term. The transfusion of blood during surgery was associated with increased risk of wound infection (OR 1.92–3.81, p=0.02); post-operative complications (OR 3.63, p=0.001) and increased mortality (OR 1.6–10.2, p=0.05). Per-operative blood transfusion was also associated with an increased hospital stay of 4.1 days in Hong Kong, equating to approximately US$4300 in excess hospital expenses. CONCLUSIONS: This review has identified several areas in which peri-operative bleeding may increase the burden to the Hong Kong health care system. This includes the great need for transfusions, risk of complications and extended hospital stay. Accord-
ingly, improvements in haemostasis have the potential to reduce direct health care resource utilisation through a reduction in blood use, hospital length of stay, need for additional procedures and patient mortality.

PSY14
COST-EFFECTIVENESS ANALYSIS OF PREGABALIN IN THE TREATMENT OF FIBROMYALGIA
Keshavari R1, Hashemi Moshkini A1, Gharib Nasr 22, Nikfar S2
1Department of Medical Sciences, Tehran, Iran, 22Department of Medical Sciences, Tehran, Tehran, Iran

OBJECTIVES: Fibromyalgia is a neuropathic syndrome which is more common in adult females. Pregabalin is the first medicine which was approved by FDA for treatment of fibromyalgia. In this study we aim to evaluate the cost-effectiveness of pregabalin in the treatment of fibromyalgia in Iran. METHODS: To evaluate the efficacy of pregabalin, a systematic review by searching on PubMed, Scopus and Google scholar was conducted. The keywords included “fibromyalgia” and “prega-

PSY15
EFFECTIVENESS OF FRESH FROZEN PLASMA AND ITS COST-EFFECTIVENESS IN PSY14
450 mg/day, the ICER for domestic generic medicine was 0.72 dollar per day per

RESULTS: Of out 8994 primary reports only three reports were included in the study which all of them were Randomized Clinical Trial with placebo control. Considering the efficacy extracted from the three clinical trials and the ICER for each treatment the incremental cost of 450 mg/day, the ICER for generic medicine was 0.72 dollar per day per pain score reduction and for imported brand (Lyrica) was 6.47 dollar per day per pain score reduction and for pregabalin 600 ms/day these results were 0.78 and 5.33 respectively. CONCLUSIONS: Our analysis indicated that pregabalin in the treat-

doses of 300, 450, 600 mg/day is cost-effective and could be included into insurance positive list.

CONCLUSIONS: The incremental cost-effectiveness ratios of immune Tol-

erance induction (ITI) therapy with plasma derived FVIII concentrates versus on-
demand treatment with rFVIIa in hemophilia A with inhibitors is $1114.61. The most sensitive parameter is discounting rate. The analysis shows that to counteract costs to payers (society) and to improve patient outcomes, improved treatments could increase HRQoL. This could be achieved with FVIII and FIX bypassing agents that have: greater efficacy (for avoiding intermediate death, development of intermediate syndrome, need for ventilation, and adverse outcomes), lower side-effects, and lower cost. In conclusion, it is important to consider the cost-effectiveness of these treatments in order to achieve better outcomes for patients in some countries. The objective of this analysis was to provide a cost-effective option compared with on-demand first-line treat-

with rFVIIa show that all three ITI protocols dominate the Low-Dose ITI protocol and the On-Demand regimen with rFVIIa. All three ITI protocols dominate the Low-Dose ITI protocol and the On-Demand regimen with rFVIIa. All three ITI protocols dominate the Low-Dose ITI protocol and the On-Demand regimen with rFVIIa.

This could be achieved with FVIII and FIX bypassing agents that have: greater efficac-
y for avoiding intermediate death, development of intermediate syndrome, need for ventilation, and adverse outcomes), lower side-effects, and lower cost. In conclusion, it is important to consider the cost-effectiveness of these treatments in order to achieve better outcomes for patients in some countries. The objective of this analysis was to provide a cost-effective option compared with on-demand first-line treatment with rFVIIa.

COST-EFFECTIVENESS (for avoiding intermediate death, development of intermediate syndrome, need for ventilation, and adverse outcomes), lower side-effects, and lower cost. In conclusion, it is important to consider the cost-effectiveness of these treatments in order to achieve better outcomes for patients in some countries. The objective of this analysis was to provide a cost-effective option compared with on-demand first-line treatment with rFVIIa.

Furthermore, we used the QALY as a health outcome measure. QALY is a widely accepted outcome measure for health care decision-making, and is one of the most important methods for evaluating and comparing the effectiveness of different health care interventions. QALY is a measure of both health-related quality of life and the length of life lived. The higher the QALY gained, the better the health care intervention. This study evaluated the cost-effectiveness of different ITI protocols in terms of QALY gained. The results showed that ITI protocols with rFVIIa had a lower incremental cost-effectiveness ratio (ICER) than the Low-Dose ITI protocol, which means that they provide more QALY per dollar spent. This is important for policy makers and health care providers who need to make decisions about the allocation of limited resources. The findings of this study suggest that ITI protocols with rFVIIa are a cost-effective option compared with the Low-Dose ITI protocol and the On-Demand regimen with rFVIIa.

Furthermore, the study results demonstrate that ITI protocols with rFVIIa are a cost-effective option compared with the Low-Dose ITI protocol and the On-Demand regimen with rFVIIa. This is particularly important in low-resource settings, where the cost of health care interventions can be a major concern. The findings of this study can help policy makers and health care providers in low-resource settings to make informed decisions about the allocation of limited resources.
understand differences in treatment patterns and outcomes among hemophilia A patients between 2 developing countries, Philippines and Colombia, to identify opportunities for improvement in hemophilia care. **METHODS:** We used a multinational, cross-sectional design to administer an IRB-approved paper-based survey to consenting hemophilia A patients ≥ 18 or caregivers for patients age 2-17 in Philippines and Colombia (Inhibitor patients excluded). Patients were recruited primarily through local hemophilia associations. Data collection occurred from January to August 2011. Questions patients were asked include treatment regimen, annual bleed rates (ABR) and health-related quality of life (HRQOL). HRQOL was measured by the FES-D-QL for children, the SF-12 for adults and the EQ-5D for all patients. **RESULTS:** 179 patients were surveyed overall, with 76 in the Philippines and 103 in Colombia. 54% were adults in the Philippines, with 72% in Colombia. In the Philippines, 59% of patients reported receiving either recombinant factor VIII (FVIII) or plasma-derived FVIII while it is 100% in Colombia. 24% of patients in Philippines reported receiving cryoprecipitate or fresh frozen plasma, which is considered sub-standard care. 93% of patients in Colombia reported being on a prophylaxis treatment regimen compared to 0% in Philippines. Colombia patients had significantly lower median ABR compared to Philippines (8 vs. 15, p < 0.0006). Accordingly, patients in Colombia also reported better mean EQ-5D scores compared to Philippines patients (0.77 vs. 0.68, p < 0.0001). **CONCLUSIONS:** Despite the limited resources of a developing country, results suggest Colombia has an enhanced level of hemophilia care compared to the Philippines. Opportunities exist for Philippines to improve patient access to appropriate care to achieve better outcomes for their hemophilia A population.

**PSY20**

**INFLIXIMAB SIGNIFICANTLY IMPROVES SYMPTOMS AND QUALITY OF LIFE IN PATIENTS WITH ANKYLOSING SPONDYLITIS IN CHINA**

Wang NS1, Bai LL2, Chen JW3, He DY4, Wu LJ5, Lin J6, Yue N7, Li JG7, Feng WW7

**OBJECTIVES:** Ankylosing spondylitis (AS) is a chronic progressive autoimmune inflammatory condition that affects the spine and sacroiliac joints causing pain and stiffness in and around the spine. AS leads to irreversible structural changes and consequently impairs spinal mobility and quality of life (QoL). The aim of our study was to evaluate the impact of anti-TNF therapy (Infliximab) on clinical symptoms and QoL in AS patients in China. **METHODS:** A multi-center study was conducted from 2009 to 2011 in AS patients at 40 urban hospitals in 23 cities in China. Comparisons were made between patients who were treated with Infliximab at baseline and follow ups (experienced-Infliximab group, EIG) and those who were not treated with Infliximab at baseline but went on Infliximab treatment at the follow ups (new-Infliximab group, NIG). Clinical symptoms were measured by Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Bath Ankylosing Spondylitis Functional Index (BASFI), and Bath Ankylosing Spondylitis Metrology Index (BASMI). Short Form-12 (SF-12) scoring system was used to calculate the physical and mental component summary scores (PCS, MCS). **RESULTS:** Total 644 AS patients were identified (mean age = 29 years; 82.7% male). The average duration of AS was 3 years, with almost 24% patients suffering AS more than 5 years. At baseline, the mean scores reported from the patients in EIG were: BASDI 2.50, BASFI 1.85, BASMI 1.71, MCS 48 and PCS 43, which were all significantly better than those in NIG. After 12 weeks Infliximab treatment, NIG patients improved significantly in BASDI (-2.97), BASFI (-2.11), BASMI (-1.79), MCS (-34.19) and PCS (-18.20) than baseline (all P < 0.0001). **CONCLUSIONS:**AS patients using Infliximab have better quality of life and daily function activities than those not using Infliximab before. The findings of this study indicate a significant improvement in QoL of patients following initiation of Infliximab therapy in China.

**PSY21**

**THE DISEASE BURDEN AMONG PATIENTS WITH PSORIASIS IN CHINA**

Zheng ZZ1, Fang X2, Yue N3, Wang B4, Feng WW5

**OBJECTIVES:** Psoriasis is a chronic, non-contagious disease characterized by inflamed lesions covered with silvery-white scabs of dead skin. This study aims to evaluate the burden of psoriasis on patients in China. **METHODS:** This study was conducted in psoriasis patients and dermatologists. Quantitative face-to-face interviews were carried out with 135 dermatologists and 706 psoriasis patients in eight cities located in northern, central and southern China. **RESULTS:** Dermatologists had an average patient load of 68 psoriasis patients per month, of which 60% had plaque psoriasis, 55% of those patients had moderate to severe plaque psoriasis. More than half of the dermatologists felt that psoriasis had an extremely impact on patients’ quality of life (QoL) due to mental and appearance injury. About 1/3 of the patients suffered from psoriasis-related co-morbidities, with hypertension (8%), diabetes (7%), and psoriatic arthritis (5%) occurring most frequently. Fifty-six percent of the patients missed 6 working days in the past 6 months due to psoriasis. Majority of the patients (81%) were treated as soon as they were diagnosed. On average moderate patients had received 12 various treatments previously, while severe patients had received over 18 different types of treatment, however 86% patients were unsatisfied with their current treatments. **CONCLUSIONS:** Psoriasis is underestimated and undiagnosed due to the more stringent severity measurement criteria used in China. This study indicates that psoriasis has a negative impact on patients both physically and mentally. Furthermore, majority of the patients are unsatisfied with existing treatments. Newer treatments like biologics will address the unmet medical needs of psoriasis patients in China.