

sobre os medicamentos e reações adversas, comorbidades, atividade das condições reumatológicas e avaliação da qualidade de vida. Para avaliação da qualidade de vida foi utilizado o HAQ (Health Assessment Questionary), e o EuroQol 5-D (EQ-5D) um instrumento genérico de medida de qualidade de vida. **RESULTADOS:** Foram entrevistados 204 pacientes ao todo. Desses, 70,2% tinham diagnóstico de AR, 11,7% AP e 18% EA. Aproximadamente 74,8% eram do sexo feminino. A média de idade foi de 50,71 anos (DP 13,52). O tempo médio com diagnóstico da doença foi de 119,56 meses (DP=102,54). A maioria, 67,8%, utilizou adalimumabe, 25% etanercept e 7,2% infliximabe. O valor médio do EQ-5D foi de 0,6247 (DP=0,178) no total dos pacientes. Para os pacientes com AR a média do EQ-5D foi 0,6238 (DP=0,179), para EA 0,6579 (DP=0,178) e para AP 0,5790 (DP=0,169). **CONCLUSÕES:** população predominantemente do sexo feminino e com uma média de idade de cerca de 51 anos. No geral, o score do EQ-5D foi considerado moderado e, dentre as doenças, a que apresentou score menor foi a AP.

MUSCULAR-SKELETAL DISORDERS – Health Care Use & Policy Studies

PMS21

DESCRIPCIÓN DE UNA COHORTE DE PACIENTES CON ARTRITIS REUMATOIDE TRATADOS CON ETANERCEPT (ENBREL®) DENTRO DE UN PROGRAMA DE ATENCIÓN EN UN CENTRO ESPECIALIZADO EN COLOMBIA

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OBJETIVOS: La Artritis Reumatoide (AR) es una enfermedad articular inflamatoria que afecta al 0,5-1,0% de la población adulta mundial. El objetivo de este estudio es realizar un análisis descriptivo de la actividad de la enfermedad (DAS28), calidad de vida (HAQ – Health Assessment Questionnaire) y depresión (escala de Zung), tras un año de seguimiento del programa de gerenciamiento de la enfermedad "Evaluación día" para pacientes con AR que iniciaron tratamiento con Etanercept (Enbrel®) en la Institución Prestadora de Salud Riesgo de fractura S.A-CAYRE en Bogotá, Colombia. **METODOLOGÍAS:** En el programa se incluyeron 91 pacientes colombianos con AR que iniciaron tratamiento con Enbrel®, tuvieron 4 visitas de seguimiento durante un año; como parte del manejo integral de la enfermedad se incluyeron paraclínicos, evaluación por reumatólogo, psicólogo, terapeutas y clinimetría (DAS28, HAQ y Zung entre otras). Un total de 52 pacientes (57,14%) cumplieron criterios de inclusión para el análisis, con una edad promedio de 53,5 años y evolución promedio de la enfermedad de 12,2 años. **RESULTADOS:** Al año, 25% de los pacientes alcanzó el porcentaje de remisión DAS28 con una reducción de 52,9% en alta actividad entre la visita de ingreso y la última visita; 19 pacientes (37,5%) presentaron una reducción >1,2 del DAS28 respecto al inicio del tratamiento. El HAQ inicial promedio fue 1,07 y mejoró al disminuir a 0,96 en el último control. Al inicio 33,3% de los pacientes tenían algún grado de depresión mayor (Zung) y al año de la observación disminuyó a 21,9%. **CONCLUSIONES:** Los resultados obtenidos nos permiten inferir que Enbrel® afecta de manera positiva la evolución de AR en un programa de gerenciamiento de la enfermedad. Es importante contar con la descripción de programas de gerenciamiento de la enfermedad, con el fin de tener data propia de AR en Colombia y brindar el manejo integral que requieren las enfermedades crónicas.

PMS22

BARRIERS OF ACCESS TO ELECTIVE ORTHOPEDIC PROCEDURES IN RIO DE JANEIRO, BRAZIL

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OBJECTIVES: Currently, in Rio de Janeiro state, barriers to patient care who require elective surgical procedures in orthopedics are found, thus many patients remain long periods on hold until the attendance. This study aims to analyze the frequency of hospitalization procedures (HP), total in-hospital cost (IC), and total number of in-hospital days (ID) related to orthopedic elective procedures in Rio de Janeiro state, Brazil, from the public perspective in order to identify potential barriers of access. **METHODS:** Orthopedic procedures that require hospitalization were selected from the public official hospital information system, for the year 2011. These procedures were separated into elective or urgent according to treatment indication, and validated by an expert panel. Costs are expressed in 2012 Brazilian Real (BRL). A public secondary database was accessed to evaluate HP, IC, and ID separated by cities. **RESULTS:** Rio de Janeiro state is composed by 92 municipalities. Total population consists of 15,989,929 inhabitants, and 6,320,446 (39.53%) live in the capital (Rio de Janeiro city). In 2011, 18,564 elective HP were performed, with a total IC of 21,977,085 BRL, and 145,295 ID. Data from the capital show 10,724 elective HP, total IC of 14,399,281 BRL, and 98,458 ID, which represent 57.77%, 65.52%, and 67.76% of the state, respectively. When only urgency procedures were analyzed, these rates fell to 43.73%, 46.46%, and 49.35%, respectively. **CONCLUSIONS:** Hospitalizations for elective orthopedic procedures in Rio de Janeiro state do not present homogeneous distribution among municipalities. The capital houses less than 40% of total population and accounts for more than 65% of costs and in-hospital days. Data suggest that municipalities are able to absorb urgency occurrences, but not elective ones, creating difficulties for the treatment of patients in need of elective procedures. Decentralization of care may be able to reduce such barriers.

PMS23

DRIVING AFTER DRINKING: HOSPITALIZATION, MORTALITY RATE, AND COSTS PRE AND POST PROHIBITION IN RIO DE JANEIRO, BRAZIL

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OBJECTIVES: In Rio de Janeiro, the prohibition on driving after drinking alcoholic beverage began on March 19th 2009. Media has reported since then a decrease in the number of vehicle accidents. A study on hospitalization profile and costs was developed from the public perspective to compare pre and post beginning of prohibition periods. **METHODS:** A public secondary database was accessed to evaluate three periods: pre prohibition (PRE; April 2008 to March 2009); first (FAP; April 2009 to March 2010) and second (SAP; April 2011 to March 2012) years after prohibition. For each period, number of hospitalizations, related costs and mortality rate were evaluated. Costs are presented in 2012 Brazilian Real (BRL). Filters for city (Rio de Janeiro), and group (external causes – transport accidents) were applied. No limits for procedure type, ICD-10 or patient's age were used. **RESULTS:** In FAP and SAP, total number of hospitalizations related to transport accidents showed a discrete decrease (4,485 and 4,729, respectively) when compared to PRE number (4,783). However, hospitalization costs showed a small increase in FAP (5,812,999BRL; mean cost per patient: 1,296BRL) and SAP (6,596,924BRL; mean cost per patient: 1,398BRL), when compared to PRE (5,677,670BRL; mean cost per patient: 1,187BRL). Mortality rate, as well as absolute number of deaths has decreased in FAP (165; rate: 3.7) and SAP (211; rate: 4.5) if compared to PRE (224; rate: 4.7). Surgical treatment of tibia fracture was the most impacting procedure in number of hospitalizations (294; 246; and 255 for PRE, FAP and SAP, respectively), and two most impacting cost disease were surgical treatment of politrauma (956,435BRL; 1,190,927BRL; 1,491,951BRL), and surgical treatment of tibia fracture (475,117BRL; 396,793BRL; 391,756BRL), for all three studied periods. **CONCLUSIONS:** No significant impact in costs were observed after prohibition on driving after drinking alcohol. Absolute number of hospitalizations and mortality rate showed a discrete fall.

PMS24

ESTIMACIÓN DE LA PREVALENCIA DE ARTRITIS REUMATOIDE EN MÉXICO

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OBJETIVOS: Estimar la prevalencia de artritis reumatoide (AR) en adultos en México durante el año 2009. **METODOLOGÍAS:** Se estimó la prevalencia de pacientes con AR en México, basada en los registros de casos nuevos (consulta de especialidad en segundo nivel de atención de primera vez y subsecuente) de la base de datos de la Secretaría de Salud (datos de 2009, clasificación CIE-10). Se excluyeron los casos reportados en consulta familiar ya que de acuerdo a guías de práctica clínica, el diagnóstico de artritis reumatoide requiere de validación por parte de un reumatólogo. La estructura poblacional se extrajo de fuentes gubernamentales oficiales. Los datos fueron analizados con el software DISMOD II para generar estimados consistentes de los parámetros epidemiológicos de la AR. **RESULTADOS:** La prevalencia estimada de AR para el año 2009 fue de 0.8% de la población adulta, equivalente a 879,776 personas. La prevalencia estimada por género fue de 0.7% en hombres y de 0.9% en mujeres. De acuerdo a la edad, la prevalencia se acentúa después de los 45 años. Según el grado de discapacidad 10% de los casos se consideraron como enfermedad severa, 60% AR moderada y 30% AR leve. El 97% de los pacientes recibió atención médica institucional: 49% derechohabientes de empresas privadas, 36% del Seguro Popular, 9% trabajadores del gobierno federal, 2% trabajadores petroleros y fuerzas armadas y 1% trabajadores de gobiernos estatales. **CONCLUSIONES:** La prevalencia estimada para México es consistente con lo reportado a nivel internacional. El número estimado de casos por sexo, edad y severidad pueden emplearse como base para diseñar políticas específicas, así como gestionar estrategias de atención y realizar la planificación de los recursos necesarios para atender a esta población.

PMS25

UNMET NEEDS AND BIOLOGIC USE AMONG PATIENTS WITH RHEUMATOID ARTHRITIS IN BRAZIL

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OBJECTIVES: Despite their availability, it is unclear the extent to which biologic treatments are being used in Brazil. The current study assessed the unmet needs of patients with rheumatoid arthritis (RA) in Brazil and the degree to which biologic treatments are currently used. **METHODS:** Data were obtained from the Brazil 2011 and 2012 National Health and Wellness Surveys (NHWS; N=24,000). The Brazil NHWS is a self-reported nationally representative patient survey of the adult population (aged 18+), weighted to correct for any socioeconomic sampling bias. Respondents in NHWS who reported a diagnosis of RA (n=137) were examined with respect to their sociodemographics, current treatments, health outcomes (e.g., Short Form 12v2), and biologic-related attitudes. Differences in health outcomes as a function of severity were examined using general linear models. **RESULTS:** Patients with RA were mostly female (59.12%) and had a mean age of (43.76 years). 36.50%, 43.07%, and 20.44% of patients were mild, moderate, and severe, respectively. Mean levels of physical health status decreased as severity increased (Mild=45.12; Moderate=41.50; Severe=38.49, p<.05). All severity levels were significantly lower than the population norm of 50 (ps<.05). Similar effects were observed for other health outcomes. Despite these unmet needs, only 60.92% of moderate-to-severe patients were currently being treated with a prescription medication and only 6.90% were using biologic therapy. Post-hoc analyses examined potential reasons for low biologic uptake among moderate-to-severe patients including significantly poorer access (20.27% of RA patients vs. 27.74% of non-RA patients had monthly household incomes above R\$10,000) and attitudinal factors (29.33% reported a fear/strong fear of needles). **CONCLUSIONS:** Our analyses suggest significant decrements in health outcomes among patients with RA in Brazil and poor uptake in biologic therapies. Although future research would need to more directly test our hypotheses, preliminary analyses suggest that poor access and attitudinal factors may play a role.