COMPARISON OF MEDICATION ADHERENCE TO INTERFERON BETA-1B AND INTERFERON BETA-1A SUBCUTANEOUS IN MULTIPLE SCLEROSIS PATIENTS

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OBJECTIVES: To compare medication adherence to interferon beta (IFN-B1b and IFN-B1a subcutaneous (SC) in patients with multiple sclerosis (MS). METHODS: This was a retrospective analysis of patients with a diagnosis of MS in a national managed care database that had ≥1 outpatient DMD claim during the 7/1/2002 to 12/31/2005 selection period. Eligible patients were continuously enrolled for ≥6 months before and ≥24 months after their initial drug claim (index date) and were between 18 and 65 years of age. Medication possession ratios (MPRs) were calculated as the percentage of ambulatory days during the 24-month post-index period from the date of first use of the index DMD. The primary analysis was logistic regression predicting likelihood of adherence (MPR ≥ 85%) by treatment group (IFN-B1b vs IFN-B1a SC), including covariates of age, sex, and region of the country. RESULTS: A total of 330 MS patients (IFN-B1b, n = 206; IFN-B1a SC, n = 324) met the study criteria. Patients had a mean age of 43.6 years, 77.2% were women, 49.0% were located in the Midwest, and 94.2% had commercial insurance. Average 2-year MPFs were 57.9% and 6.7% (P = 0.002) for IFN-B1b and IFN-B1a SC, respectively. The percentage of patients who were adherent (MPR ≥ 85%) was 39.3% for IFN-B1b vs 49.4% for IFN-B1a SC. A logistic regression using categorical MPR as the dependent variable found that IFN-B1a patients were significantly more likely to be adherent than IFN-B1b patients (OR = 1.66, P = 0.01). Older age (in 10 year increments) was also a significant predictor of adherence (OR = 1.301, P = 0.0037). Sex and region of the country were not statistically significant. CONCLUSIONS: In this retrospective analysis, patients using IFN-B1a SC were more likely to be adherent with their DMD therapy over a 2-year period than patients using IFN-B1b, while controlling for age, sex, and region of the country.

THE IMPACT OF LENNOX-GASTAUT SYNDROME (LGS) ON HEALTH-RELATED QUALITY OF LIFE – A CONCEPTUAL MODEL

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OBJECTIVES: The onset of LGS during early childhood brings particular concerns for the child with LGS and for the parents caring for the child with the condition. LGS is a severe form of childhood epilepsy which is characterized by multiple seizures and mental deficiency. This study was conducted to explore the impact of LGS on the HRQOL of the parent and the child. To develop a conceptual structure for the study, semi-structured interviews were conducted with 40 parents of children with LGS in the US, UK, and Italy. Given the fact that it was not possible to interview the children, parents were asked to provide a report on their perceptions of the HRQOL of their child in addition to describing their impact on their own perception of HRQOL. The analysis using Atlas Ti was conducted to develop themes relating to the impact on HRQOL. The themes were organized into a conceptual model of the impact of LGS on the HRQOL of the parent and the child. RESULTS: Parents reported extensive difficulties in every aspect of their child’s lives. Major themes included burden of care on work and social activities, stigma, frustration, anxiety and other physical issues (including sleep disturbance), as well as concerns about the future for their child. With respect to the HRQOL of the child, the parents reported that the physical functioning of the child is affected, particularly in relation to mobility difficulties. LGS has a significant affect on a child’s cognitive skills with some of the children not being able to talk. In addition, children with LGS tend to have little or no social skills and find interacting with others difficult. CONCLUSIONS: LGS has a substantial negative effect on the HRQOL of parents of a child with LGS as well as on the HRQOL of the child himself/herself.

UTILITIES FOR MODERATE ALZHEIMER’S DISEASE: RESULTS FROM A SURVEY OF THE GENERAL PUBLIC IN CANADA

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OBJECTIVES: To elicit utility scores for moderate Alzheimer’s disease (AD) using the Canadian general public; to compare utility scores for Canadians’ self-assessed health status with utility scores for health status defined as moderate AD; (3) to measure awareness of AD; and (4) to determine factors that influence utility scores. METHODS: Five-hundred Canadians were randomly sampled to participate in a 25 minute telephone interview. 351 (70% men) met the inclusion criteria for the study. The mean ± standard deviation patient age was 50.3 ± 9.5 years, and 91.2% were from the Midwest. The results showed MaxGaps of 0.3 and <11 days in 20.5% of patients, ≥11 days in 24.3%, ≥11 days in 11.3%, ≥11 days in 9.5% in 7.5% and ≥11 days in 37.7%. When examining the maximum gap between the first and last prescription claim, 36% of patients had a MaxGap of ≥31 days. CONCLUSIONS: Maintaining continuous DMD therapy remains a challenge for MS patients. Over 24 months, more than one third of patients had a gap in therapy of ≥90 days.

THE IMPACT OF DIFFERENT STAGES OF MULTIPLE SCLEROSIS ON HEALTH UTILITIES: A SYSTEMATIC REVIEW OF THE LITERATURE

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OBJECTIVES: Multiple Sclerosis (MS) causes neurological disability of varying severity. Disability in MS is measured by the Kurtzke Expanded Disability Status Scale (EDSS), a clinician-based neurological impairment rating scale (scale from 0 to 10)