ceived preventive treatment; 60.4% were on-demand treatment. Severe HB adults reported significantly poorer HRQOL than the moderate subgroup mainly on physical domain. No HRQOL difference was observed among children. The average annual direct cost was €95,619 (SD 83,142) with no significant difference between adults and children, but with a difference with severity status (3.3 times higher in severe vs. moderate HB, p = 0.001). Substitutive therapy represented 90%, of the total cost and 65% from the dialysis treatments. 6.5%. Even if lead to higher costs than an on-demand strategy (p = 0.001), it avoids haemor-

rhagic events and remains in acceptable cost-effectiveness range. CONCLUSIONS: To date, no economic burden of disease studies focusing only on HB have been published. This study provides an important source of economic informa-

tion for health care payers.

PSY43

UTILIZATION OF PAIN MEDICATIONS IN PATIENTS WITH CHRONIC LOWER

BACK PAIN WHO INITIATED DULOXETINE OR STANDARD OF CARE FOR THE

MANAGEMENT OF PAIN

Peng X1, Wu N2, Chen SY2, Yu X2, Andrews R3, Novick D3

1Eli Lilly and Company, Indianapolis, IN, USA, 2United BioSource Corporation, Lexington, MA, USA, 3Eli Lilly and Company, WIndsor, Surrey, UK

OBJECTIVES: To describe pain medication use in patients with chronic lower back pain (CLBP) after initiating duloxetine or standard of care (SOC) for pain management.

METHODS: Pharmacy and medical claims from SDI Health were analyzed to identify adult patients with CLBP who initiated duloxetine or SOC (standard of care, muscle relaxants, gabapentin, pregabal, venlafaxine, and tricyclic antidepressants) be-

tween 11/2010 and 4/2011. Treatment initiation was defined as no pill coverage for duloxetine or SOC in previous 90 day. Included patients had no opioid use in 90 days before initiation. Propensity score matching was used to select patients with similar baseline characteristics and statistical characteristics for duloxetine and SOC cohorts. Compliance to index medication was assessed via medication possession ratio (MPR) and proportion of days covered (PDC) for 6 months after initiation. Proportion receiving opioids and days on opioids after index date were assessed and regression models were estimated to compare opioid use between cohorts.

RESULTS: 766 patients initiated duloxetine and 6,206 patients initiated SOC. After matching, 743 patients were selected for the duloxetine (mean age: 57 years; fe-

male: 74%) and SOC (mean age: 57 years; female: 75%) cohorts, respectively. 92% of duloxetine and 80% of SOC report started on or below recommended daily dose (<60mg). Dulox-

etine cohort had significantly higher MPR (0.78 vs 0.60) and PDC (0.50 vs. 0.31), were less likely to use opioids (45% vs. 61%), and had fewer days on opioids (mean: 18 vs. 25) than SOC cohort (all p < 0.001). After adjusting for demographic and clinical characteristics, duloxetine cohort still had lower opioid use (odds ratio: 0.76, 95% confidence interval: 0.65-0.88), and had fewer days on opioids (-6.9, p < 0.001).

CONCLUSIONS: CLBP patients initiating duloxetine had better compli-

cance to initiated medication and were less likely to use opioids than those initiating SOC.

PSY44

A COST EFFECTIVENESS MODEL FOR THE MYELOPLASTIC DISEASE IN GREECE.

AZACITIDINE VERSUS CONVENTIONAL CARE REGIMENS

Yfantopoulos J1, Kritikou P2

1National and Kapodistrian University of Athens, Athens, Greece, 2University of Athens, Athens, Greece

OBJECTIVES: To evaluate the cost effectiveness of azacitidine treatment in com-

parison with Conventional Care Regimens (CCR), available in Greece. The analysis is based on a National Health Service perspective. METHODS: A Markov model was explored based on the Phase III randomized trial AZA-001, where patients were analyzed over their lifetime. The health outcomes were measured on i) life years (LY) gained and ii) Quality Adjusted Life Years (QALYs) gained. The cost outcomes were the average direct costs associated with each MDS treatment arm (relating to drugs and medications, monitoring, routine follow-up and adverse event manage-

ment). The cost effectiveness of azacitidine treatment, compared to BSC, LDC, and SDC treatments, was based on the Incremental Cost Effectiveness Ratio (ICER). The model was customized into the Greek Health Care Setting by launching a struc-

tured questionnaire addressed to Greek hematologists from 6 Hospitals. They pro-

rvide information on the resource use for the management of blood product trans-

fusions and adverse events complications in Greece. RESULTS: The incremental costs between azacitidine and SOC were €57,158, €27,074 respectively. With regard to QALYs azacitidine is also more effective in an additional 1.65 QALYs gained compared to BSC, 1.8 QALYs compared to LDC, and 1.8 QALYs compared to SDC. The corresponding ICERs were €27,158, €47,791 and €47,651 versus BCD, LDC and SDC, respectively.

CONCLUSIONS: Azacitidine in the treatment of Greek MDS patients generating significant improvements in quality-adjusted survival.

PSY54

SOCIAL ECONOMIC BURDEN AND RELATED QUALITY OF LIFE IN PATIENTS WITH RARE DISEASES IN EUROPE (BURQOL-RD PROJECT). SPANISH

RESULTS

Linerová R1, López-Bastida J2, Serrano-Aguilar P3, Posada-de-la-Paz MM3

1Fundación Canaria de Investigación y Salud (FUCANIS), Las Palmas de Gran Canaria, Spain, 2University of Castilla – La Mancha, Talavera de la Reina, Toledo, Spain, 3Canary Islands Health Service, Santa Cruz de Tenerife, Canary Islands, Spain, 4Instituto de Salud Carlos III, Madrid, Spain

OBJECTIVES: The BURQOL-RD project is intended to develop a disease based model capable of quantifying the socio-economic burden and Health-Related Quality of Life (HRQOL) for patients with rare diseases (RD) and their caregivers in Europe. Preliminary results from Spain are presented here. METHODS: On-line survey of patients and carers affected by Cystic Fibrosis, Prader-Willi Syndrome, Haemol-

philia, Duchenne Muscular Dystrophy, Epidermolysis Bullosa, Fragile X Syndrome, Scleroderma, Mucopeptidocorticid, Juvenile Idiopathic Arthritis or Histiocytosis was launched in Spain through national patients organizations in September 2011