Ps patients had predominantly (54%) low disease activity, in RA group mostly (51%) the scores were in the middle range, while the most frequent disease activity category for CD patients was remission (39%). Mean annual cost of overall work impairment (presenteeism and absenteeism cost) amounted to PLN 29,727 for RA, PLN 24,434 for Ps and PLN 23,682 for CD. Cost of loss of productivity due to RA ranged from €24,434 to €39,629 and was higher in Ps and CD. A total of 16,956 non-missing cases were included in the analysis. Ps was it respectively PLN 13,864 and PLN 44,009 and for CD PLN 15,543 and PLN 63,771.

**CONCLUSIONS:** Productivity loss among workers with Ps, CD and RA generates significant costs for society which rises with disease activity.

**PM58**

**LONG-TERM WORK PRODUCTIVITY COSTS AMONG SUBJECTS WITH EARLY RHEUMATOID ARTHRITIS - A NATIONWIDE ANALYSIS BASED ON 7,831 SUBJECTS' SICKNESS ABSENCE DAYS AND INCOME**

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**OBJECTIVES:** To estimate the long-term productivity costs (FC) and their determinants among patients with early rheumatoid arthritis (RA) available to workforce at baseline. METHODS: A cohort of subjects with early RA was created by identifying the new cases of RA from the national register of the Social Insurance Institution (SiI) in Finland, who were granted a special reimbursement of anti-rheumatic medications for rheumatoid arthritis (RA) or a maximum of 4,680. The mean age (SD) of subjects was 46 years (11) and 71% were women. Mean education (years) was 10.2 (SD 4.1). Self-reported data were collected on health, sociodemographic and occupational factors. The effects of RD and other chronic diseases on the likelihood of early retirement were evaluated using logistic regression. RESULTS: At the time of the survey, 19.5% of the population between 50 and 64 years of age had officially retired. A larger average number of chronic diseases per capita was found among those with early retirement when compared to active workers in the same range of age (2.0 vs. 1.4; p<0.001). CD were particularly prevalent among early retirees when compared with employed persons (OR: 93% vs. 32% <0.001). FAF adjusted by age, sex and region and (unadjusted) were obtained: OR (1.3- 1.4), PAF:7.3-9.7, chronic pain (OR:1.4-1.4, PAF:6.6-7.2), hypertension (OR [1.3-1.4], diabetes [OR 1.3-1.3], rehabilitation (OR:9.1-9.3), PAF:2.7-3.2), respiratory diseases (OR:1.5-1.7), stroke (OR:2.3-3.6), myocardial infarction [OR:1.2] -1.9, PAF:0.3-1.1), cancer (OR:2.1- 1.9, PAF:2.1-2.1), depression (OR:1.5-1.2 (NS), PAF:8.8-2.8) and anxiety (OR:1.6-1.5, PAF:3.7-3.7) with NS standing for not statistically significant. CONCLUSIONS: From a public health angle, FAF is a good measure of the importance of a risk factor, taking into account both the strength of the association with the outcome and its prevalence in the population. Among all major chronic diseases, RD had the highest FAF estimates for early retirement in Portugal.

**PM561**

**COST OF PHARMACOTHERAPY IN POLISH PATIENTS WITH RHEUMATOID ARTHRITIS**

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**OBJECTIVES:** To assess cost of pharmacotherapy in Polish patients with rheumatoid arthritis (RA) in relation to disease activity (DAS28-CRP) and disability (VAS/HAQ-DI). METHODS: Data on drug consumption was collected during a prospective one center observational study of non-selected RA patients discharged from tertiary academic hospital. At enrollment patients were divided according to DAS28-CRP and HAQ-DI. Observation period was 6 months. Spearman rank correlation coefficient and test of its significance were used to investigate the relationship of cost of pharmacotherapy with disease activity and disability. Mean total costs of drugs per month and mean costs of drug per patient were calculated in PLN at 2014 prices (1 EURO = 4.2 PLN in 2014). RESULTS: DAS28-CRP was ≤5.1 in 124 patients (group A) and >5.1 in 83 patients (group B). HAQ-DI was ≤2 in 51 patients (group 1), >2 ≤5 in 54 patients (group H), ≤5 ≤16 in 88 patients (group III), ≤16 ≤66 patients (group III). Mean cost of pharmacotherapy per patient was 1010 PLN in group A and 858 PLN in group B, 1078 PLN in group 1, 981 PLN in group II and 745 in group III. The differences between groups were not statistically significant. Public payer covers only 36-40% of the drugs cost. CONCLUSIONS: These results represent the current use of drugs in the population of Polish RA patients under real-life conditions and indicate that there is no impact of disease activity and disability on the cost of pharmacotherapy due to RA.