the prior claim. Odds of adherence and persistence based on patient characteristics (eg, gender, age, corticosteroid use, comorbidities) were modeled with logistic regression analysis. RESULTS: Of 13,763 patients, 1,681 met the inclusion criteria. Mean (SD) age was 55.3 (17.8) years and 67.4% were female. Overall adherence with mesalazine was 79.2% (95% CI, 78.7% to 79.7%) and persistence with mesalazine was 66.9% (95% CI, 66.3% to 67.5%). Mean duration of therapy was 9.2 months, and 27.7% of patients were adherent at 12 months, 95.7% of patients were adherent at 1 year, and 79.2% of patients were persistent at 1 year. The strongest predictor of adherence and persistence was gender, with females being more likely to be adherent (OR, 1.19; 95% CI, 1.14 to 1.24) and persistent (OR, 1.24; 95% CI, 1.18 to 1.30) than males. Other predictor variables included age, comorbidity conditions such as diabetes and heart disease, and baseline hospitalization. Conclusions: Gender is a strong predictor of adherence and persistence with mesalazine for patients with UC. Further research is needed to identify other predictors of adherence and persistence to enable targeted interventions to improve outcomes in this population.