Generalized Linear Models (log link, Gamma family) adjusting for gender, age, BMI, type of treatment, symptoms and comorbidities. Costs are expressed in Euro 2013. RESULTS: 280 patients (171 workers, 61, and 109 no-workers including people out of work, students, housewives and retirees, 39%) have been submitted to bariatric surgery and followed up to 1 year after the intervention. The overall social cost, including costs of in-hospital stay 1 year after the procedure, was €13 180 (± €1 416). Direct medical costs amounted to €8,737 (± 2,527), representing the 77% of the overall cost, while direct non medical costs and indirect costs accounted for 13% and 10% (€1,497 ± €760, respectively). No working days were associated with an indirect cost of €676 (95% CI: 12:12±1,140, p=0.004). Working conditions increased indirect costs by €1,384 (95% CI: €1,002–€1,766, p=0.000). CONCLUSIONS: Socio-economic determinant such as employment status of patient led to significant impacts on direct medical costs and indirect costs of a patient submitted to bariatric surgery.

**PSY37**  THE INDIRECT COSTS OF INFLAMMATORY BOWEL DISEASE (CROHN’S DISEASE AND ULCERATIVE COLITIS) ASSOCIATED WITH ABSENTEEISM IN POLAND IN 2013

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**OBJECTIVES:** The aim of this study was to assess the indirect costs caused by absenteeism associated with inflammatory bowel disease (IBD) - (Crohn’s disease – CD; and ulcerative colitis - UC) from the perspective of the Social Insurance Institution (ZUS) in Poland. METHODS: The estimates were based on data provided by ZUS referring to year 2013 and concerning absence from work due to illness (sick leave) and wound-induced disability. In case of both conditions the sufferers were classified into seven subgroups according to the mean duration of which claim rehabilitation benefit, and the amount of permanent (or long-term) disability, the sufferers of which claim disability pension. Costs were calculated with Human Capital Approach method and related to the number of patients with IBD (as per ZUS database). RESULTS: Indirect costs of CD and UC in the year 2013 calculated using GDP per capita in Poland were €7 817 ± 156 and €9 900 ± 313, respectively. Total indirect costs of CD and UC in 2013 in Poland were €13 180 (± €1 416), respectively (an increase of nearly 15% because of substantial growth short-term disabilities). The highest component of indirect costs of IBD was sick leave, which constituted 15% of total costs of IBD in the year 2013. Indirect costs of UC were 6% lower (10% of total costs of UC). RESULTS: Indirect costs of UC and of UC patients with CD associated with permanent long-term disability (permanent or fixed time), the sufferers of which claim disability pension. Costs calculated taking into account Gross Domestic Product (GDP) per capita equalled €10 278. Gross Value Added (GVA) per worker equalled €24 680 and Gross income per worker equalled €5 242. The highest component of indirect costs of UC was permanent long-term disability (43%). Fixed period long-term disability and short-term disability costs constitute 20% and 9% of total indirect costs, respectively. In 2013 Poland’s Social Insurance Institution database reported 1 201 patients that had 4 912 sick leave episodes, 193 new patients and 80 long-term disabilities. Indirect costs per patient associated with sick leave were €1 030, €2 474 and €736 calculated using GDP, GVA and GI, respectively. Indirect costs per patient associated with short-term disability were €298, €715 and €212 respectively and associated with long-term disability were as high as €2 168, €5 206 and €1 548, respectively. CONCLUSIONS: Psoriatic and enteroapthathic arthropathies in Poland generated high indirect costs. The main component was permanent long-term disability, short-term disability generated lower indirect costs. The highest cost per patient was generated by permanent long-term disability.

**PSY38**  DIRECT COSTS OF MYELODYSPLASTIC SYNDROMES ASSOCIATED WITH A DELETION 5 QCYTOGENETIC ABNORMALITY (DEL5Q MDS) IN PATIENTS WHO ATTEND A RABBIT-CELL TRANSFUSION DEPENDENT TREATMENT IN MEXICO


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**OBJECTIVES:** To estimate the direct cost of Del5q MDS from the perspective of the public healthcare system in Mexico. METHODS: We evaluated the amount of resources utilized by patients with Del5q MDS from an expert panel of eight hematologists through C

**PSY39**  DIRECT MEDICAL COSTS ASSOCIATED WITH ANKYLOSING Spondylitis In CHINESE PATIENTS: ESTIMATIONS FROM CHINA PUBLIC HEALTH INSURANCE CLAIM DATA

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**OBJECTIVES:** To estimate direct medical costs associated with ankylosing spondylitis (AS) in publically insured Chinese patients. METHODS: China Health Insurance Research Association (CHIRA) claim data containing patients randomly selected from publically insured urban residents and workers across China was used as the data source to identify patients with AS and their insurance claim records in 2013 for in-patient care and out-patient care. The identified patients were stratified by AS-related medications for the comparisons on drug costs and non-drug medical costs. Generalized linear model (GLM) was conducted to assess the impact of the classified medications on on-drug medical costs after full adjustment of patient baseline characteristics including AS-related comorbidities. RESULTS: Among the identified 1299 patients with diagnosed AS, the AS-related medications included nonsteroidal anti-inflammatory drugs (NSAIDs) and immunosuppressant (n=146), combination of NSAID and immunosuppressant (n=626), biologics (n=60), and Chinese medications (n=233). The total medical costs associated with AE-related treatments ranged from RMB 4,565 for Chinese medication to RMB 24,585 for biologics treatment (1 RMB = 0.16 US$). However, biologics treatment and the combination treatment of NSAID and immunosuppressant had similar non-drug medical costs (RMB 7,039 versus RMB 7,450, p=0.16). GLM regression analysis further confirmed highly comparable non-drug medical costs associated with all biologics (coefficient = 0.0069, p=0.741) and immunosuppressant (coefficient = 0.491, p=0.7) treatment of NSAID and immunosuppressant. CONCLUSIONS: Among publically insured Chinese patients with AS, biologics treatments were associated with highly comparable non-drug medical costs as the combination treatment of NSAID and immunosuppressant.

**PSY40**  COSTS OF ABSENTEEISM IN PSORIATIC AND ENTEROPATHIC ARTHROPATHIES BASED ON REAL-LIFE DATA FROM POLAND’S SOCIAL INSURANCE INSTITUTION DATABASE IN 2013

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**OBJECTIVES:** The aim of this study was to assess the indirect costs caused by absenteeism associated with psoriatic and enteropathic arthropathies (PsA and Enteropathic Arthropathies) from the perspective of the Social Insurance Institution (ZUS) in Poland. METHODS: The estimates were based on data from the year 2013 concerning sick leave and the amount of short-term and long-term disabilities. RESULTS: Indirect costs of psoriatic and enteropathic arthropathies were calculated taking into account Gross Domestic Product (GDP) per capita equalled €10 278. Gross Value Added (GVA) per worker equalled €24 680 and Gross income per worker equalled €5 242. The highest component of indirect costs of psoriatic arthropathies associated with the year 2013 calculated using GDP per capita, GVA and GI per worker in Poland were €7 341 217, €7 628 441 and €5 242 346, respectively. The highest component of indirect costs of enteropathic arthropathies was permanent long-term disability (43%). Fixed period long-term disability and short-term disability costs constitute 20% and 9% of total indirect costs, respectively. In 2013 Poland’s Social Insurance Institution database reported 2 100 patients that had 4 912 sick leave episodes, 193 new patients and 80 long-term disabilities. Indirect costs per patient associated with sick leave were €1 030, €2 474 and €736 calculated using GDP, GVA and GI, respectively. Indirect costs per patient associated with short-term disability were €298, €715 and €212 respectively and associated with long-term disability were as high as €2 168, €5 206 and €1 548, respectively. CONCLUSIONS: Psoriatic and enteropathic arthropathies in Poland generated high indirect costs. The main component was permanent long-term disability, short-term disability generated lower indirect costs. The highest cost per patient was generated by permanent long-term disability.