OBJECTIVES: Chronic spontaneous idiopathic urticaria (CSU/CUI) is defined as the spontaneous appearance of itchy hives, angioedema, or both lasting 4+ days in a patient with no identifiable cause. CSU/CUI has a significant yet underestimated impact on patient’s work productivity. The ASSURE-CSU study aims to identify and quantify the humanistic and economic burden of CSU/CUI. Here we present Canadian data on work productivity and indirect costs related to CSU/CUI.

METHODS: A cross-sectional retrospective cohort study was performed on TB patient in Fatima Jinnah chest hospital, Quetta. Retrospective medical records of smear-positive pulmonary tuberculosis (TB) patients treated in Pakistan. METHODS: A randomized controlled non-clinical trial was piloted on PTB patients under the supervision of registered pharmacists whereby PTB patients received pharmacist-led non-clinical interventions regarding knowledge, attitude and perception on PTB. Perception data was measured using a 5-point Likert scale. Data was analyzed by using SPSS 21.0. Comparison between trial group and control group was done with the Chi-square test. RESULTS: Two hundred and eighty eight PTB patients were randomly chosen for the study. I.e. one hundred and forty in each group. No significant differences were observed in both groups for age, gender, education level, occupation and income whereas a significant improvement (p<0.001) in the knowledge, attitude and perception was noted in the interventional group. CONCLUSIONS: The pharmacist-led, non-clinical intervention caused a significant improvement in PTB patients’ knowledge, attitude and perception scores. This study highlights pharmacists’ need and their significantly important role towards better patient care and education. These findings are considered useful for better disease management and control.

PRS35

ASSURE-CSU CANADIAN RESULTS: ASSESSING HEALTH UTILITY IN CHRONIC SPONTANEOUS IDIOPATHIC URTICARIA USING THE EQ-5D

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OBJECTIVES: Chronic spontaneous idiopathic urticaria (CSU/CUI) is defined as the spontaneous appearance of itchy hives, angioedema, or both lasting ≥ 6 weeks. CSU/CUI has a significant yet underestimated socioeconomic impact. The ASSURE-CSU study aims to identify and quantify the humanistic and economic burden of CSU/CUI.

RESULTS: The cohort included 99 patients with demographics in line with published characteristics of CSU/CUI patients and distributed across severe and moderate categories. Of the 2,164 asthma patients identified, 30.6% (SD=27%) had CSU/CUI. The mean (SD) EQ-5D utility score was 0.7 (0.30); while the mean (SD) VAS utility score was 71.4 (20.24). The dimensions of the EQ-5D-3L most affected were pain/discomfort and usual activity with 61.4% and 40.9% of patients reporting moderate to extreme problems, respectively. Utility values decreased with increased disease severity for overall and dimension specific scores for both tools. CONCLUSIONS: Compared to the average utility score of an average Canadian population (0.875), the results of this study indicate that CSU/CUI has a significant impact on patients’ health status and quality of life, with patients suffering from moderate to severe urticaria showing a greater impact on patients’ health state.

PRS36

IMPACT OF PHARMACISTS-LED INTERVENTIONS TO ASSESS KNOWLEDGE, ATTITUDE AND PERCEPTION AMONG TUBERCULOSIS PATIENTS IN PAKISTAN: AN INSIGHT FROM A RANDOMIZED CONTROLLED NON-CLINICAL TRIAL

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OBJECTIVES: To assess the impact of pharmacists-led non-clinical interventions on knowledge, attitude and perception among pulmonary tuberculosis (TB) patients treated in Pakistan. METHODS: A randomized controlled non-clinical trial was piloted on PTB patients under the supervision of registered pharmacists whereby PTB patients received pharmacist-led non-clinical interventions regarding knowledge, attitude and perception on TB. Perception data was measured using a 5-point Likert scale. Data was analyzed by using SPSS 21.0. Comparison between trial group and control group was done with the Chi-square test. RESULTS: Two hundred and eighty eight PTB patients were randomly chosen for the study. I.e. one hundred and forty in each group. No significant differences were observed in both groups for age, gender, education level, occupation and income whereas a significant improvement (p<0.001) in the knowledge, attitude and perception was noted in the interventional group. CONCLUSIONS: The pharmacist-led, non-clinical intervention caused a significant improvement in PTB patients’ knowledge, attitude and perception scores. This study highlights pharmacists’ need and their significantly important role towards better patient care and education. These findings are considered useful for better disease management and control.

PRS37

TREATMENT OUTCOMES OF SMOKE POSITIVE PULMONARY TB CASES REGISTERED IN TB PATIENTS IN QUETTA

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OBJECTIVES: The purpose of this study was to examine the treatment outcomes of smear-positive pulmonary tuberculosis (TB) patients registered in TB register in Quetta.

METHODS: Cross sectional retrospective cohort study was performed on TB patient in Fatima Jinnah chest hospital, Quetta. Retrospective medical records of smear-positive pulmonary patients registered in first quarter of year 2012. Tuberculosis treatment outcomes were assessed according to WHO guidelines. The descriptive statistics was used to present the demographic and disease related information. Inferential statistics was used to evaluate the relationship among study variables. All analyses were done using Microsoft Excel 2013. RESULTS: The study sample included a total of 131 TB patients (67 males and 64 females). Majority of the patients were in the age group 18-47 (73.7%). High percentage of the patients had successful treatment with treatment outcome “Completed” and “cured” were 65% (n=74), whereas, death occurred in only 5.3% (n=7) of patients. Demographic characteristics of age was only determine factor
which influence the treatment outcome in TB patients. **CONCLUSIONS:** The present study concluded that majority of the TB patients had successful treatment outcome, however, efforts should be made to evaluate the treatment failure particularly in elderly patients to achieve better treatment outcomes.

**PRS38 THE IMPACT OF EMOTIONAL AND SOCIAL SUPPORT ON THE QUALITY OF LIFE, DEPRESSION, AND DISABILITY AMONG US ADULTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD): A PROPENSITY SCORE ANALYSIS**

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Patients with COPD experience lower levels of health related quality of life (HRQOL). Social and emotional support has been found to improve mental and physical health and reduce mortality. Few studies have investigated the impact of social and emotional support on COPD patients. **OBJECTIVES:** To examine the impact of social and emotional support on HRQOL, disability and depression among COPD patients. **METHODS:** We utilized data from the 2013 Behavioral Risk Factor Surveillance System (BRFSS) to match self-reported COPD patients who receive emotional/social support with those who rarely/never receive that support. Based on a propensity score model we performed 1:1 nearest neighbor matching without replacement, and caliper width was set at 0.01. Adequacy of matching was assessed by estimating the standardized differences between groups for all matched variables (demographics, smoking, exercise, and comorbidities), indicating adequate matching between each level of emotional support. COPD patients who rarely/never receive emotional/social support were more likely to experience on more poor physical HRQOL days (n=307 pairs, odds ratio (OR)=2.13, 95% confidence interval (CI):1.52-3.03, p<0.001), poor mental HRQOL days (n=300 pairs, OR=1.59, 95% CI:1.07-2.35, p=0.027), days of activity limitation (n=300 pairs, OR=1.92, 95% CI:1.24-2.7, p<0.001) and depression (n=321 pairs, OR=1.59, CI:1.1-2.33, p<0.001). Poor general health and disability were not significantly associated with emotional/social support. **CONCLUSIONS:** Among COPD patients, inadequate emotional and social support was associated with depression and impairment of most HRQOL domains. Recognition of the importance of emotional and social support by family members, healthcare providers and policy makers is important to improve functioning among COPD patients.

**PRS39 HUMANISTIC BURDEN OF CHRONIC SPONTANEOUS URTICARIA IN COMPARISON TO PSORIASIS: US AND EUROPEAN PERSPECTIVE**

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**OBJECTIVES:** Chronic urticaria (chronic hives) can be inducible or spontaneous (CSU). Data supporting the impact of CSU on patients and comparisons with other dermatological conditions is scarce. This cross-sectional study evaluated the burden associated with CSU relative to psoriasis (PsO) among adults across 5 European countries (EU) and the United States (US). **METHODS:** Data from respondents with a diagnosis of urticaria for at least 6 months who were enrolled in Qualtrics, National Health and Wellness Survey (NHWS) in the EU (2010-2013) and US (2010-12). Humancist burden was measured using SF-12v2 (2010-11) or SF-36v2 (2012-13) and utility score utility score (HS-25). Self-reported anxiety, depression and sleep difficulty were assessed. Comorbidity was measured using Charlson Comorbidity Index (CCI). Bivariate analysis (t-tests for continuous and chi-square tests for categorical variables) was used to compare CSU patients vs. PsO patients in EU and US, respectively. **RESULTS:** Study included 1,516 patients with CSU (769 EU, 747 US) and 12,964 patients with PsO (7,857 EU, 5,107 US). CSU patients had lower (worse) mean mental (60.8 vs. 44.6) and physical component scores (45.2 vs. 47.4) and SF-6D score (0.64 vs. 0.69), than PsO patients (p<0.001 for all) in EU. Lower scores for CSU patients were also reported in US (44.7 vs. 47.0, 43.8 vs. 45.5 and 0.67 vs. 0.70, respectively, p<0.001 for all). More CSU than PsO patients reported anxiety (45.4% vs. 30.4%), depression (26.9% vs. 20.4%) and sleep difficulties (55.7% vs. 42.6%) both in EU and US (41.6% vs. 30.4%, 58.8% vs. 27.7%, and 49% vs. 40.3%, respectively, p<0.001 for all). Comorbidity burden was higher for CSU than PsO in EU (CCI=0.90 vs. CCI=0.50, respectively) and US (CCI=1.05 vs. CCI=0.78) (both, p<0.001). **CONCLUSIONS:** CSU is associated with significant detrimental impact on quality of life comparable or greater burden relative to PsO in EU and US.

**PRS40 WORK PRODUCTIVITY LOSS AND ACTIVITY IMPAIRMENT ACROSS NINETEEN MEDICAL CONDITIONS IN A REPRESENTATIVE SAMPLE OF US ADULTS**

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**OBJECTIVES:** Work and activity impairment represent important dimensions for assessing the burden of disease. However, unlike some other patient-reported outcomes measures, work and activity impairment are evaluated in studies that extensively compare impairment across conditions. The inability to compare against the broader population or to specific diseases or conditions can make it difficult for researchers to put the effect of a disease on impairment in a broader context. **METHODS:** We analyzed 2012 United States National Health and Wellness Survey (NHWS), a health survey of a nationally representative sample of adults (N=71,141). The NHWS includes the Work Productivity and Activity Impairment (WPAI) questionnaire, which measures absenteeism, presentism, overall work impairment, and activity impairment. Self-reported diagnoses of nine of the most disabling conditions as reported by the Centers for Disease Control were also collected. Overall work and activity impairment estimates were calculated for both the full sample and each of the nineteen diagnoses. **RESULTS:** In total, 50.7% of survey respondents were employed and provided information with respect to their work impairment; all respondents regardless of employment reported their activity impairment. These activities had an average 44.2% and 52.6% were male. The mean level of absenteeism, presenteeism, overall work impairment, and activity impairment was 3.49, 12.91, 5.01, and 22.08, respectively (both, p<0.001). The highest levels of overall work impairment were observed for patients with AIDS (42.7%), broken bones (36.6%), and hernia or rupture (32.8%) whereas the highest levels of activity impairment were observed for patients with a hernia or rupture (33.9%), kidney problems (48.5%), and back or spine problem (47.5%). **CONCLUSIONS:** These results help to provide some context for work and activity impairment by providing estimates for the overall population as well as for eighteen separate disease states/conditions.

**PRS41 A REVIEW OF HEALTH-RELATED QUALITY OF LIFE (HRQOL) CLAIMS IN LABELS OF ASTHMA PRODUCTS & CAN WE CONSIDER THE ASTHMA QUALITY OF LIFE QUESTIONNAIRE (AQOL) AS A POTENTIALLY ACCEPTABLE MEASURE FOR QUALIFICATION?**

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**OBJECTIVES:** The asthma quality of life questionnaire (AQOL) is a condition-specific measure which evaluates four domains of health-related quality of life (HRQOL) important in asthmatic adults: activity limitation, symptoms, emotional function, and medication burden. The overall aim of this study was to determine whether many HRQOL claims were obtained in the label of asthma products using the AQOL-Q. 2) HRQOL measures used in trials but not mentioned in label, and 3) Reasons why to discard claims from the label. **RESULTS:** Of thirty-seven products approved for asthma (five by the EMA, and 32 by the FDA), twenty-eight had PRO claims on the label. The PRO-label database was searched on 12/27/2014 using “asthma” as a key word for therapeutic indication. Out of thirty-seven products PROs claimed for asthma (five by the EMA, and 32 by the FDA), twenty-eight had PRO claims on the label. **CONCLUSIONS:** These results help to provide some context for work and activity impairment by providing estimates for the overall population as well as for nineteen separate disease states/conditions.

**PRS42 RELATIONSHIP BETWEEN HEALTH-RELATED INTERNET ACTIVITIES AND HEALTH-RELATED QUALITY OF LIFE AMONG ASTHMA PATIENTS**

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**OBJECTIVES:** To examine the relationships between health-related quality of life and use of Internet for health related activities among patients with asthma. **METHODS:** The National Health Information Board 2010 National Health Expenditure Panel Survey were used to select the study sample. 523 adult patient asthma (n=523, age 44.2 years old [SD=13.52] and 60.6 years old [SD=13.55], 50% male, 30% deceased). **RESULTS:** Fifty percent of asthma patients reported performing at least one health-related Internet activity. Five health-related Internet activities included 1) seeking health information on the Internet, 2) use online chat group to learn about health, 3) refill a prescription on the Internet, 4) schedule an appointment with a health care provider using the Internet, and 5) communicate with a health care provider over email. Linear regression analyses, controlling for independent variables, did not find significant relationship (p>0.05). Conclusions: This research study indicates that the Internet plays a role in self-care and health-related quality of life among asthma patients. However, findings also indicate that asthma patients haven’t fully implemented using the Internet to accomplish all activities. Future studies should examine the relationships between health-related Internet activities, health services utilization and outcomes.

**PRS43 INFLUENCE OF DEMOGRAPHIC STATUS ON OUTCOMES IN COPD PATIENTS: A PROSPECTIVE STUDY**

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**OBJECTIVES:** Our study was aimed to assess the Influence of Demographic status on outcomes such as pulmonary function, medications adherence and health related quality of life (HRQOL) in COPD patients. **METHODS:** An open