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

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

PSY2

EFFECT OF INTRAVENOUS PARECOXIB ON POSTOPERATIVE PAIN RELIEF AFTER TOTAL KNEE ARTHROPLASTY

Shyu LJ1, Ng SP2, Chien SY2

1, Changhua Christian Hospital, Changhua City, Changhua County, R.O.C., Taiwan, 2, Changhua Christian Hospital, Changhua City, Changhua County, R.O.C., Taiwan

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 enrolles 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 control 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, 72 h, and 72 h after surgery. Pain at movement improved significantly at 48 h and 72 h in the parecoxib group with visual analgesic 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%, 8%, and 11% in the parecoxib group, respectively, compared with 4%, 81%, and 15% in the control 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 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 OBESITY: A SYSTEMATIC REVIEW OF THE EFFECTIVENESS OF 16 OBESITY PREVENTION INTERVENTIONS

Peach D, Coleman K, Mernagh P, Weston AR

OptumInsight, Lilyfield, NSW, Australia

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 Embase and Medline databases, a general internet search and via email to experts. The search was conducted using the Embase and Medline databases, a general internet search and via email to experts. The search was conducted using the Embase and Medline databases, a general internet search and via email to experts. The search was conducted using the Embase and Medline databases, a general internet search and via email to experts.

RESULTS: 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 both 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.

CONCLUSIONS: In a school-based nutrition and physical activity intervention in Australia, those who received the intervention had a lower waist back and right shoulder girth were the first and second most frequent pain locations. Intermittent throbbing pain was the most general presentation in FM cases. For key FM features, all six respondents reported, mild to severe intensity fatigue, awakening unrefreshed while altogether cognitive impairment was reported unproblematic. Furthermore, FM had strong impact to daily activities, particularly for sleep, work 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

Qiu Y1, Zhan S2, Dong P3

1, Peking University, Beijing, China, 2, Beijing University, Beijing, China, 3, Pfizer (Thailand) LTD, Bangkok, Thailand

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.

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 research physicians who performed final diagnosis.

RESULTS: One thousand respondents from various socio-economic backgrounds participated in the survey. Six of them (0.6%) were medically found positive to FM, their mean age (range) was 47.67 (33-63) years. Mean widespread pain index (WPI) and symptom severity (SS) scale score (range) was 7 (7-16) and 83 (7-92) respectively.

CONCLUSIONS: One thousand respondents from various socio-economic backgrounds participated in the survey. Six of them (0.6%) were medically found positive to FM, their mean age (range) was 47.67 (33-63) years. Mean widespread pain index (WPI) and symptom severity (SS) scale score (range) was 7 (7-16) and 83 (7-92) respectively.

PSY7

IMPACT OF ANTI-VIRAL TREATMENT ON THE ECONOMIC BURDEN OF CHRONIC HEPATITIS B IN TAIWAN

Chen P1, Chen G2, Yang H1, McLeod E1, Heatley R1

1, Pfizer (Thailand) Ltd, Bangkok, Thailand, 2, Former employee Pfizer (Thailand) LTD, Bangkok, Thailand

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 its estimate its burden of disease (BOD) within the community of Bangkok, Thailand.

METHODS: An on-demand therapy to prophylaxis.

RESULTS: The overall incidences of adverse events were reported for 78% of patients with parecoxib and 71% of patients without parecoxib. The overall incidences of adverse events were reported for 78% of patients with parecoxib and 71% of patients without parecoxib. The overall incidences of adverse events were reported for 78% of patients with parecoxib and 71% of patients without parecoxib. The overall incidences of adverse events were reported for 78% of patients with parecoxib and 71% of patients without parecoxib. The overall incidences of adverse events were reported for 78% of patients with parecoxib and 71% of patients without parecoxib.