PM05 THE RESEARCH OF EFFECTS OF IGRATIMOD(T-614) ON THE APOTOPSIS OF PERIPHERAL BLOOD MONONUCLEAR CELL AND TH1 IN RHEUMATOID ARTHRITIS

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OBJECTIVES: To observe the effect of Igratimod (T-614) on peripheral blood mononuclear cells (PBMCs)Th1 cells and the expression between of IL-8 of rheumatoid arthritis (RA) patients, and to explore the possible mechanism of T-614 in treating RA. METHODS: 6 patients were diagnosed with RA referred to Department of Rheumatology, The Fifth Hospital of Xi'an. They were evaluated by the score of VAS, DAS28, and the response rates of ACR20/50/70. Respectively, PBMC were cultured from 6 patients in active stage of RA, and treated with T-614 at different concentration (lower dose: 100ug/ml, Higher dose: 1mg/ml) for 1h and 24h. Flow cytometry (FCM) were performed to examine the apoptosis of PBMC and the level of IFN-γ secretion by T cells. RESULTS: We found that: We found that: 1) Igratimod effectively induced apoptosis in PBMC in 1h treatment, T-614 100ug/ml was 19.3±2.8% and 1mg/ml 26±4.1%, P<0.05. 2) Compared with control, Igratimod effectively inhibit Ch50 and C3c (P>0.05). 3) Levels of IL-8 in the supernatant of T-614 treated group and control group were tested by ELISA, Igratimod effectively inhibit IL-8 production and there were significant differences (P<0.05). CONCLUSIONS: The results suggest that T-614 induced PBMC apoptosis and decreasing CD3+ T cell IFN-γ production and secretion of IL-8 in peripheral blood might be the possible mechanism of the effective of T-614 in treatment of RA.

PM06 ENCUMBRANCE TO THE TREATMENT OF OSTEOPOROSIS: PHYSICIANS AND PATIENT PERSPECTIVE

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OBJECTIVE: To identify the barriers to the treatment of Osteoporosis in post-menopausal women, from both a physician and patient perspective. METHODS: An open-ended structured survey was conducted for Physicians and patients across suburban areas of Mumbai. Questionnaires were distributed with open-ended questions, on incidence of fractures, assessment methods for treatment, treatment regimen, for physicians, and history of fractures and compliance to treatment for patients, identified thorough review of the literature. Descriptive statistics were performed. RESULTS: As reported by the Physicians 85% of the post-menopausal women had vitamin D deficiency, High Incidence of Bone Fracture (hip) were common among 70% of Patients, Preferred Regimen was Calcium Supplement ( Dietary, Oral dose 500mg twice daily), Multivitamins and/or Bisphosphonates with Calcium. Multivitamins with Calcium (15%) and Bisphosphonates (10%) tablet/ once daily; Obstacle One was Comorbidities, Unavailability of Dual energy X-ray absorptiometry (DEXA) Technology which is a Gold standard for diagnosing osteoporosis was perceived by 80% of physicians to be a barrier for Proper diagnosis. Patients advised for DEXA scan were Non-Compliant due to Cost of Diagnosis. Time and Cost of Diagnosing and Patient Reluctance were reported by Physicians. Major Reason for Non-Compliance were Cost of Therapy as Bisphosphonates are costly compared to vitamin D and calcium as it being not included in insurance. Other reasons were: Other Comorbidities, Other treatments. Our survey gives preliminary evidences that Post-Menopausal Women were Vitamin D deficient. Unavailability of DEXA for diagnosis was perceived to be a major barrier for treatment. Increased cost of therapy and non-compliance could be undertaken by Government initiative to consider Bisphosphonates under DPCO and Provide DEXA machines in Hospitals for Free scan. Pharmacist can bridge the gap for poor Patient Counseling by educating the patient about importance of Adherence to Therapy. Conclusion: T-614 and DEXA scan to be done for better monitoring of Bone loss/Recovery during Regimen.

PM07 METABOLIC DISORDERS, OSTEOPOROSIS AND FRACTURE RISK IN ASIA: A SYSTEMATIC REVIEW

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OBJECTIVES: The prevalence of both lifestyle-related metabolic disorders and osteoporosis is increasing in Asia. The aim of this systematic review was to summarise all published studies within Asia on the association between disorders of glucose and fat metabolism (type 2 diabetes, hyperglycemia, hypercholesterolaemia, hyperlipidemia, dyslipidemia, metabolic syndrome (MetS) and atherosclerosis) and risk of fracture and osteoporosis. The relationship between metabolic disorders and bone mineral density (BMD) was also examined. METHODS: EMBASE (including MEDLINE) and the Cochrane Library were searched. Only studies conducted within Asia (including East, South-East and South Asia and the Middle-East), which reported multivariate analysis with a sample size ≥200 subjects, were included. RESULTS: A total of 33 studies were included, of which 32 were assessed as high quality based on the Newcastle-Ottawa scale. After excluding studies examining diabetes and fracture found that subjects with diabetes had a higher risk of fracture compared with subjects without diabetes (risk estimate range: 1.25 to 2.7). In a meta-analysis the association was found with diabetes and BMD; although a high degree of heterogeneity was observed. Two studies found that subjects with atherosclerosis had higher risk of fracture (risk estimate range: 1.10 to 2.52). Included studies consistently reported that MetS is likely associated with reduced BMD. BMD was assessed by dual energy X-ray absorptiometry, although a lack of standardization made interpretation difficult. CONCLUSION: These findings suggest that diabetes is a risk factor for fracture in Asian populations. Atherosclerosis may also be associated with increased fractures in Asian populations, and MetS associated with bone loss in Asian men. The extent of causality in these observations is yet to be determined, with further prospective cohort studies needed. Nevertheless, these findings highlight the importance of properly managing patients with these risk factors to minimise the risk of fractures.

PM08 MUSCULAR-SKELETAL DISORDERS – Cost Studies

PM09 ESTIMATING THE IMPACT OF EXPANDING ACCESS TO CELECOXIB FOR OSTEOARTHRITIS PATIENTS IN CHINA

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OBJECTIVES: Currently in China, celecoxib is prescribed to patients with gastrointestinal bleeding or perforation history. The aim of this study was to model the efficacy and cost-effectiveness of access to all osteoarthritis (OA) patients in China. METHODS: We created a one-year budget impact model from a payer perspective comparing two scenarios. The first scenario (A) restricts the use of celecoxib only to patients with gastrointestinal bleeding or perforation history while the second scenario (B) does not restrict usage. In (A), celecoxib was prescribed to patients with gastrointestinal bleeding or perforation history, while in (B), celecoxib or celecoxib or diclofenac was prescribed to all patients without a history stipulation.

PM09A ESTIMATING THE IMPACT OF EXPANDING ACCESS TO CELECOXIB (A) FOR OSTEOARTHRITIS PATIENTS IN CHINA

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PM09B ESTIMATING THE IMPACT OF EXPANDING ACCESS TO CELECOXIB (B) FOR OSTEOARTHRITIS PATIENTS IN CHINA

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PM09E ESTIMATING THE IMPACT OF EXPANDING ACCESS TO CELECOXIB FOR OSTEOARTHRITIS PATIENTS IN CHINA

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PM09F ESTIMATING THE IMPACT OF EXPANDING ACCESS TO CELECOXIB FOR OSTEOARTHRITIS PATIENTS IN CHINA

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OBJECTIVES: Currently in China, celecoxib is prescribed to patients with gastrointestinal bleeding or perforation history. The aim of this study was to model the efficacy and cost-effectiveness of access to all osteoarthritis (OA) patients in China. METHODS: We created a one-year budget impact model from a payer perspective comparing two scenarios. The first scenario (A) restricts the use of celecoxib only to patients with gastrointestinal bleeding or perforation history while the second scenario (B) does not restrict usage. In (A), celecoxib was prescribed to patients with gastrointestinal bleeding or perforation history, while in (B), celecoxib or celecoxib or diclofenac was prescribed to all patients without a history stipulation.