Lumbar spinal stenosis (LSS) occurs as a degeneration of the spine in aging populations. Treatment options comprise surgical and non-surgical interventions. The aim of this study was to compare annual costs between LSS patients treated with instrumental spinal surgery (ISS) and those non-surgically treated.

**METHODS:** A retrospective claims data analysis was conducted using anonymized claims data from the Health Risk Institute research database. The study period comprised 01 January 2009 to 31 December 2011. All ISS patients receiving an inpatient operation were compared to an age and gender matched non-operated control group with comparable disease state. Patients were identified by ICD-10-GM code M48.0* in the inpatient setting and procedure codes (OPS) were used to identify ISS. Comparable disease state was achieved by matching total costs in an individual period of 12 months before the first ISS caused hospitalization. Annual costs after surgical treatment were compared for LSS patients receiving ISS and those with no surgical intervention. Nevertheless, cost savings were already observed in pharmaceutical intervention. The aim of this study was to compare annual costs between LSS patients receiving ISS and those with no surgical intervention. Mean annual costs were 18,458 higher in the ISS-treated group, clearly due to average ISS-cost of €9,644. In contrast, costs for outpatient care and pharmaceuticals decrease after the surgery. **CONCLUSIONS:** Surgical treatment for LSS patients is cost-saving in the first year after surgery. A cost offset is not achievable in this period due to the high cost of the surgical intervention. Nevertheless, cost savings were already observed in pharmaceutical therapy and outpatient care. Further research is needed to determine if overall cost savings could be achieved in an extended timeframe.

**PMS19 COST PER RESPONDER FOR APREMILAST VERSUS ETANERCEPT AND ADA LUMINAB IN PATIENTS WITH ACTIVE PSORIATIC ARTHRITIS**  
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**OBJECTIVES:** The purpose of this study was to estimate the annual costs and the associated amount. That figure was then used in order to assess the value of unpaid caregiver. The expected high increase in incidence and costs of osteoporotic fractures calls for a wider use of prevention and treatment options. **RESULTS:** Of all registered fractures 32% could be attributed to osteoporosis. In women this percentage was larger than in men (36 versus 21%). This resulted in an incidence for all osteoporotic fractures of 964 per 100,000 women and 245 per 100,000 in men. Over time (2010-2010) the overall increase in incidence of osteoporotic fractures was 40% (scenario 1). The increase in hip fractures ranged from 60% (scenario 1) to 79% (scenario 2). In 2010 approximately 200 million Euros was spend on treat osteoporotic fractures. The costs for osteoporotic fractures increased from 50% from 2000 to 2010. Hip fractures were the highest, ranging from 60% (scenario 1) to 148% (scenario 3/4 combined), resulting in cost estimates in 2030 of 161 and 249 million, respectively. Prescriptions in general practice are still the most frequent treatments, but also lead to cost-savings of 92 million in 2030 (scenario 4 and 1 combined). **CONCLUSIONS:** The expected high increase in incidence and costs of osteoporotic fractures calls for a wider use of prevention and treatment options.

**PMS23 BURDEN OF DISEASE ANALYSIS OF ANKYLosing SPONDYLITIS IN HUNGARY**  
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**OBJECTIVES:** Ankylosing spondylitis (AS) entails an individual burden to patients and ties resources. This study aimed to assess the total costs of AS, including the indirect burden of AS patients in Hungary and to obtain an overview of patients’ status, demographics, morbidity, working capacity and other characteristics. **METHODS:** Between March 30th, a telephone questionnaire survey was conducted among AS patients, which was filled out voluntarily and anonymously. Missing data was not imputed in the analysis; considered patient number is presented next to results if lower than total patient numbers. **RESULTS:** 152 patients completed the questionnaire, of which 37% were women. Mean age was 51 years (Standard Deviation [SD] 13 years) and average disease duration was 17 years (SD: 12 years). At primary diagnosis of AS, 80% of patients had a full-time job, 2% a part-time job, and 18% were not in disability pension, and only 2% were on long-term care. 8% of patients worked full-time, 1% part-time, and the proportion of disability pensioners increased to 42%. Cost calculation results showed that the average annual cost per AS patient was €11,100. Within this time period, medical cost was over €976 and average annual indirect cost per patient was approximately 3,129 € (145 patients). Wage loss due to disability pension generated the highest average annual indirect cost per patient (3,290 – 124 patients). In the working age population (18 – 64 years), total average cost per patient was 5,996 €. **CONCLUSIONS:** Due to their disease, AS patients can become partially or completely disabled, which imposes a significant burden directly on their environment and indirectly to society. Average costs were associated with disease duration. Patients may already be driven out from the labour market in their active