patients is poor. In addition, the study demonstrated that the risk of refracture is associated with the compliance and persistence with bisphosphonate therapy in Taiwan. The compliance and persistence issues for osteoporosis treatment warrant much more attention.

MUSCULAR-SKELETAL DISORDERS – Cost Studies

PM4

BURDEN OF DISEASE IN PATIENTS WITH RHEUMATOID ARTHRITIS IN CHINA: RESULTS FROM 2009 NATIONAL HEALTH AND WELLNESS SURVEY

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OBJECTIVES: To assess comorbidity, quality of life (QOL), work/productivity loss, and medical resource utilization in patients with rheumatoid arthritis (RA).

METHODS: Patients’ self-reported data were collected from 2009 National Health and Wellness Survey (NHWS). Survey samples represented major urban areas in China. QOL was measured by the physical component score (PCS) and mental component score (MCS) of the Short Form-12 (SF-12) (mean score of 50 for general population). Loss of work/productivity was measured by the validated Work Productivity and Activity Impairment (WPAI) questionnaire. Medical resource utilization by health-care provider, emergency room (ER) visits and hospitalization in the past 6 months. Comparisons were made between respondents who suffer from RA (excluding psoriatic, psoriatic arthritis, or inflammatory bowel disease) versus respondents without RA (non-RA group). RESULTS: Of the 13,307 survey respondents, 276 (2.1%) were diagnosed with RA, and the average age was 46.6 years. There were more women in RA group (59.5%) versus non-RA group (50.7%). RA group reported more diagnosed comorbidities (insomnia 43%, hypertension 24.7%, migraine 24.1%, allergies 23.4%, arthralgia 22.8%, gingivitis 22.5%, dermatitis 18.9%, osteoporosis 16.9%, anemia 15.3%, bronchitis 13.9%, emesis 13.7%, lower mean scores of PCS (42.7 vs. 48.5) and MCS (42.4 vs. 46.0), more patients visited health-care providers (83.3% vs. 56.3%), ER (48.5% vs. 18.9%) and hospitalization (25.0% vs. 7.0%) in the past 6 months compared to non-RA group. Also, RA group reported 37.8% work/productivity loss (absenteeism and presenteeism) and 36.6% impairment in daily activity compared to 22.7% and 22.6% in non-RA group. All comparisons between RA and non-RA groups were statistically significant at P < 0.05. CONCLUSIONS: From the China NHWS results, RA patients suffer from impairment in quality of life, work/productivity loss, more comorbidities and use of medical services. The findings indicate there is still an unmet medical need in RA patients in China.

PM5

MICRO-COSTING OF JUDO-THERAPY CLINICS IN JAPAN—MULTI-CENTERED COST ANALYSIS

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OBJECTIVES: In the Judo-therapeutic field, their costs are partly covered by National Health Insurance System via fee-for-service reimbursement, which does not necessarily reflect actual costs. Therefore, the actual situation of medical practice in Judo-therapy Clinics (bone-setting clinic) is analyzed by comparison between the actual costs calculated by micro-costing methods and reimbursement cost calculated by fee-for-service system. METHODS: The basis of this study is a bidirectional evaluation of single medical intervention in terms of actual cost and reimbursed cost for single treatment with following methods: 1) All receipts are collected from the participating bone-setting clinics for a fixed period of time; 2) Along with collection of receipts, information on the medical interventions is recorded by region with regard to “how long” and “who” performed them; 3) The tentative cost of medical intervention is calculated based on the data in 2) above and the data of wage for the engaged persons. In other words, the tentative cost is calculated as the practitioner’s wage per unit time multiplied by the time consumed; 4) The cost-based amount of individual medical intervention is calculated by adding indirect costs (wage for other staff than practitioners, cost for contingency, and medical supplies other than medical supplies used by health-care provider, emergency room (ER) visits and hospitalization in the past 6 months). COMPARISONS: There was a significant difference between the insurance benefit amount and the actual cost of medical intervention in judo-therapy.