and promote services and/or treatments. This study can also help to assess the cost-benefit ratio of folate acid supplementation and the cost-benefit ratio of recommended food supplements.

**MEDICAL RESOURCE UTILIZATION AND WORKDAYS LOST IN PATIENTS WITH FIBROMYALGIA**

**OBJECTIVES:** Fibromyalgia syndrome (FMS) is characterized by chronic widespread muscular pain and generalized tender points, often accompanied by a number of associated symptoms such as fatigue, sleep disturbance, psychological distress. The objective of this study was to assess the medical resource utilization (MRU) and workdays lost (WDL) of FM patients according to the level of pain and fatigue. **METHODS:** The Delphi Fibromyalgia Disease Specific Programme is a cross-sectional survey among 2159 FM patients in France, Germany, Italy, Spain and the UK. The survey included one questionnaire filled in by the patient and one by the physician. Patient health states were defined on the basis of items 15 and 16 (100 mm VAS scales) of FQ (Fibromyalgia Impact Questionnaire). **RESULTS:** From the pool of 1341 patients who had significant fatigue (cut off: 50 mm), associated with mild (<40 mm; N = 154), moderate (40–70 mm; N = 587) or severe (>70 mm; N = 600) pain. The annual number of physician visits per patient was (5.71, 6.14 and 7.47 respectively), co-medication costs per 4 weeks (£3.66, £5.48 and £8.11), as well as the annual hospitalisation rate (2.6%, 5.6% and 7.5%) and length of stay per patient per year (4.02, 1.69 and 1.95 days, respectively) increased following the level of pain. Similarly, the percentage of patients on sick leave and its duration were larger in patients with fatigue and moderate (11.9% and 40 weeks) or severe (20.0% and 44 weeks) pain, compared to patients with mild pain (8.4% and 33 weeks). **CONCLUSIONS:** In patients with FMS who present with significant fatigue, medical resource utilization and workdays lost are driven by the level of pain.

**HEALTH CARE RESOURCES AND COSTS OF FIBROMYALGIA: A REVIEW OF THE EVIDENCE**

**OBJECTIVES:** This review was performed to document and analyse the evolution of costs in Fibromyalgia (FM). **METHODS:** A systematic review (SR) was performed using Mesh terms (Medline 1980–2009). Articles on FM were selected if they presented direct or indirect costs. Two researchers extracted costs which were divided by a number of associated symptoms such as fatigue, sleep disturbance, psychological distress. Costs were reported /patient/year, except for the Canadian 6-month study.

**RESULTS:** From the pool of 1341 patients, indirect costs accounted for 50% of total costs (as compared to 40% in RA) and were related to work productivity. Costs were compared and differences were documented. Trends in terms of tests, drugs, general practitioners and specialists visits, resource use and costs were calculated, so the impact of diagnosis could be evaluated for each of these medical resources. **CONCLUSIONS:** In the five countries studied, whereas costs are increasing during the years till diagnosis (+40%–72% in 4 years, £394 per patient the year of diagnosis from the health care perspective in Italy to £2108 in France), after diagnosis a decrease is observed (5–10%). Compared to a diagnosed FM patient, a non-diagnosed patient represents an incremental cost that ranges between 97€ (Italy) and 642€ (Spain) per patient and per year. **CONCLUSIONS:** Based on the diagnosis of FM reduces costs gradually independent of the country studied.

**COSTS AVOIDED BY DIAGNOSING FIBROMYALGIA**

**OBJECTIVES:** To estimate the costs savings in outpatient medical resource use associated with diagnosing fibromyalgia during the four years after diagnosis in five European countries (UK, France, Italy, Spain, Germany). **METHODS:** The UK resource use data were extracted from medical records of 2,260 patients diagnosed with FM between 1998 and 2003 in the General Practice Research Database (GPRD). For the others countries, a questionnaire was created based on the UK data and local experts, GP and rheumatologists, were asked to compare their own clinical practice to UK prescriptions in terms of tests, procedures and drug costs; and, indirect costs in two types: absenteeism or work with reduced productivity. Costs were compared and differences were documented. Trends in terms of tests, drugs, general practitioners and specialists visits, resource use and costs were calculated, so the impact of diagnosis could be evaluated for each of these medical resources. **RESULTS:** In the five countries studied, whereas costs are increasing during the years till diagnosis (+40%–72% in 4 years, £394 per patient the year of diagnosis from the health care perspective in Italy to £2108 in France), after diagnosis a decrease is observed (5–10%). Compared to a diagnosed FM patient, a non-diagnosed patient represents an incremental cost that ranges between 97€ (Italy) and 642€ (Spain) per patient and per year. **CONCLUSIONS:** Based on the diagnosis of FM reduces costs gradually independent of the country studied.

**HEALTH ECONOMIC COMPARISON OF OUTPATIENT MANAGEMENT OF FIBROMYALGIA BEFORE AND AFTER Diagnosis IN FIVE EUROPEAN COUNTRIES**

**OBJECTIVES:** To compare the resource use and related costs associated with the management of fibromyalgia in five European countries (UK, France, Italy, Spain, Germany). **METHODS:** The UK resource use data were extracted from medical records of 2,260 patients diagnosed with FM between 1998 and 2003 in the General Practice Research Database (GPRD). For the others countries, a questionnaire was created based on the UK data and local experts, GP and rheumatologists, were asked to compare their own clinical practice to UK prescriptions in terms of tests, procedures and drug costs; and, indirect costs in two types: absenteeism or work with reduced productivity. Costs were compared and differences were documented. Trends in terms of tests, drugs, general practitioners and specialists visits, resource use and costs were calculated, so the impact of diagnosis could be evaluated for each of these medical resources. **RESULTS:** In the five countries studied, whereas costs are increasing during the years till diagnosis (+40%–72% in 4 years, £394 per patient the year of diagnosis from the health care perspective in Italy to £2108 in France), after diagnosis a decrease is observed (5–10%). Compared to a diagnosed FM patient, a non-diagnosed patient represents an incremental cost that ranges between 97€ (Italy) and 642€ (Spain) per patient and per year. **CONCLUSIONS:** Based on the diagnosis of FM reduces costs gradually independent of the country studied.

**DIRECT AND INDIRECT COSTS OF RHEUMATOID ARTHRITIS MANAGEMENT IN POLAND**

**OBJECTIVES:** The purpose of this analysis was to assess the direct and indirect costs of rheumatoid arthritis (RA) treatment in Poland in the years 2003–2007. **METHODS:** In order to estimate the direct medical costs of RA, including the costs of medical consultation, hospitalization, rehabilitation, drugs and diagnostic tests, data for the years 2004–2007 of the National Health Fund were used. Indirect costs like costs of pensions for incapacity for work, the costs of rehabilitation and social costs of rents for the years 2003–2007 were obtained from the Department of Social Security. **RESULTS:** Direct medical costs of RA in Poland ranged from 115.7 million pln in 2004 to 126.5 million pln in 2007. Costs of hospital treatment amounted up to 70% of the direct costs in 2007. Indirect costs amounted to almost 60 million pln in 2003 and rose to over 62 million pln in 2007. The largest share of these costs constitute the costs of pensions for incapacity for work, which share in indirect costs was 83% in 2007. Costs of rehabilitation were increasing in subsequent years (from around 4 million in 2003 to 9.7 million pln in 2007). The total cost of treatment of RA showed an upward trend, reaching a value almost 177 million pln in 2004 and increased to almost 188 million pln in 2007. The total cost was dominated by the direct costs with share equal to 65% in 2004 to 66.8% in 2007 of the total costs. **CONCLUSIONS:** From year to year RA causes a growing economic burden on the health care and social insurance in Poland. The cost structure is dominated by the direct costs, which in turn largely consist of the costs of hospital treatment. Indirect costs are affected largely by rents due to the inability to work.