federed from high levels of anxiety, stress, and depression. The most frequent co-morbidities included hypertension, coronary artery diseases, hyperlipidemia, diabetes, obesity, depression, other skin diseases, and inflammation. The prevalence of lead disease. Poriaisis may also confer an independent risk of acute myocardial infarction.

CONCLUSIONS: Poriaisis was reported to have adverse effects on patients’ quality of life including daily activities, social life, and productivity. Clinical burdens associated with poriaisis included a number of serious co-morbidities. The evidence retrieved as part of this systematic literature review well addressed the clinical importance of poriaisis in Asia Pacific countries.

PSY2
EFFECT OF INTRAVENOUS PARECOXIB ON POSTOPERATIVE PAIN RELIEF AFTER TOTAL KNEE ARTHROPLASTY
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OBJECTIVES: This study examined the opioid-sparing effectiveness, analgesic efficacy and tolerability of postoperative administration of parecoxib in total knee arthroplasty (TKA) patients. METHODS: We performed a retrospective study of enrollee received patient-controlled analgesia (PCA, consisted of morphine 1 mg/ml and fentanyl 30 mcg/ml) with or without single-dose of intravenous 40 mg parecoxib following TKA from November 2010 through April 2011. Effect was assessed by the amount of PCA used, pain intensity, length of hospital stay (LOS), satisfaction score and adverse events. RESULTS: Nine patients under PCA with parecoxib as the parecoxib group and 73 patients without parecoxib as the controlled group were evaluated. PCA consumption was observed to be reduced in the parecoxib group by 17.2 %, 25.5 % and 39.8 % less than the controlled group at 24 h, 48 h, and 72 h after surgery. Pain at movement improved significantly at 48 h and 72 h in the parecoxib group with visual analog scale (VAS). There were significant differences in pain scores at rest and LOS, however, between those who received parecoxib or not. Satisfaction was described as “good,” “fair,” and “poor” by 0 %, 9 %, and 11 % in the parecoxib group, respectively, compared with 4 %, 81 %, and 15 % in the controlled group. The overall incidences of adverse events were reported for 78 % of patients with parecoxib and 71 % of patients without parecoxib. CONCLUSIONS: In this study, postoperative administration of parecoxib demonstrated benefit in terms of PCA consumption and VAS score at movement. Therefore, it seemed that parecoxib provided opioid-sparing effectiveness and analgesic effect. The parental preparation of parecoxib may be especially useful when patients were unable to take oral medication or were experiencing nausea and vomiting.

PSY3
ASSESSING THE COST EFFECTIVENESS OF PUBLIC HEALTH INTERVENTIONS TO PREVENT OBESETY: A SYSTEMATIC REVIEW OF THE EFFECTIVENESS OF 16 OBESEITY PREVENTION INTERVENTIONS
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OBJECTIVES: Obesity and overweight constitute a significant public health issue in New Zealand. The aim of this systematic review was to formally assess the evidence on the effectiveness of selected obesity interventions. METHODS: The first phase of this research involved a wide-ranging scoping search of the literature to identify population-based obesity-prevention interventions. The search was conducted using the Embase and Medline databases, a general internet search and the contributions of the stakeholder reference group. A total of 95 relevant primary prevention interventions were found, with 38 of these assessed in Australia or New Zealand. The research team and the stakeholder reference group considered the results of the scoping search and selected 16 interventions that appeared to be effective using a weight-based outcome for full systematic review. RESULTS: The selected interventions were based on nutrition and physical activity in a variety of age groups and settings (pre-school, school, tertiary education, community, primary care and workplace). Interventions generally showed greater reductions in body mass index (BMI), BMI z-score, weight, weight to height ratio, waist circumference and the incidence of being overweight or obese compared with controls. In a school-based nutrition and physical activity intervention in Australia, children in the intervention group gained significantly less weight compared with the control group (0.92 kg; P < 0.03). In a study of general health screening conducted in Denmark, the body mass index of adults receiving the intervention increased decreased 0.6 kg/m² less than those not receiving the intervention. CONCLUSIONS: A number of interventions were shown to have the potential to provide greater range of population and settings. The most cost-effective interventions for obesity prevention were a school-based programme for children and general health screening and advice for adults in a primary care setting.

PSY4
STUDIES ON LEAD DETOXIFYING EFFECT OF ASCORBIC ACID IN TRAFFIC POLITICUL OR EXPOSURE
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OBJECTIVES: Lead toxicity has been labeled as a major health problem globally with millions of people exposed to the toxic metal. Literature suggests controversial reports on the lead detoxifying potential of ascorbic acid (vitamin C). The aim of this study was to see if vitamin C supplementation reduces lead levels of blood in adult subjects exposed to lead. METHODS: After ethical approval and informed consent the traffic police (n = 160) subjects were randomly divided into two groups each containing 40 subjects. One group received 500 mg vitamin C, while the second group was given 1000 mg orally daily for a period of one month. Blood samples were collected at 0, 15, and 30 days of treatment and lead levels were analyzed from the PCSIR Lab, Karachi using atomic absorption spectrophotometer. RESULTS: The data showed increased levels of lead in study subjects of both groups (21.74 ± 1.62 and 21.51 ± 1.28 mcg/dl, mean ± SEM, N = 40) compared to the safe limit (<10 mcg/dl) recommended by WHO. The treatment with vitamin C (500 mg) reduced the lead levels to 16.91 ± 1.08 mcg/dl (N = 29) after 15 days treatment (P<0.01), while the lead level after 30 days treatment was further reduced to 10.62 ± 1.50 mcg/dl (N = 36, P<0.005). In the second group subjects, which received 1000 mg vitamin C, the lead level after 15 days treatment was 15.80 ± 0.89 mcg/dl (N = 33, P<0.001), with no further drop (P>0.05) after 30 days treatment, as the resultant lead level was 14.64 ± 1.05 mcg/dl (N = 31). CONCLUSIONS: These data indicate that vitamin C has a dose and time-dependent lead-detoxifying effect and that vitamin C supplementation may be an effective, safe and economical method in reducing blood lead levels in chronically exposed subjects such as traffic police.

PSY5
ESTIMATING THE PREVALENCE OF FIBROMYALGIA AND ITS IMPACTS ON HEALTH IN THAILAND: A COMMUNITY-SURVEY IN BANGKOK, THAILAND
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OBJECTIVES: A validated screening tool for the diagnosis of fibromyalgia (ACR 2010 FM-STD) had been introduced in Thailand. The aim of this study is to explore with the FM-STD the prevalence of fibromyalgia (FM) and estimate its burden of disease (BOD) within the community of Bangkok, Thailand. METHODS: A cross-sectional nonclinical survey process was conducted in urban and suburban Bangkok during August-December 2011. The questionnaire was designed to collect data related to pain, likelihood of FM diagnosis, pain impact and treatment patterns. Primary Interviews were conducted by field researchers. Every respondent, whose scores met the diagnostic criteria of FM, were subsequently referred to further investigation by our rheumatologists. Physicians who diagnosed FM and made their final diagnosis were the only acceptable back and right shoulder girdle were the first and second most frequent pain locations. Intermittent throbbing pain was the most general presentation among FM cases. For key FM features, all six respondents reported, mild to severe intensity fatigue, difficulty in waking unrefreshed while altogether cognitive impairment was reported unproblematic. Furthermore, FM had strong impact to daily activities, particularly for sleep, walk and routine work. Mean ability to accomplish work declined up to 71.67% (60%-90%). All cases required a minimum one monthly therapy to manage their pain symptoms; massage/SPA being the most frequent treatment method selected in this study. Average monthly out-of-pocket expense, related to pain management was US$16.11 (0-33.33). CONCLUSIONS: This is the first epidemiological survey of FM in Thailand. Therefore, study’s findings will generate a better understanding of FM problem among Thai health care providers.

PSY6
THE PREVALENCE AND TREATMENT STATUS OF HEMOPHILIA IN MAINLAND CHINA: A SYSTEMATIC REVIEW AND META-ANALYSIS
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OBJECTIVES: To describe the prevalence and treatment status of hemophilia A (HA), hemophilia B (HB), hemophilia C (HC) and Von Willebrand disease (VWD) in mainland China based on existing data, and to estimate the cost of switching from on-demand therapy to prophylaxis. METHODS: We conducted a systematic literature review in Aug, 2011 using PubMed, EMBASE, and Cochrane Library in English and Chinese databases. In total, 1783 citations were identified through the search, 451 were selected for evaluation and 31 were finally full text reviewed. RESULTS: The prevalence of hemophilia in mainland China is underestimated. Registries and health insurance were not properly established in the country during the past several decades. In 2010, the official registration number of hemophiliacs in mainland China was 9804. More than 50% of hemophiliacs in mainland China were untreated or treated occasionally. In the choice of treatment, 30% of Chinese hemophiliacs received surgical or medical treatment at the last visit. CONCLUSIONS: The prevalence of hemophilia in mainland China is underestimated. Registration management has to be improved. Patients with hemophilia lack treatment generally. It is practical to consider switching the treatment of hemophilia from on-demand therapy to low dose prophylaxis.

SYSTEMIC DISORDERS/CONDITIONS - Cost Studies
PSY7
IMPACT OF ANTI-VIRAL TREATMENT ON THE ECONOMIC BURDEN OF CHRONIC HEPATITIS B IN THAILAND
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OBJECTIVES: To describe the prevalence and treatment status of hemophilia A (HA), hemophilia B (HB), hemophilia C (HC) and Von Willebrand disease (VWD) in mainland China based on existing data, and to estimate the cost of switching from on-demand therapy to prophylaxis. METHODS: We conducted a systematic literature review in Aug, 2011 using PubMed, EMBASE, and Cochrane Library in English and Chinese databases. In total, 1783 citations were identified through the search, 451 were selected for evaluation and 31 were finally full text reviewed. RESULTS: The prevalence of hemophilia in mainland China is underestimated. Registries and health insurance were not properly established in the country during the past several decades. In 2010, the official registration number of hemophiliacs in mainland China was 9804. More than 50% of hemophiliacs in mainland China were untreated or treated occasionally. In the choice of treatment, 30% of Chinese hemophiliacs received surgical or medical treatment at the last visit. CONCLUSIONS: The prevalence of hemophilia in mainland China is underestimated. Registration management has to be improved. Patients with hemophilia lack treatment generally. It is practical to consider switching the treatment of hemophilia from on-demand therapy to low dose prophylaxis.