impairment (OWI) indexes. Additional questionnaires on patients’ characteristics and disease activity level, assessed on standardized scales: DAS28, PASI, CDAI, were added. Present economic activity (% of workers), presenteeism (time lost due to inefficient work), absenteeism (time of temporal absence caused by disease) and OWI ratios were calculated for each diagnostic group separately. RESULTS: Of the three assessed work days, patients in RA had the lowest productivity. Overall, 57% of CD patients and 57% of Ps patients worked for pay. Furthermore, productivity loss measured with OWI was highest in RA group: 43% of work time was lost. It was slightly lower in CD and Ps groups, OWI amounted to 36% and 35% respectively. RA group had the highest absenteeism rate (18%) and also had the lowest presenteeism rate (27%). Ps group had the lowest absenteeism rate (9%) and the highest presenteeism rate (28%). CD group ranked between them with 16% absenteeism rate and 24% presenteeism rate. CONCLUSIONS: RA, CD and Ps all cause productivity loss, each in a different manner. M2W study is a unique national data source for indirect cost analysis for RA, CD and psoriasis.

PMS28
THE ECONOMIC BURDEN ON THE SOCIAL SECURITY SYSTEM PENSIONS FOR MUSCULOSKELETAL DISEASES IN ITALY
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OBJECTIVES: The aim of the study is to estimate the pension costs (social security system in Italy is financed by public expenditure) induced by patients with musculoskeletal disorders (MD) and specifically for rheumatoid arthritis (RA), ankylosing spondylitis (AS) and psoriatic arthritis (PsA) in Italy, between 2009 and 2012. METHODS: We used the database of the National Institute of Statistics (INEI) for three types of social security benefits: disability benefits, disability pension (for people with reduced work ability) and incapacity pensions (for people without any work ability). A probabilistic model with a Monte Carlo simulation was developed in order to estimate for MD, RA, AS and PsA, the total costs of the three types of benefits. For the estimation of the productivity loss for RA in the 2012, economic data (cost of work day) were collected from the databases of the National Institute of Statistics (ISTAT) and absenteeism data from national literature review (Census, Anmar, SIR, 2008, Learndi 2002; Salaffi 2005). RESULTS: The model estimated a total cost of €31,513,554 +/− €3,079,987 in the 2009 and €301,248,287 +/− €3,079,987 in the 2012 for the disability benefits, €11,163,392 ± €3,047,946 in the 2009 and €10,560,866 ± €3,079,987 in the 2012 for the incapacity pensions and €136,473,625 ± €14,417,893 in the 2009 and €123,608,660 ± €13,734,418 in the 2012 for the disability pensions. The productivity loss for RA in the 2012 amounted to €1,145,377,593 ± €100,396,928. CONCLUSIONS: The most important indirect costs in Italy in 2012 was represented by disability benefits (68% of the total cost), followed by disability pensions (30% of total indirect cost). A better prescription appropriateness and rapid access to innovative treatments (Italy, among the EU Countries, is the one with the greatest delay in access) would reduce the costs incurred by the social security system accompanied by an improvement in the effectiveness of interventions.

PMS29
OBJECTIVE: DRUG THERAPY FOR ANKYLOSING SPONDYLITIS IN THE BRAZILIAN PUBLIC HEALTH SYSTEM
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OBJECTIVES: To investigate both clinical effects and costs of acupuncture under randomized controlled trials performed in other European countries. A large-scale multicenter prospective observational study was performed. All patients received regular acupuncture treatments in accordance with the doctors’ discretion. The clinical effects were measured by condition-specific outcomes and preference-based outcome. In terms of cost analysis, the cumulative resource use for each treatment was collected during each study period and direct patient data using the self-reported health care utilization questionnaires were used. RESULTS: A total of 105 patients were finally analyzed. Significant improvement in condition-specific outcomes and preference-based outcome was observed. The average of approximately $134 per patient was reported for direct medical costs in each clinic for one month (85 sessions) and $213 for three months (13.5 sessions). Other medical expenses related to CLBP were reduced during the acupuncture treatment. CONCLUSIONS: Acupuncture to manage CLBP in general clinical practice in Korea, inexpensive improved pain, functional disability, and quality of life. The study results are meaningful and consistent with the results of recent randomized controlled trials performed in other European countries.

PMS30
A PROSPECTIVE OBSERVATIONAL STUDY FOR EVALUATING THE COSTS AND CLINICAL EFFECTS OF PATIENTS WITH CHRONIC LOW BACK PAIN
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OBJECTIVES: To investigate all clinical effects and costs of acupuncture for patients with chronic low back pain (CLBP) in Korea. METHODS: A multicenter prospective observational study was performed. Outpatients with CLBP who received at least one acupuncture session in a Korean medicine clinic during the study period were included and followed up for 3 months. All patients received regular acupuncture treatments in accordance with the doctors’ discretion. The clinical effects were measured by condition-specific outcomes and preference-based outcome. In terms of cost analysis, the cumulative resource use for each treatment was collected during each study period and direct patient data using the self-reported health care utilization questionnaires were used. RESULTS: A total of 105 patients were finally analyzed. Significant improvement in condition-specific outcomes and preference-based outcome was observed. The average of approximately $134 per patient was reported for direct medical costs in each clinic for one month (85 sessions) and $213 for three months (13.5 sessions). Other medical expenses related to CLBP were reduced during the acupuncture treatment. CONCLUSIONS: Acupuncture to manage CLBP in general clinical practice in Korea, inexpensive improved pain, functional disability, and quality of life. The study results are meaningful and consistent with the results of recent randomized controlled trials performed in other European countries.