OBJECTIVES: The aim of this study was to assess the disease activity as well as indirect costs (presenteeism) and the absenteeism generated by ankylosing spondylitis (AS) in a Polish population. METHODS: On-line questionnaire survey was performed to obtain data on disease activity and the quality of life. We used Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) with additional questions about days missed from work (absenteeism) and decrease of on-the-job productivity (presenteeism). BASDAI score was obtained using on-line calculator. Total indirect costs were estimated with the Human Capital Approach using gross domestic product (GDP) per capita equalled €10,774 and gross value added (GVA) per worker equalled €2,838. Costs were expressed in 2014 euro. The Spearman’s correlation was used to present the association between the disease activity and the indirect costs. RESULTS: Total 66 questionnaires were obtained. Patients reported mostly the problems with general health (0.271) and presenteeism (0.715). Activity was significantly correlated with indirect costs generated by absenteeism (0.450) and presenteeism (0.489). BasDAI score was obtained using on-line questionnaire survey was performed to obtain data on disease activity and the quality of life.

PM53
EXPECTED LIFETIME NUMBERS, RISKS, AND BURDEN OF FRACTURES FOR 50-YEAR-OLD CHINESE WOMEN

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OBJECTIVES: To provide an estimation of expected lifetime numbers, risks, and burden of fractures for 50-year-old Chinese women. METHODS: A discrete event simulation model was developed to simulate the lifetime fractures of 50-year-old Chinese women at the average risk of osteoporotic fractures. Main events in the model included hip fracture, non-hip fracture, humerus, wrist, and other fractures. Input fracture risks were calculated using the FRAX® method and the declining exponential approximation of life expectancy (DEALE) approach. Simulations of 50-year-old Chinese women without fracture risks were also carried out to determine the burden of fractures. RESULTS: For a 50-year-old Chinese woman at the average risk of fractures, there are 0.135 (95% CI: 0.134-0.137) hip fractures, 0.120 (95% CI: 0.119-0.122) vertebrae fractures, 0.095 (95% CI: 0.094-0.096) wrist fractures, 0.095 (95% CI: 0.094-0.096) humerus fractures, and 0.107 (95% CI: 0.106-0.108) other fractures expected for the rest of her life. The residual lifetime risks of any fracture, hip fracture, vertebral fracture, wrist fracture, humerus fracture, and other fracture, respectively, are 0.135, 0.120, 0.095, 0.095, 0.095 and 0.107.

PM54
EPIDEMIOLOGIC AND ECONOMIC BURDEN ATTRIBUTABLE TO FIRST SPINAL FUSION SURGERY: ANALYSIS FROM AN ADMINISTRATIVE DATABASE


OBJECTIVES: No adequate data are available about the epidemiology of spinal fusion surgery and its economic impact. The objective of this analysis was to assess the epidemiologic and economic burden of arthrodesis from a large population-based study. METHODS: Lombardy Region includes around 9.9 million individuals. The study population was identified through a data warehouse (DENALI), which matches with a probabilistic linkage demographic, clinical and economic data of different Healthcare Administrative databases. The study population was made by all subjects who, during the period January 2001–December 2010, underwent a spinal fusion surgery identified by one of the following codes ICD9-CM: 81.04 81.05, 81.06, 81.07 and 81.08. The first procedure was used as index event. We went a spinal fusion surgery identified by one of the following codes ICD9-CM: 81.04 81.05, 81.06, 81.07 and 81.08. The first procedure was used as index event. We included interventions of surgical procedures available considering the different surgical procedures available today. Risks and characteristics were allocated to index event. We included interventions of surgical procedures available considering the different surgical procedures available today. Risks and characteristics were allocated to index event.

PM55
OBJECTIVE AND ECONOMIC IMPACT OF ETANERCEPT AND ADALIMUMAB DOSE REDUCTION IN RHEUMATOID ARTHRITIS, PSORIATIC ARTHROPATHY AND ANKYLOSING Spondylitis PATIENTS WITH AT LEAST 1 YEAR IN CLINICAL REMISSION: EXPERIENCE FROM 2 SPANISH TEACHING HOSPITALS DURING 5 YEARS OF FOLLOW-UP

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OBJECTIVES: To determine the persistence, clinical and economic impact of Etanercept (ETN) or Adalimumab (ADA) reduced dose in Rheumatoid Arthritis (RA), Psoriatic Arthropathy (PA) and Ankylosing Spondylitis (AS) Patients with at least 1 year in Clinical Remission. METHODS: Observational, retrospective cohort of patients in off-label treatment with ETN or ADA at reduced dose for at least 6 months (from Jan 2010 to Dec 2014). Inclusion Criteria: patients treated with ETN or ADA at standard dose that achieve and maintain clinical remission (DAS28<2.6 or BASDAI<2) during at least 1 year were selected to reduce their standard dose. We collected age, sex, indication, persistence of ETN or ADA at reduced dose during the study period. In these patients, we simulated the cost of treatment with ETN or ADA as if they had received ETN or ADA at standard dose during their ETN or ADA at reduced dose respectively. The treatment was assessed using Embrel® and Humira® Spanish official prices. RESULTS: From Jan2010 to Dec 2014, 144 patients (51% women; age 51±9 years; 75 RA, 37 PA, 32 AS) received ETN or ADA at reduced dose for at least 0.5 years. 80 (66%) patients received ETN reduced dose and 64 (44%) patients received ADA reduced dose. Patients with ETN reduced dose presented a persistence of 2.71±1.37yrs (AR 2.64±1.54, AP 2.56±0.80 and EA 3.04±1.31) and with ADA reduced dose a persistence of 2.07±0.96yrs (AR 2.37±0.92, AP 1.86±0.73 y EA 1.74±0.76). The cost of this leading strategy was 1,197,121€. The cost reduction for this year was 1,485,510€. If these patients had been treated with ETN or ADA standard dose, the total cost of therapy would have been 2,971,020€. The implementation of the optimal strategy of ETN 50mg reduced dose for patients with no effect from disease-modifying drugs. CONCLUSIONS: The dosing of ETN and ADA in selected patients could make treatment more cost-effective and allow physicians to treat more patients with a fixed budget.

PM56
HOW PRICING AND REIMBURSEMENT INFLUENCE THE ACADEMIC IMPACT OF THE TREATMENT OF SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS IN TURKEY

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OBJECTIVES: To analyze the changes in pharmacotherapy costs and their impact on costs for 2 years period for patients with rheumatoid arthritis (RA). METHODS: We have carried out a retrospective study of the costs for 2 years period for patients with rheumatoid arthritis. Top-5 therapeutic agents (etanercept, infliximab, adalimumab), IL-1 (canakinumab) or IL-6 inhibitors (TNF-α) that achieve and maintain clinical remission (DAS28<2.6 or BASDAI<2) during at least 1 year are selected to reduce their standard dose. The average dosage of ETN and ADA in selected patients could make treatment more cost-effective and allow physicians to treat more patients with a fixed budget.

PM57
A PILOT STUDY OF DIRECT COSTS FOR PATIENTS WITH RHEUMATOID ARTHRITIS IN BULGARIA

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OBJECTIVES: To analyze the changes in pharmacotherapy and their impact on patients’ costs for 2 years period for patients with rheumatoid arthritis (RA). METHODS: The study is retrospective regarding to the cost for the last 1 year (May 2013 – May 2014) and prospective regarding to the costs for the current year (May 2014-May 2015). It is conducted in all clinical centers that periodically examine chronic RA patients. Bottom-up approach was applied using data from the patients’ records during their last visit to specialists in the clinical centers. RESULTS: A total 11.83% men and 88.17% women with RA were observed. In the age group 51-60 years are 22.26% of all patients and in the age group over 60 years are 24.73%. 91% of patients were transferred to biological therapy during their last examination. The average RA pharmacotherapy monthly costs for biological drugs, NSAIDs, disease-modifying drugs and other cost were 317.67€ per patient per month. CONCLUSIONS: Biological therapies were the largest share in total treatment costs. Dosing biological drugs saved high prices. Treatment with biological drugs continued from abroad through Turkish Pharma Association as they are not included in positive list by the Social Security Institution (SSI) yet, adding to the high cost dilemma.