chronically treated patients could be considered as a positive trend. The project was fully supported by grant No. 103107 from the Charles University Grant Agency.

GREEK NHS CAPACITY CONSTRAINTS REGARDING IV TREATMENT FOR RHEUMATOID ARTHRITIS PATIENTS

Athanassiadou S, Deisi M, Kyriopoulos J
National School of Public Health, Athens, Greece

OBJECTIVES: Intravenous (iv) infusion of biologic agents is a highly effective therapeutic option in treating active Rheumatoid Arthritis (RA) patients. In Greece, it is mandatory that all infusions are administered in a hospital setting, therefore, they are strongly correlated with the system’s capacity in terms of resources. The objective of this study was to assess the capacity of the Greek National Health System (NHS) to deal with the increasing number of RA patients in the public health to meet current and projected demand for the iv treatment of RA patients.

METHODS: Semi-qualitative interviews on the basis of a strictly structured questionnaire were conducted with the Heads of all NHS RA infusion sites, to record available resources (staff, equipment, facilties, etc), service utilisation and ability and projected demand. The questionnaire was externally reviewed and piloted to a small sample before administration. Data were analyzed using SPSSv15.0.

RESULTS: From a total of 31 NHS infusion sites (rheumatology clinics, outpatient departments, pathology clinics, etc), 28 responded (Response Rate 90.3%). On average, 41.6% of Greek NHS RA patients are treated with a biologic agent. 64.2% of respondents stated that available resources are insufficient to meet current demand. The most important constraints in selection order were: space (92.8%), staff (89.2%), equipment (iv-pumps, beds and chairs—44.2%), and working hours (60.7%). A total of 56% of respondents stated that they may decline treatment to patients due to capacity constraints. Overall, respondents estimated that the number of iv patients could be increased by 104% on average, were there no capacity constraints. CONCLUSIONS: An exponential growth of the estimated 40,000 RA patients in Greece, for whom iv biologic treatment in the hospital setting is essential for disease control, may be declined treatment due to constraints in RA-specific resources. Rationalization and reallocation of NHS resources is required to ensure equity in access to effective treatment for all RA patients.

MANAGEMENT AND DIAGNOSIS OF OSTEOPOROTIC VERTEBRAL FRACTURES ACCORDING TO PRIMARY CARE PHYSICIANS

Palma Ruiz M, Conde Espejo P, Amate J, Bouza C
Instituto de Salud Carlos III, Madrid, Spain

OBJECTIVES: Osteoporotic vertebral fractures (OVF) are an important health concern which remain underdiagnosed in 70% cases. According to recent data, approximately 450,000 and 700,000 symptomatic vertebral fractures are diagnosed each year in the EU and in the US, respectively. The aim of this study is to understand the perceptions of primary care physicians (PCP) with regards to diagnosis and management of OVF in their consultations. METHODS: Exploratory design using qualitative methodology. 15 semi-structured interviews, recorded and later transcribed, with PCP between 2006–2007. Subsequently two investigators from the research team carried out the analysis and crosschecked results by identifying categories. RESULTS: Suspected diagnosis of OVF is based on anamnesis, physical examination and a simple X-ray. Physical examination form that this work is not executed systematically and sometimes chronic back pain is not studied in depth. The differential diagnosis is perceived as a complex process, leading to confusion (back pain, osteoarthriti, rheumatoid arthritis and osteoporosis). PCP agree radiology is useful in detecting vertebral fracture, PCP refer patients to other specialists when they find difficulties reaching a diagnosis (history of fractures, repeated fractures, persistent pain, suspicion of secondary osteoporosis,etc) and also when they are not allowed to carry out a densitometry in their primary care health centre. Regarding this test, participants described a lack of both consensus and shared guidelines in its use. Minimally invasive surgical techniques are not widely known about and their access is irregular even when medical treatments are ineffective. CONCLUSIONS: Some recommendations have recently been proposed for OVF management. This study has identified a mismatch between the proposed recommendations and the ordinary clinical practice, PCP’s diagnosis is influenced by their personal interest in the osteoporosis field, the degree to which they rely on published evidence and the proximity of surgical teams involved in this area.

REAL WORLD DATABASE ANALYSIS: USAGE AND ECONOMIC IMPACT OF ANTI-TNF AS SECOND LINE THERAPY FOR RHEUMATOID ARTHRITIS PATIENTS IN THE PUBLIC HEALTH CARE SECTOR IN BRAZIL

Siqueira MG, Santos EA, Borges LG, Aguiar R
Instituto Globe, Brazil

OBJECTIVES: To assess the capacity of the Brazilian National Health System (SUS) to deal with the increasing number of RA patients in the public health care sector in Brazil. To calculate the economic impact of rituximab as second line therapy for RA patients, we performed a study using data from the Administrative Database of the Brazilian Social Security (DATASUS - http://portal.saude.gov.br/bms), the government official source. RESULTS: The use of anti-TNFs as second line therapy for RA patients in the public health sector in Brazil is a reality with a growing trend in Brazil. The use of rituximab, as a replacement of a second anti-TNF agent for RA patients, has the potential of offering savings of around R$2.5 million for the public health care sector. CONCLUSIONS: The use of rituximab, as a replacement for anti-TNFs as second line therapy for RA patients, could increase the clinical benefits for RA patients and bring savings of about R$2.5 million for Brazilian public health care system.

ARE THE ADMINISTRATIVE DATABASE A STRATEGIC TOOL IN DECISION MAKING? CASE STUDY: RHEUMATOID ARTHRITIS IN PIEMONTE REGION

Reggiani DP, Berti V, Canepino LC
1University of Piemonte Orientale, Novara, Novara, Italy 2Assessorato Tutela Salute e Sanità – regione Piemont, Torino, Italy

OBJECTIVES: The aim of this study was to evaluate retrospectively the average annual direct costs of treating patients affected by rheumatoid arthritis (RA) with and without anti-TNFs. METHODS: Resource use, direct medical costs of patients with a diagnosis for RA were estimated using year 2007 data from the administrative database of Piemont Region (4,491,266 inhabitants). Patients affected by RA were divided in two sub-groups: with Regional Health Service (RHS) reimbursement tariffs and without reimbursement tariffs. RESULTS: Mean age in the WoE group was 58.54 while in the WE group it was 66.50. Distribution by age class showed that patients younger than 46 years were about 19% of the WoE group and about 5.3% of WE patients; patients older than 65 years were more frequent in the WE population (38% vs. 38%, respectively). Annual average cost of treatment per patient amounted to €18,252.82 for WoE patients and to €35,872.42 in WE patients. Drug cost amounted to 53% of total cost for WoE patients and to 44% in WE patients; hospitalization costs amounted to 24.9% of total cost for WoE patients and to 34% for WE patients; day hospital and diagnostic procedures amounted to around 7% and 15% respectively in both groups. CONCLUSIONS: The analysis of a large database showed that patients with RA are frequently affected by other important chronic pathologies and that patients affected by RA and WeH: have an annual RHS cost 40% lower than patients affected by RA and WE.

FACTORS INFLUENCING REIMBURSEMENT AND PRESCRIPTION DECISIONS ON THE RHEUMATOID ARTHRITIS MARKET IN GERMANY, FRANCE AND UK

Igln Y, Preguiccolo Wittes M
1PM Health, Frankfurt, Germany, 2PM Health, London, UK

OBJECTIVES: There is a growing emphasis in understanding reimbursement decisions of rheumatoid arthritis (RA) patients. In this study, we assessed the capacity of the German National Health Service (GHS) to reimburse patients affected by RA and compared the results. Drug costs were obtained from ‘Banco de Preços em Saúde’ (http://portal.saude.gov.br/bps), the government official source. RESULTS: The use of anti-TNFs as second line therapy for RA patients in the public health sector in Brazil is a reality with a growing trend in Brazil. The use of rituximab, as a replacement of a second anti-TNF agent for RA patients, has the potential of offering savings of around R$2.5 million for the public health care sector. CONCLUSIONS: The use of rituximab, as a replacement for anti-TNFs as second line therapy for RA patients, could increase the clinical benefits for RA patients and bring savings of about R$2.5 million for Brazilian public health care system.