exposed to lead. Literature reveals controversial reports on the importance of psoriasis in Asia Pacific countries.

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 enrollee 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 in the parecoxib group and 73 patients without parecoxib as the controlled 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, 48 h, and 72 h after surgery. Pain at movement improved significantly at 48 h and 72 h for the parecoxib group with visual analog scale (VAS). There was no 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 %, 89 %, and 11 % in the parecoxib group, respectively, compared with 4 %, 81 %, and 15 % in the controlled group. The overall incidence 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 effectiveness 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.

ASSESSING THE COST EFFECTIVENESS OF PUBLIC HEALTH INTERVENTIONS TO PREVENT OBESEITY: A SYSTEMATIC REVIEW OF THE EFFECTIVENESS OF 16 OBESITY PREVENTION INTERVENTIONS Paech D, Coleman K, Memargh PJ, 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-scope searching of the literature to identify population-based obesity-prevention interventions. The search was conducted using the Embase and Medline databases, a general internet search and the contributions of the stakeholder reference group. 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. In a school-based nutrition and physical activity intervention in Australia, children in the intervention group gained significantly less weight compared with the control group (0.92 kg, P = 0.03). In a study of a general health screening conducted in Denmark, the body mass index of adults receiving the intervention increased 0.6 kg/m² less than those not receiving the intervention. CONCLUSIONS: A number of interventions were shown to have high potential to prevent obesity in a range of populations and settings. The most cost-effective interventions for obesity prevention were a school-based programme for children and general health screening and advice for adults in a primary care setting.

STUDIES ON LEAD DETOXIFYING EFFECT OF ASCORBIC ACID IN TRAFFIC POLICE OF PAKISTAN Farooq I, Ng SP, Chen SY

OBJECTIVES: The data shows raised levels of lead in study subjects of both groups (21.74 ± 1.62 and 22.51 ± 1.28 mcg/dl) mean ± SEM; N = 40) compared to the safe limit (<10 mcg/dl) recommended by WHO. The treatment with vitamin C (500 mcg) reduced the lead levels to 16.91 ± 1.08 mcg/dl (N = 29) after 15 days treatment (P < 0.01), while the lead level after 30 days treatment was further reduced to 12.61 ± 1.50 mcg/dl (N = 36, P < 0.01). In the second group subjects, which received 1000 mg vitamin C, the lead level after 15 days treatment was 15.80 ± 0.89 mcg/dl (N = 33, P < 0.001), with no further drop (P > 0.05) after 30 days treatment, as the resultant lead level was 14.64 ± 1.05 mcg/dl (N = 31). CONCLUSIONS: These data indicate that vitamin C has a dose and time-dependent lead-detoxifying effect and that vitamin C supplementation may be an effective, safe and economical method in reducing blood lead levels in chronically exposed subjects such as traffic police.

ESTIMATING THE PREVALENCE OF FIBROMYALGIA AND ITS IMPACTS ON HEALTH IN THAILAND: A COMMUNITY-SURVEY IN BANGKOK, THAILAND Prateepavanich P1, Petcharapiruch S2, Leartsakulpanitch J3

OBJECTIVES: To describe the prevalence and treatment status of hemophilia A in mainland China. METHODS: We performed a retrospective study of hemophiliacs in mainland China were un-treated or treated occasionally. In the choice of anticoagulation, we selected interventions were based on both nutrition and physical activity in a variety of age groups and settings. The most cost-effective interventions for obesity prevention were a school-based programme for children and general health screening and advice for adults in a primary care setting.

IMPACT OF ANTI-VIRAL TREATMENT ON THE ECONOMIC BURDEN OF CHRONIC HEPATITIS B IN TAIWAN Chen P1, Chen Q2, Yang HT1, McLeod E3, Heatley R4

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A678 VALUE IN HEALTH 15 (2012) A602–A681

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