abstraction and who experienced ≥1 cluster within the 12 months prior to the abstractions were eligible. Demographics, comorbidities, and seizure-related medical information including treatments, rescue medication, and resource utilization over a 12-month period were abstracted by the neurologist using a web-based form. Costs were estimated from the literature and converted to 2013 US dollars. RESULTS: 543 patients were included; 436 were collected, the median index age was 45 years and 58.7% were male. In this patient sample, 363 patients were utilizing rescue medication (defined as those who consistently used rescue medication for every seizure cluster) and 96 were under-utilizers (not prescribed or failed to use rescue medication for at least 1 seizure cluster). Utilizers and under-utilizers experienced on average 2.4 and 3.1 seizure clusters, respectively. Compared to utilizers, under-utilizers were more likely to progress to status epilepticus (25.0% vs. 15.4%, p<0.01), an emergency department (56.7% vs. 45.5%, p<0.01), and required hospitalization (41.6% vs. 25.6%, p<0.01). Healthcare costs were significantly higher for under-utilizers than for utilizers ($21,790 vs $13,265, p=0.038) CONCLUSIONS: In this study of adult patients with ≥1 seizure cluster and based on information including treatments, rescue medication and seizure-related healthcare resource use and costs compared to utilizers of rescue medications. Supported by Acorda Therapeutics Inc.

PND70 IMPACT OF WALKING IMPAIRMENT ON HEALTHCARE RESOURCE UTILIZATION IN MULTIPLE SCLEROSIS PATIENTS Liu Y1, Pike J1, Lee A1, Hobbitt C2, Hoskin R1
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OBJECTIVES: Multiple sclerosis (MS) is a chronic, progressive disease. Mobility and walking is often measured by walking speed (WS). The impact of walking impairment on direct and indirect healthcare resource utilisation (HCRU) and costs is unknown. As patients with MS are likely to have walking impairments, it provides important information on burden of MS-related symptoms for healthcare decision makers. This analysis sought to investigate association between WS, measured by 20 meter walk test (25FW), and HCRU; walking-attributable resource utilizations, and associated costs to daily living and financial hardship on the caregivers. Costs associated with informal care were estimated by multiplying number of informal caregiver hours per week by the median wage ($10.10/hour) of a household aide (2013 US). MEAN differences in caregiver burden and costs among individuals with and without PD. RESULTS: The mean caregiver burden was similar among caregivers of individuals with and without PD (2.75 vs. 2.21). Although not statistically significant, the average number of caregiving hours per week for care-recipients with PD was higher (27.51 hours, 95% CI: 14.4-41.2) than those without PD (19.73 hours, 95% CI: 18.3-21.2). The average costs of informal caring for care-recipients with and without PD were approximately $14,448 and $11,355 respectively. Multivariate analyses did not show significant differences in caregiver burden and costs. CONCLUSIONS: No significant differences in caregiver burden and costs were observed among caregivers of individuals with and without PD. Approaches are needed to reduce number of hours of informal caring, which may lead to decrease in overall informal caregiver burden.

PND71 HEALTHCARE RESOURCE UTILIZATION ASSOCIATED WITH DALLFAMPRI DINE EXTENDED RELEASE IN MULTIPLE SCLEROSIS: A RETROSPECTIVE CLAIMS DATABASE STUDY ANAYA1, Kogge S1, Palri SR1, Grabner M1, Elder J2, Aupperle F1, Guo A1
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BACKGROUND: While prior studies have supported clinical and health-related quality-of-life benefits of dalfampridine (D-ER; fampireidine) treatm for persons with multiple sclerosis (MS), quality-of-life benefits of dalfampridine extended release tablets (D-ER; fampireidine) at 10 mg twice daily) in persons with multiple sclerosis (MS), there are limited real-world data on economic benefits as measured by health-care resource utilization. OBJECTIVES: To evaluate healthcare resource utilization associated with D-ER. METHODS: Using the HealthCore Integrated Research DatabaseSM of administrative claims from a large, geographically diverse, US population between 1/1/2009 and 2/28/2013, resource utilization was compared between patients with MS treated with D-ER versus not. Patients aged ≥18 years, with ≥2 pre-index MS-related medical or pharmacy claims and ≥12 months each of pre-index and post-index continuous enrollment, and without prior claims for D-ER and alternate gait-impairing etiologies were included. The D-ER cohort had ≥1 D-ER claim from 1/1/2010 to 2/28/2012, while the cohort not receiving D-ER had ≥1 medical claim(s) with a walking-attributeable code (ICD-9-CM 781.2, 719.7, 781.9, 781.10, 781.11) and no D-ER use; in both cohorts the index date was the earliest relevant date. The cohorts were propensity-score matched on baseline demographics, comorbidities, and resource use prior to 2010 and ≥12 months of continuous enrollment, emergency department (ED), neurologist office, and physical or occupational therapy visits were compared from baseline to 1-year follow-up between cohorts. RESULTS: 195 propensity-score matched patients (479 per cohort) were identified. Walking-attributable outcomes for total hospitalizations, measured as the change (follow-up minus baseline) between those on and not on D-ER were 8 and 31, respectively. Similarly, changes between cohorts in ED visits were −3 and 6, neurologist office visits −2, physical therapy visits −2 and occupational therapy visits −2 respectively. There was a significant difference in utilization changes from baseline to follow-up between cohorts (p<0.05). CONCLUSIONS: Results demonstrated favorable walking-attributable resource utilization outcomes associated with D-ER treatment.