hospital admissions. RESULTS: The study cohort included 36,914 patients (GOLD A: 23,400%, GOLD B: 18.1%, GOLD D: 27.0%). Average age at diagnosis was 66 years, 52.0% were male. Annual exacerbation rates increased with severity of COPD, ranging from GOLD A 0.83 (95% CI: 0.81–0.85) to GOLD D 2.51 (95% CI: 2.47–2.55) exacerbations per person-year (PPY). Annual rates of GP visits also increased with severity from GOLD A 4.82 (95% CI: 4.74–4.93) to GOLD D 7.44 (95% CI: 7.31–7.61) visits GP. COPD-related hospitalisations increased with symptom severity from less (GOLD A: 0.28, GOLD C: 0.39 admissions PPY) to more severe (GOLD D: 0.94 admissions PPY). No differences were observed across severity groups in non-COPD hospitalisations. CONCLUSIONS: Patients in the most severe category (GOLD D) experienced nearly three times the number of exacerbations and COPD-related hospital admissions as those in the least severe category (GOLD A). Management of COPD disease progression could be beneficial for reducing exacerbation frequency and healthcare resource utilisation.

PRS76 RELIABILITY OF MANUFACTURERS’ BUDGET IMPACT ESTIMATES FOR ELIMINATION DIET IN PATIENTS WITH ALLERGY TO COW’S MILK IN POLAND Tatar T1, Iwanowicz T1, Zawodnik S1, Siłwiencki A1, Brzozowska M1, 1Agency for Health Technology Assessment and Tariiff System in Poland (AOTMiT), Warszaw, Poland, 2Medical University of Lodz, Lodz, Poland OBJECTIVES: To compare the total value of payer’s expenditures on Nutramigen LGG 1, Nutramigen LGG 2, Neocate LCP, Neocate Advance in patients with allergy to cow’s milk protein estimated in the manufacturers’ Budget Impact Analyses (BIAs) submitted with the reimbursement applications to AOTMiT and actual expenditures of the National Health Fund (NHF). METHODS: The expenditures estimated in manufacturers’ BIAs for Nutramigen LGG 1/2, Neocate LCP/Advance and actual expenditures reported by the NHF were compared. RSSs were not taken into account. Analysed drugs were chosen on the basis of the same indication. Actual expenditures and number of package were taken from the financial reports of the NHF for the first and second year of the reimbursement for each drug. RESULTS: For drugs Nutramigen LGG 1 and Neocate LCP/Advance in patients who consume cow’s milk, the sum of total expenditures estimated in BIA submitted with the reimbursement applications was 55,158 million PLN in the first year and 57,637 million PLN in the second year, and they were higher than the actual expenditures reported by the NHF. The expenditures estimated in BIAs were overestimated by 939% in the first year and 55% in the second year. The number of reimbursed packages estimated in BIAs in comparison to its actual number from the NHF reports was overestimated by 202% in the first year and 45% in the second year of reimbursement. CONCLUSIONS: In the case of drugs chosen for this analysis, total payer’s expenditures estimated in BIAs submitted with the reimbursement applications were overestimated in comparison to the real life expenditures of the NHF in Poland.

PRS77 RESOURCES USE AND HEALTH CARE COSTS OF COPD PATIENTS AT THE END OF LIFE: A SYSTEMATIC REVIEW Faux K1, de Paepe H1, Vandenplas’ Y1, 1University of Ghent, Ghent, Belgium, 2Vrije Universiteit Brussel, Brussels, Belgium OBJECTIVES: Patients with COPD in their final months of life place a potentially heavy strain on healthcare resources. The aim of this systematic review was to describe the resources used and incurred by patients with COPD at the end-of-life. METHODS: We performed a comprehensive literature search in Medline, Embase, Cochrane database and Cochrane library and evaluated and analyzed existing systematic reviews on the resource use and costs at the end-of-life in COPD patients. We screened 886 abstracts and reviewed 80 full-text manuscripts. Inclusion criteria were at least one type of resource use and/or cost outcome reported in adults diagnosed with COPD during an end-of-life period (varying between 3 years and 2 weeks before death). Subsequently, we performed quality appraisal consistent with the ISPOR checklist for retrospective database studies and accomplished comprehensive data extraction. RESULTS: Nine studies fulfilled the inclusion criteria. Two, five and two studies described a European, North American and Asian healthcare setting, respectively. All studies had a retrospective design and were published between 2006 and 2014. We observed a very variable use of healthcare resources. An increased number of hospitalizations, ICU stay, primary care consultations and medication prescriptions and a lack of utilization of formal palliative care services were found to be the key drivers of resource use and costs of COPD patients during end-of-life. Palliative care also had a positive impact on costs in those patients. CONCLUSIONS: Despite a small number of existing studies, we found that the extensive and variable resource use and related costs of COPD patients during end-of-life applies to different aspects of the healthcare system. Especially the use of palliative care services is presumed to be effective in cost reduction at the end-of-life.

PRS78 SYSTEMATIC REVIEW ON THE CORRELATION BETWEEN LUNG FUNCTION OR EOSINOPHIL LEVELS AND HEALTH CARE RESOURCE UTILIZATION IN ASTHMA Lachaine JJ1, Bibau J1, Castonguay A1, Piché-Richard V1, Barakat S1, 1Université de Montréal, QC, Canada, 2Université de Sherbrooke, Québec, QC, Canada OBJECTIVES: Asthma is a very common chronic disease that can cause a significant economic burden. The objective of this review was to explore the evidence on the possible correlation between lung function or eosinophil levels and resource utilization in asthma patients. METHODS: A literature search was made using keywords such as “asthma”, “eosinophil”, “respiratory function”, “resources”, and “costs”. The search was conducted in the electronic databases MEDLINE, EMBASE and PubMed from January 2000 to February 10th, 2015. To be eligible, studies had to focus on asthma patients, include pulmonary or eosinophilic measurements, and resource utilisation data. RESULTS: The review allowed retrieving 4,768 studies and 11 fulfilled eligibility criteria. Two articles presented their results in terms of correlation coefficient that were all statistically significant. The first one determined a correlation between FEV1 and inhaled corticosteroids (ICS) use with an R-value of -0.42 and between sputum eosinophils and ICS use with an R-value of 0.3. The second article evaluated lung function and hospitalizations and concluded to a correlation with an R-value of -0.51. A total of 9 articles presented raw data that could be used to establish a correlation between lung function or eosinophil levels and resource utilization. Seven studies presented raw data that indicate an inverse correlation between FEV1 and hospitalizations with decreased hospitalization rates, when FEV1 increases. Three studies indicate decreased emergency department visit rates when FEV1 increases. Two studies also indicate an increased emergency department visit rates, when sputum eosinophil levels increase. CONCLUSIONS: The correlation coefficients found in the systematic review indicate that when lung function improves or sputum eosinophil decreases, the resource utilization decreases. Furthermore, non-weather-related high-resolution weather parameters support this hypothesis and suggest there may be a correlation between emergency department’s visits and blood eosinophil levels.

PRS79 THE OPPORTUNITIES OF INTERNET TECHNOLOGY AND TELEMEDICINE IN INTERACTION BETWEEN DOCTOR AND PATIENT Namazova-Baranova L1, Vishnevski E1, Smirnov V2, Antonova E1, Alekseeva A1, Levin J1, Efendieva K1, Dobrynina E1, Timolova A1, Voznesenskaya N1, Solominova L1, Prumoslava E1, 1Scientific Centre of Children Health, Moscow, Russia OBJECTIVES: The characteristic properties of the modern healthcare system are creating new opportunities in the context of technological capabilities and harmonization of their use in industry. Aim to create new system of telecommunication interaction between doctor and patient – specialized internet portal. METHODS: The study was carried out in 2015 and included two group of children. A control group (CG) in children with severe atopic persistent uncontrolled BA (68% boys, mean age 13.6, basic therapy - 875 mcg fumisone in combination with long-acting β2-agonist and Omalizumab, the average dose - 450 mg / 4 weeks) were included in the project and had no access to the portal (a child was referred to our own personal page). The personal page after entering the own individual login / password allows patient to type in synchronous/asynchronous mode patient condition, therapy adherence and consecutive interactions: firstly, the level of asthma control (ACT- test); remotely – to a question to specialist. Patients with severe BA exacerbations, who were in the intensive care unit, also patients who do not perceive long-term significant decline in respiratory function, had access to the portal and were determined the saturation (SpO2, pulseoximeter) to monitor this indicator and to exclude development of life-threatening conditions. The specialist interface contains information about each patient to evaluate remotely in synchronous/asynchronous mode patient condition, therapy adherence and control of BA. CONCLUSIONS: The results of preliminary analysis of using of this web portal show increase of adherence to prescribed treatment, improving of quality of life, reduction the incidence of exacerbations, that confirms clinical and economic validity of using internet technologies.

PRS80 EFFECTS OF CLINICAL COMPUTING SYSTEMS DURING CONSULTATIONS ON SMOKING CESSATION - EVIDENCE LANDSCAPE FROM RANDOMIZED AND QUASI RANDOMIZED TRIALS Webber AS1, Crofton E2, Elston R2, Waller J1, Cooke M1, 1University of Dundee, Dundee, UK OBJECTIVES: Previous research to determine the effectiveness of web or computer based interventions, designed to reduce smoking have been reported. However, a lacuna regarding the use of these during consultations exists. The objective of this review was to improve understanding of the role of clinical computing systems during consultations on smoking cessation in general dental, medical, and community based practices or hospitals. METHODS: The Cochrane Library, PubMed, ISI Web of Knowledge, EMBASE, and Google Scholar were accessed up to January 2010 using a combination of various Medical Subject Headings and other keywords to retrieve relevant studies not restricted to any geography. Studies were included based on a range of predefined inclusion criteria. Each study was quality scored (0-10) using a validated scoring system. The FRISMA checklist was used as the critical appraisal tool. Pre-developed forms were employed for extracting the data. RESULTS: Five studies fulfilled the selection criteria. A descriptive comparison was drawn between different studies since a meta-analysis was not possible as results for the I2 statistic were approximately 50%, indicating moderate heterogeneity. A comparison of interventions was performed after extracting data from two studies using ExcelTM spread sheads, and presented as a forest plot. Findings indicated positive impact of clinical computing systems in physician consultations in increasing smoking abstinence in patients by 2% in clinical decision support system groups and up to 12 % (tailored letters). CONCLUSIONS: Tailored letters proved more effective when compared to brief advice and CDSS. Multi-faceted approaches involving elements of behavioral sciences, epidemiology, health promotion and health information technologies will be the key for future research.

PRS81 PHYSICIANS’ PRESCRIBING PATTERN FOR TUBERCULOSIS: EVIDENCES FROM COMMUNITY PHARMACIES IN PUNJAB, PAKISTAN Iqbal M1, Iqbal M2, Iqbal M1, Bahari M1, 1Faculty of Pharmacy, Bahauddin Zakariya University, Multan, Pakistan. Department of Clinical Pharmacy, Faculty of Pharmacy, MAHSA University, Selangor, Malaysia, 2Department of Clinical