PM37 REDUCTION IN C-REACTIVE PROTEIN WITH BIOLOGIC DRUGS IN RHEUMATOID ARTHRITIS AND SPONDYLITIS PATIENTS IN GERMAN RHEUMATOLOGIST PRACTICES
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OBJECTIVES: To compare the effect of different biologic drugs in patients with rheumatoid arthritis (RA) or spondyloarthritis (SpA) in different practice settings. METHODS: The study included 2,554 biologic drug-naive patients with RA and 488 patients with SpA, treated in 153 rheumatologist practices in Germany. The drugs were divided into 4 groups: anti-TNF, anti-IL17, IL6R and Anti-CD20. RESULTS: Reductions in CRP, ESR and TJC were observed in both groups treated with anti-TNFs, IL6R and Anti-CD20. However, only in the group treated with anti-IL17, the observed improvements were statistically significant. CONCLUSIONS: The results suggest that biologic drugs, especially anti-IL17, have the potential to reduce inflammation and improve health-related quality of life in patients with RA and SpA.

PM38 CLINICAL EVALUATION OF AMRITADI GUGGLU AND MANDOORA BHASSA IN OSTEOARTHRITIS PATIENTS
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OBJECTIVES: To compare the combined effect of Amritadi Guggulu and Mandoora Bhassha with Trimodak Guggulu and Mandoora Bhassha with Treadyashadanga Guggulu in osteoarthritis patients. METHODS: A randomized single blind clinical study with pre-test and post-test design was adopted where the patients were given treatment for a period of one month with follow-up. The inclusion criterion of the patients includes Osteoarthritis of knee joints, age group between 50-60 years, female gender and irrespective of occupation and habitat. A total 307 patients of osteoarthritis of knee joint were selected from out-patient departments of Manipal Institute of Ayurveda Hospital, Manipal and grouped into A and B 153 and 154. Group A is given Amritadi Guggulu and Mandoora Bhassha and Group B is given Treadyashadanga Guggulu. There were 4 muscle stretching tests represented (p<0.001). The level of pain decreased significantly (p<0.001) in group A. The study reports that there was a significant improvement in the pain and functional index (p<0.001). The study concludes that Amritadi Guggulu and Mandoora Bhassha is an effective treatment for osteoarthritis.

PM39 THE EFFECT OF Szigetvár THERMAL WATER ON QUALITY OF LIFE OF PATIENTS WITH RHEUMATIC DISEASES
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OBJECTIVES: The thermal water of the City of Szigetvár, discovered in 1666, has a temperature of 62°C when it reaches the surface and contains alkali-bicarbonate with sodium chloride. The main objective is to evaluate the potential improvement in the quality of life and the effect of the thermal water as compared to warm tap water (placebo). It was assumed that the water with organic material content has a therapeutic effect. METHODS: Our research focuses on the therapeutic effect of this thermal water on patients suffering from rheumatic diseases, especially cox- and ganarthrosis, in a double-blind study. Sample size was n=75. The treatment of 5 days/patient is performed in a group of 10-12 patients, with two randomly selected patients in each group. The treatment lasted for 30 minutes each time. Every patient is given tangeron and bath tub treatment altogether 15 times. The methods used for the collection of data include the Visual Analog Scale, physical examination and physical function assessment in the Western Ontario and McMaster Universities Arthritis Index (WOMAC). Data were processed with the Microsoft Office Excel 2003 and Windows SPSS 2.0 softwares, and the results were tested with the Mann-Whitney, the Wilcoxon and the k-squared tests. RESULTS: Our data have shown a significant improvement in ESR (p<0.001), in the muscle stretching tests (p=0.008) and in the degree of pain (p<0.001). The study concludes that thermal water has a positive effect on the quality of life and the overall health status of patients suffering from rheumatic diseases in knee extension.

PM301 EFFICACY OF SURGICAL VS. NON-SURGICAL TREATMENT OF CARPAL TUNNEL SYNDROME (CTS): A SYSTEMATIC REVIEW
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OBJECTIVES: To conduct a systematic review to compare the efficacy of surgical versus non-surgical treatment of carpal tunnel syndrome (CTS). METHODS: We searched Embase, Medline & Cochrane databases from January 2000 to June 2015 and included all randomized controlled trials comparing any surgical versus non-surgical therapies in patients with CTS. Two authors independently assessed the eligibility of the trials and performed all the necessary steps of a systematic review. A qualitative analysis of the results was done. RESULTS: From the 112 studies retrieved, five studies reached the stage of data extraction. Three studies compared decompressive surgery with local steroid injection, one study compared surgical versus non-surgical (hand therapy and ultrasound) and the last study compared surgical versus brachial plexus blocks. The studies included 50 patients, 116 patients and 176 patients. The study with 50 patients reported that at 20 weeks patients who underwent surgery had greater symptomatic improvement than those who were injected with steroids. The mean improvement in GSS after 20 and 26 weeks was 28.6 and 29.0 (p<0.001). Similarly, the other two trials comparing surgery with steroid injection reported that surgery has additional benefits in improving CTS. The trial comparing surgery with splinting reported a success rate of 90% with surgery as compared to 75% with splinting. The trial with surgery versus non-surgery revealed a significant 12-month adjusted advantage for surgery in function (CTSA function score: Delta -0.40, 95% CI 11.55 to 11.95, p=0.008) and symptoms (CTSA symptom score: 0.34, 0.05 to 0.65, p=0.0357). CONCLUSIONS: Surgical treatment of CTS is significantly better compared to non-surgical treatment. Further, the surgical treatment was a better option as compared to local steroid injections and splinting.

PM310 USING ACTIVE TECHNIQUES TO HANDLE CHRONIC LOW BACK PAIN CAUSED BY SEGMENTAL SPINE MUSCLES
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OBJECTIVES: Chronic low back pain (CLBP) is a key issue for health care and society. The purpose of this study was to evaluate the efficacy of active treatment methods using exercise programming by examining the muscular strength, the range of motion, the muscle-stretching, the pain and the functional development at sedentary workers with CLBP. METHODS: The examination was carried out in Zalaegerszeg in 2014. Thirty patients were involved (30-60y) who had CLBP because of sedentary work for many years. The participants received core stability training and traditional active and passive stretching exercises integrated with myofascial release technique. Data collection included muscle strength and stability tests (DAVID 110.130 and modified plank-tests), lumbar spine range of motion (Zebris-system), muscle stretching (David-conception), pain and functionality (Visual Analog Scale, Roland-Morris Scale) and 5 general health status (physical examination, discharge report, self-made questionnaire). Descriptive statistics, t-test and chi²-test were used (IBM SPSS 19e). RESULTS: The trunk muscle forces (flexors p=0.003, extensors p=0.008) and the modified plank tests (prone and side position p=0.001, supine position p=0.042) showed a significant pain increase compared to the control group (p=0.001). The level of pain decreased significantly (p=0.001), similar to the Roland-Morris Index (p=0.001). The muscle stretching tests represented important improvements (p=0.001). CONCLUSIONS: This study proves that further evidence of the effectiveness of core stabilisation and muscle stretching techniques in CLBP. It would be worthwhile to continue this study involving more patients with long follow-up emphasizing the myofascial release techniques.

PM312 EFFECTIVENESS OF ALLOPURINOL IN ACHIEVING AND SUSTAINING TARGET SERUM URATE: AN ANALYSIS OF A NATIONAL INTEGRATED U.S. HEALTHCARE SYSTEM
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OBJECTIVES: To comprehensively assess as to which patient, comorbidity, physician, system, health care access and disease factors are associated with the ability to achieve and maintain target serum urate (sUA) with allopurinol in patients with gout. METHODS: We used National VA national databases from 2002-2012. Patients were eligible if they had ≥2 outpatient or ≥1 inpatient encounters with an International Classification of Diseases-ninth version (ICD-9) code 274.xx for gout, and met 12-month observability rule. Index allopurinol use was defined as the filling of a new allopurinol prescription with no allopurinol exposure in the previous 121 days. Treatment successes were defined as the achievement of: (1) post-index sUA <6 mg/dL; and (2) post-index sUA <6 mg/dL that was sustained. RESULTS: 41,153 unique patients with 47,072 prescriptions included in analyses of achieving target sUA (success 1) and 17,402 unique patients with 18,323 prescriptions achieving and maintaining target sUA (success 2). In multivariable-adjusted models, the index allopurinol use was defined as the filling of a new allopurinol prescription with no allopurinol exposure in the previous 121 days. Treatment successes were defined as the achievement of: (1) post-index sUA <6 mg/dL; and (2) post-index sUA <6 mg/dL that was sustained. RESULTS: 41,153 unique patients with 47,072 prescriptions included in analyses of achieving target sUA (success 1) and 17,402 unique patients with 18,323 prescriptions achieving and maintaining target sUA (success 2). In multivariable-adjusted models, the index allopurinol use was defined as the filling of a new allopurinol prescription with no allopurinol exposure in the previous 121 days. Treatment successes were defined as the achievement of: (1) post-index sUA <6 mg/dL; and (2) post-index sUA <6 mg/dL that was sustained. RESULTS: 41,153 unique patients with 47,072 prescriptions included in analyses of achieving target sUA (success 1) and 17,402 unique patients with 18,323 prescriptions achieving and maintaining target sUA (success 2).
PM13

THE EFFICACY AND SAFETY OF ABACTEPTA, ADALIMUMAB, ETA Kenepcr and TOCILIZUMAB ARE COMPARABLE IN POLYARTICULAR JUVENILE IDIOPATHIC ARTHRITIS

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OBJECTIVES: For patients with polyarticular juvenile idiopathic arthritis (pJIA), a biologic in indirect comparison demonstrated that abactept, adalimumab, etanercept and tocilizumab are similarly efficacious, as measured by preventing disease flare after response to treatment. The objective of this study was to indirectly assess the efficacy and safety of abactept, adalimumab and etanercept compared to tocilizumab in patients with pJIA. METHODS: There have been no head-to-head trials comparing biological disease modifying anti-rheumatic drugs (bDMARDs) in patients with pJIA. A published systematic review and indirect comparison did not include tocilizumab. Therefore, we conducted a network comparison of the relative efficacy of tocilizumab compared to the other bDMARDs. The definition of pJIA and baseline characteristics of patients in the tocilizumab trial were similar to the trials included in the published study. We also compared the incidence of serious adverse events (SAEs) during the double-blind phase of the trials for each bDMARD versus placebo using Fisher's exact test. RESULTS: The relative risk of preventing disease flare after response to treatment for abactept, adalimumab and etanercept versus tocilizumab in patients with pJIA was 0.71 (95% CI 0.35-1.41), 1.10 (95% CI 0.64-1.91) and 0.65 (95% CI 0.30-1.43), respectively. The incidence of SAEs for each bDMARD was not significantly different when compared to placebo, with abactept, adalimumab, etanercept and tocilizumab showing a rate of 30, 33, 28%.

PM14

A NETWORK METAANALYSIS COMPARING THE EFFICACY OF BILOGICS FOR THE TREATMENT OF EARLY RHEUMATOID ARTHRITIS

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OBJECTIVES: Rheumatoid arthritis (RA) is a chronic disease characterized by inflammation of the synovial tissue leading to joint destruction. The introduction of biologic agents has changed the natural course of RA. Early RA, especially in early RA (ERA), is an appropriate method for economic evaluation of these treatments. 1 Otten MH, Marieb N, Heyns C, Mergl R, Gsponer J, Bader-Meunier B, Bruneau G, Esdaile JM, Mariette X, Kalden JR, van der Heijde D, Ruperto N, Kirwan JR, van de史上e S, Tervaert JW. Ann Rheum Dis 2013;72:1806–1812

RESULTS: From a systematic search of 1,449,745 subjects, with 40,705 (2.7%) patients with Psoriasis/PsA were included. Available, complete and good quality data. Patients with Psoriasis/PsA were collected at the period from January 2001 to September 2012. From the 40,705 patients, 2,988,195 subjects were discharged from ordinary and daily hospitalizations, mainly for skin, connective tissue and cardiovascular (CVD) diseases. CVD evidence a statistically significant difference. References:

PM15

MIXED TREATMENT COMPARISON TO RANK ANTIRHEUMATIC AGENTS IN PREVENTING NEW NON VERTEBRAL FRACTURES IN POSTMENOPAUSAL OSTEOPOROSIS

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OBJECTIVES: Osteoporotic non vertebral fractures (NVF) resulted the more frequent kind of fracture in large population studies, with a severe incidence on annual costs for the health system and an increased risk of death for fractured patients. The burden of fracture is expected to increase with an ageing population. Data from head to head RCT focused on reduction of incidence of non vertebral fracture among available antiresorptive agents are not available. This MTC aims to compare abactept, adalimumab, etanercept, zoledronate and denosumab on completion of preventing osteoporosis NVF in a Bayesian metaanalysis assessing indirect comparisons. METHODS: A systematic review for RCT involving alendronate, zoledronate, risedronate and denosumab was conducted using databases (CENTRAL, CINAHL, Embase, HICME, MEDLINE and PsychINFO). MTC results are reported as the relative risk of response (RR), intended as the capacity of reducing NVF for each antiresorptive agent compared with placebo. RESULTS: Nine RCTs were included. Three trials compared abactept and placebo, two trials adalimumab and placebo, two trials etanercept and placebo, two trials risedronate and placebo, two trials zoledronate and placebo, and one trial for ibandronate and denosumab. Risedronate had the highest probability (72%) of being the most effective treatment, followed by Zolendronate (22%), Denosumab (4,60%) and then alendronate (1%) and ibandronate (0.10%).

PM16

The Start Excursion Balance Test (SEBT) is commonly used to assess the dynamic stability of the trunk and lower extremities in which eight times three (24) trials comparisons are total of 48. There is two ways. The aim of this research is to create a simpler and faster balance test and to compare this with other validated balance tests. METHODS: The study was implemented in August 2014 at the University of Pécs Faculty of Health Sciences of Hungary. 100 healthy ysthe. PLAYERS: There were involved (mean age 14.9 year, mean height: 179 cm). The Dynamic Lateral Balance Test (DLBT) is based on a newly developed methodology and use a simple calliper to measure the values. To assess the strength of the relationship between the specific tests (SEBT, Flamenco Test and DLBT) Pearson correlation coefficients were computed. Statistical significance was established at the level of 0.05 for all analyses, and IBF SPSS, Inc., 20.0 was used. RESULTS: We found moderate correlation between the values of the DLBT and the body height=0.05), therefore we expressed the values correlated with body height(DLBT / body height x 100). There was moderate negative correlation between the values of the Flamenco Test and the DLBT=-0.05, right side: -0.05. There was a moderate positive correlation between the DLBT and the SEBT regarding some directions (p < 0.05), for example: right DLBT – right postmedial: r = 0.48, p = 0.02, left DLBT – left postmedial: r = 0.49, p = 0.02. CONCLUSIONS: The present pilot study confirmed the correlation between the newly developed DLBT and other validated tests; consequently this new test can become a fast, simple and informative solution for testing the dynamic balance.

PM17

HEALTHCARE PATHWAYS AND BURDEN OF DISEASE OF PATIENTS WITH PSORIASIS AND PSORIATIC ARTHRITIS

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OBJECTIVES: To analyse the healthcare profiles of patients by Psoriasis/PsA in the real clinical practice. METHODS: From ARNO Observatory database we carried out a record linkage analysis of disease treatments, prescription and specialist services on 2.988,195 subjects, with available, complete and good quality data. Patients with Psoriasis/PsA were collected at the period from January 2001 to September 2012. In the first period of 5 years, we analyze specific treatments (DMARDs, biological, topical), therapy switches, community and hospital care and their expenditure (mean/patient). RESULTS: Of 2,988,195 subjects, 604,210 (20%) more than 65 years of age (mean age 54,±14,6 years). During the 2-year follow-up non-biological and biological drugs were prescribed respectively to 2,738 (45%) and to 902 (15%) patients. 591 took corticosteroids (systemic and dermatological use), Penicillins and Quinolone anti-bacterials. 950 patients (16%) were discharged from ordinary and daily hospitalizations either for admission to hospital or for treatment of chronic diseases. CVD and Neoplasia (819±ptient/year/2-y follow-up) were between the most expensive causes of ordinary admissions. Psychiatric disorders caused the longest stay in hospital (33,5 mean days/patient). 51,5% of patients received specialist healthcare services (blood count and liver enzymes). Patients treated with biological drugs were more expensive than those treated with DMARDs and topical therapies, for pharmaceuticals, in-hospital and specialist care (7 97±/patient/year of follow up).

PM18

CHARACTERIZATION OF OSTEOPOROSIS IN PORTUGAL - TREATMENT PATTERNS AND REASONS FOR UNDER-TREATMENT AND NON-PERSISTENCE WITH PHARMACOLOGICAL TREATMENTS

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OBJECTIVES: To assess the healthcare profiles of patients with Psoriasis/PsA in the real in-hospital and community Italian settings provided evidence that patients treated with biological therapies are those with a more compromised health that induces high costs on all aspects of their care.