OBJECTIVES: Anaemia is a frequent complication among patients with Chronic Kidney Disease (CKD; stage 3b, 4, 5). This retrospective observational study quantifies health-care resource utilization (HCRU) and costs associated with anaemia in an Italian cohort of CKD-NOD patients.

METHODS: Administrative data and clinical laboratory files of 7 Italian LHUs from 2006 and 2011 were used to identify patients with CKD (stage 3b, 4, 5). Included patients had anaemia (Hb < 12 g/dL) and Hb measurements 1 week–3 months apart <13 g/dL for males, <12 g/dL for females) associated with CKD-NOD stage 3b, 4, or 5. HCRU included CKD-anaemia medications and hospitalizations for CKD-anaemia or cardiovascular disease (CVD). Costs were calculated using Italian prices and tariffs.

RESULTS: 1,654 patients were included. Overall, 542 (32.8%) of all 1,654 patients received anaemia medications during follow-up. The prevalence of anaemia medication use and number of prescriptions for these medications were higher at a higher CKD stage, although the low numbers of patients in stage 5 from (28.3% for stage 3b to 55.3% for stage 5). ESAs were prescribed to 85.7% of CKD stage anaemia medication use and number of prescriptions for these medications were 1,654 patients received anaemia medications during follow-up. The prevalence of anaemia medication use and number of prescriptions for these medications were higher at a higher CKD stage, although the low numbers of patients in stage 5 from (28.3% for stage 3b to 55.3% for stage 5). ESAs were prescribed to 85.7% of CKD stage 5 patients 5. For CKD stage 5 patients were assessed against oral iron (60.2%). Patients receiving any anaemia-related medications had lower per patient-year cost for all studied resources compared to patients not receiving any medications. For anaemia-related outpatient services [treated and not treated]; stage 3b costs per patient-year were €61.86 and €65.46 respectively; €60.79 and €73.31 for stage 5b; €64.30 and €81.26 for stage 5. For general visits: €75.87 and €194.61 for stage 3b; €152.32 and €186.73 for stage 4; €152.36 and €342.09 for stage 5. For CV hospitalizations costs were €1,152.27 and €1,998.60; for EMA/Alt1,052.36 and €1,152.27 and €1,998.60. For CV hospitalizations costs were €1,152.27 and €1,998.60; for EMA/Alt1,052.36 and €1,152.27 and €1,998.60; for EMA/Alt1,052.36 and €1,152.27 and €1,998.60. For antihypertensive drugs, the median cost was €1,646.71 (Fatty liver (21.4%) was major diagnosis followed by alcoholic hepatitis disease (3.0%), virus hepatitis (3.5%), hepatic fibrosis or cirrhosis (5.0%) and liver cancer (0.3%). The detection rate of each liver disease is higher in individuals with 60<AL<90 compared to individuals with 30<AL<60. Time to diagnosis was also faster among individuals with 60<AL<90 compared to individuals with 30<AL<60 (log rank test: p<0.001).

CONCLUSIONS: The proportion of individuals with hepatic liver disease was relatively low considering the number of individuals with hepatic dysfunction detected by the annual checkup. Individuals with higher ALT levels were more likely to be diagnosed with liver disease.

PSY121 HEALTHCARE RESOURCE CONSUMPTION AND COST OF CARE IN PATIENTS WITH AUTOSOMAL DOMINANT POLYCYSTIC DISEASE (ADPKD) IN ITALY

Objectives: To assess the consumption of healthcare resources in patients with polycystic kidney disease, and analyse related costs.

Methods: Database analysis of administrative databases, containing information on beneficiaries of two Local Health Units, for around 2 million subjects. Data from all patients with polycystic kidney disease were included. The study period was from January 1st 2010 to December 31st 2013. The database included: hospitalizations (with or without therapeutic intervention), ED visits, laboratory tests, haematologist/cardiologist visits, and hospitalisations for CKD-anaemia or cardiovascular disease (CVD). Costs were calculated using Italian prices and tariffs.

Results: 1,654 patients received polycystic kidney disease medications during follow-up. ESAs were prescribed to 85.7% of CKD stage anaemia medication use and number of prescriptions for these medications were higher at a higher CKD stage, although the low numbers of patients in stage 5 from (28.3% for stage 3b to 55.3% for stage 5). ESAs were prescribed to 85.7% of CKD stage 5 patients. For general visits: €75.87 and €194.61 for stage 3b; €152.32 and €186.73 for stage 4; €152.36 and €342.09 for stage 5. For CV hospitalizations costs were €1,152.27 and €1,998.60; for EMA/Alt1,052.36 and €1,152.27 and €1,998.60. For antihypertensive drugs, the median cost was €1,646.71 (Fatty liver (21.4%) was major diagnosis followed by alcoholic hepatitis disease (3.0%), virus hepatitis (3.5%), hepatic fibrosis or cirrhosis (5.0%) and liver cancer (0.3%). The detection rate of each liver disease is higher in individuals with 60<AL<90 compared to individuals with 30<AL<60. Time to diagnosis was also faster among individuals with 60<AL<90 compared to individuals with 30<AL<60 (log rank test: p<0.001).

Conclusions: The proportion of individuals with hepatic liver disease was relatively low considering the number of individuals with hepatic dysfunction detected by the annual checkup. Individuals with higher ALT levels were more likely to be diagnosed with liver disease.

PSY122 PATIENT UNDERSTANDING AND ATTITUDES ABOUT BIOSIMILARS: AN INTERNATIONAL CROSS-SECTIONAL SURVEY

Objectives: To understand current levels of awareness, usage, and knowledge of biosimilars.

Methods: Interviews (10 to 20 minutes of close-ended questions) were conducted online in adults categorized as: 1) Diagnosed: patients with Crohn’s disease, ulcerative colitis, rheumatoid arthritis, psoriasis, breast cancer, lung cancer, colorectal cancer, or non-Hodgkin’s lymphoma; 2) Diagnosed Advocacy: individuals with these diseases who participated in patient support groups; 3) Caregiver: a loved one with these conditions and is involved in medical decisions; or 4) General Population: aged 18 to 64 years without (or loved ones with) these conditions. Groups were analyzed using the column proportions test with a 95% confidence interval.

Results: A total of 3,198 individuals responded. Awareness about biologic therapies, defined as the percentage of respondents reporting at least a general impression of biologics or that they knew the term “biologic”, was significantly higher in the Diagnosed, Diagnosed Advocacy, and Caregiver groups (45-78%) than the General Population (27%, P<0.05). Across all groups, awareness of biosimilars was higher in those respondents from the US compared to those in Canada (21%) and the European Union (15%). Awareness of biosimilars is increasing in Canada and EU. For example, in the US, awareness of biosimilars increased from 20% in 2014 to 40% in 2017. This study highlights the potential for public health education campaigns to improve patients’ awareness and understanding of biosimilars. Further research is needed to determine the impact of public health education campaigns on patients’ understanding and awareness of biosimilars.

Conclusions: Public health education campaigns to improve patients’ awareness and understanding of biosimilars could be effective. Further research is needed to determine the impact of public health education campaigns on patients’ understanding and awareness of biosimilars. Further research is needed to determine the impact of public health education campaigns on patients’ understanding and awareness of biosimilars.