mean age of 65.9 (±10.5) years, 62.2% female, and 88.2% retired. Annual mean all-cause cost was €2,466 per patient with osteoporosis-related cost accounting for 53.8%. For osteoporosis-related health services, 33.2% of patients experienced ≥1 hospitalization with mean length of stay of 18.0 (±14.4) days and mean cost of €2,913 per admission, and 83.2% of patients experienced ≥1 outpatient visit with mean number of visits 7.6 (±8.2) and mean cost of €17 visit. The medical device cost was the largest component (38.5%) of osteoporosis-related cost, followed by drug cost (31.1%) and examination cost (5.7%). The regression model revealed that osteoporosis-related cost tended to increase with age, patients with hip, vertebral, lower leg and multiple fractures were more likely to have a higher cost.

CONCLUSIONS: Costs for patients with osteoporotic fractures were considerable in Tianjin China, driven mainly by osteoporosis-related hospitalizations. Efforts should be made to develop predictive models for better service planning. Efforts to lower the fracture risks may have the potential to lighten the economic burden of osteoporotic fractures in China.

PMS46 COSTS OF ABSENTEEISM IN ANKYLOSING SPONDYLITIS 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 ankylosing spondylitis (AS) from the perspective of the Social Insurance Institution (ZUS) in Poland. METHODS: The estimates were based on data from the year 2013 concerning absence from work due to the illness (sick leave) the sufferers of which claim disability pension. Costs were calculated taking into account Gross Domestic Product (GDP) per capita €10,278, Gross Value Added (GVA) per worker in Poland €24,364, and €6,028, respectively. The indirect costs per patient were estimated €894, €2,188 and €5,453, where indirect costs constituted 68.4%, medical visits including diagnostic imaging 14.5%, other inpatient care 8.2%, surgery 7.9%, and pharmaceuticals 1.0%. In men, the mean total cost per episode was estimated €12,347, €24,834 in episodes with surgery, and €4,175/€3,957 in episodes without surgery. The total burden of LBP in Sweden was 2012 was estimated at €70,484, with a burden per capita of €73. Higher age, women, comorbidities, and surgery and less education were found to be significant determinants of higher costs. CONCLUSIONS: The societal burden of AS is substantial and varies significantly between different types of patients. It is important to identify periods and interventions within a LBP-episode that can be relatively adjusted in order to optimize cost-effectiveness, and also, to realize that results may be dependent on the time frame chosen for a LBP-episode. Acknowledgements: The study was financed with an unrestricted grant from Medtronic.