IMPACT OF ACUTE BLEEDING AND ADMINISTRATION OF BYPASSING AGENTS (BPA) ON DAILY ACTIVITIES OF PATIENTS WITH CONGENITAL HEMOPHILIA WITH INHIBITORS (CHW) AND THEIR CAREGIVERS AND FAMILIES: OBSERVATIONS FROM THE DOSING OBSERVATIONAL STUDY IN HEMOPHILIA (DOSE)

Recht M1, Neufeld EJ1, Sharma V1, Cooper DL1, Wilke CT1, Pickard AS2, Gurt R1
1Oregon Health and Science University, Portland, OR, USA, 2Children’s Hospital of Boston, Boston, MA, USA

OBJECTIVES: Patients experience acute bleeding episodes that can be managed with infusions of BPs. The study aims to assess impact of hemorrhages on patient/caregiver daily activities (absenteeism/productivity), and time spent mixing/administering recombinant factor VIIa (rFVIIa). RESULTS: From 52 enrolled patients, 39 patients (75%) completed diaries for a mean of 105.5 days (median: 132.5; range: 1–365); 44% had ≥ 1 bleeding event (median: 3.0; range: 1–12). On bleed days, mixing and administration time were significantly longer compared to non-bleed days (p < 0.0001). The differences were similar for both hemarthroses and muscle bleeds (p < 0.0001 for all). Trends held at a patient level and within hierarchical models (p < 0.0001). CONCLUSIONS: Acute bleeding interferes with patient/caregiver/family activities. However, daily assessment indicated frequent acute bleeds impair QoL beyond patient’s non-bleed day baseline. New approaches are required to assess the cumulative impact of acute bleeds during treatment intervals.

THE VALUE TO PATIENTS OF TREATING PLAQUE PSORIASIS

Hautar A1, Gonzalez IM1, Schenkel B2, Loofd J3, Martin S1
1RTI Health Solutions, Research Triangle Park, NC, USA, 2Johnson & Johnson Pharmaceutical Research & Development, Spring House, PA, USA, 3Centocor Ortho Biotech Services LLC, East Hanover, NJ, USA

OBJECTIVES: To quantify the value to patients of reducing the severity and size of plaque psoriasis (PsO) skin lesions. METHODS: Individuals with a self-reported diagnosis of PsO were recruited from a nationally representative household panel. Individuals completed a web-based choice-format conjoint analysis survey and were
asked to choose between hypothetical treatment pairs in a series of choice questions. Each choice alternative was defined by lesion severity (redness, thickness, and texture), percentage of body surface area (BSA) covered by the lesions, type of treatment (oral, agent, subcutaneous injection, or phototherapy), injection discomfort or pain (if type of treatment included injections), risk of serious infection, and monetary out-of-pocket cost. Preference weights were estimated using mixed logit methods. Conjoint preference weights were used to calculate willingness-to-pay (WTP) for reductions in lesion severity and BSA. RESULTS: A total of 28,200 panel members were invited to participate in the survey. A total of 18,330 individuals responded to the survey, and 503 qualified to participate. A total of 419 PsO patients completed the survey; mean age was 54.5 years and 52% were female; 64% of patients self-reported their PsO severity as mild to mild-to-moderate; 12%, 12%, 7% and 3% of patients self-reported their PsO severity as moderate, moderate to severe, severe, and very severe, respectively. Patients were willing to pay up to $486.73 per month to eliminate severe lesions covering 25% BSA on the arms and legs. Patients were willing to pay $429.78 each month to eliminate severe lesions of 25% BSA on the torso. Patients were willing to pay $444.80 per month to eliminate moderate lesions covering 4% BSA on the face. CONCLUSIONS: Individuals with PsO are willing to pay more than $400 out-of-pocket per month to reduce lesion severity and percentage of BSA covered by the lesions.

IMPACT OF DISEASE ON CAREER CHOICES, ABSENTEEISM, AND WORK LOSSES AMONG INDIVIDUALS WITH PSORIASIS IN THE UNITED STATES

Northey J, Lofland J, Freedman D, Annuati K
Centocor Ortho Biotech Services, LLC, Horsham, PA, USA; Consumer Health Sciences International, Manalapan, NJ, USA; CHS International, Princeton, NJ, USA
OBJECTIVES: To determine impact of disease on career choices, absenteeism, and work loss among individuals with psoriasis (PsO).

METHODS: A nationally representative survey was conducted in Q2 2009 of PsO sufferers. Participants were ≥18 years of age and reported their disease status as mild, moderate, and severe. Career choices and work productivity were assessed. Productivity was measured using the Work Productivity and Activity Impairment (WPAI) scale, which includes absenteeism, presenteeism, work productivity loss, and activity impairment. RESULTS: A total of 1003 patients responded to the survey (mean age was 50 years, 88% were white, and 58% were female). A higher percentage of patients with severe disease (22%) were disabled as compared with the moderate (15%) and mild (12%) groups. A significantly higher proportion of individuals with severe disease (37%) and moderate (14%) reported that PsO has affected their career choice compared to those with mild disease (4%). Similarly, a significantly higher percentage of individuals with severe (31%) and moderate (10%) disease reported that PsO affects their current career choices compared to those with mild disease (3%). Among the employed, on average, PsO sufferers reported a 4% absenteeism rate, 14% presenteeism rate, and 14% productivity loss. Activity impairment, regardless of employment status, was significantly higher for the severe (OR—0.299, CI: 0.160–0.552) and moderate (OR—0.297 CI: 0.160–0.552), but not of major complications (intestinal obstruction and esophageal laceration) is not received. There is insufficient evidence for IGB use on CM such as diabetes, hypertension or sleep apnea for both MOP and SOP. CONCLUSIONS: For MOP there is evidence that the use of IGB does not lead to greater weight loss compared to diet and it increases the risk of minor complications (LE 1b). For SOP there is insufficient evidence to support that the use of IGB before bariatric surgery reduces the conversion rate from laparoscopic to open surgery or the intra-operative complication risks (LE 4). There is a lack of evidence on the impact of IGB use on CM such as diabetes, hypertension or sleep apnea for both MOP and SOP. CONCLUSIONS: For MOP there is evidence that the use of IGB does not lead to greater weight loss compared to diet and it increases the risk of minor complications (LE 1b). For SOP there is insufficient evidence to support the use of IGB as a previous step before gastric bypass surgery. For both, there is a lack of evidence on the impact of IGB on CM.