who used combination therapy (topical corticosteroid and TCI) (68%). Type of health plan, Medicaid eligibility status, number of therapeutic class, comorbidity, hospitalization or not and AD related costs during 12 months before AD medication started were significantly associated with AD medication adherence. Adherence to AD medication was significantly associated with total annual medication care costs (p<0.001) and with AD related costs (p<0.001), adjusted for patient demographic, comorbidity, and healthcare utilization characteristics before AD medication started. CONCLUSIONS: Adherence to topical medication was observed in pediatric AD, and adherence rates differed by the type and combination of AD medication therapy. The detrimental effect of poor adherence on healthcare economic outcome was significant, which implies a need to improve adherence in order to reduce the financial impact of non-adherence. Factors which could contribute to non-adherence and financial burden need to be refined and targeted by intervention to improve humanistic and economic outcomes of treatment.

PSS26
PATIENT’S EVALUATION OF THE QUICKNESS OF ACTION OF GINGIVAL INFLAMMATION TREATMENTS
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OBJECTIVES: Gingivitis is defined as lesions on the gingival margin, expressed through gum redness, bleeding, localized edema, and gingival sensitivity. It is most often caused by substances produced by bacterial plaque, or dental biofilm, which develops along the gingival crevice. To evaluate, using patient’s interview results, the quickness of action of several treatments for gingival inflammation.

METHODS: Observational, prospective, longitudinal, multicentric study carried out in France, using data collected by participating dentists and dental surgeons.

RESULTS: A total of 1,025 patients with gingivitis returned their questionnaire with a mean age of 65.25%, current smokers 22.93% and 28.51% were ex-smokers. Light and heavy bleeding during brushing was reported by 45.74% and 33.33% of patients respectively. 45.70% reported visible redness, 56.34% reported swollen gums, 13.19% had lesions, and 10.81% reported pain. Finally, 62.26% had previous history of gingivitis symptoms. As for dental surgeons: 96.36% had performed scaling, 15.15% gingival curettage, and 13.64% radicular resurfacing. A total of 78.4% judged gingival inflammation to be moderate to severe, 63.10% said it had spread (>30%). In terms of treatment: 98.62% gave patients oral hygiene advice, 87.98% advised on brushing methods, 69.9% recommended specific toothpaste use, and 78.8% advised on mouthwash. A total of 30.61% had generalized inflammation after 1 month, reducing to just 11.24% at 2 months and 15.63% at 3 months. A total of 88.08% reported improved inflammation after the first month, 91.59% at 2 months and 93.59% at 3 months. A total of 85.52% felt less pain after 1 month, 87.16% after 2 months, 92.08% after 3 months (p=0.0418). 89.11% felt their treatment was effective after 1 month, 97.79% after 2 months and 96.15% after 3 months (p=0.0036).

CONCLUSIONS: In terms of satisfaction, 86.52% were satisfied after 1 month, 94.85% after 2 months and 95.92% after 3 months. (p=0.0076). 87.57% felt their treatment was easy to follow after 1 month, 86.76% after 2 months and 92.08% after 3 months. Above all, after the first month of treatment, 88.83% said they would continue using the treatment in prevention even after complete disappearance of gingivitis.

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PSS27
EFFECT OF TREATMENT SWITCH ON THE COST-EFFECTIVENESS OF BIOLOGICS IN PSORIASIS IN PERU AND COLOMBIA
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OBJECTIVES: To evaluate the effect of treatment switch on the cost-effectiveness of biologics used in patients with moderate or severe psoriasis in Colombia and Peru.

METHODS: In a previous study (Allandte, JC accepted in the ISPOR 13th Annual European Congress) cost effectiveness of etanercept, adalimumab, ustekinumab and infliximab was estimated based on label information for first (induction) year and second/maintenance year assuming a 100% treatment continuation ($1USD=COL61.832=SO12.75). For etanercept two induction schemes were considered: 50mg weekly 52 weeks-D1- and 100mg 12 weeks followed by 50 mg 40 weeks-D2-. Effectiveness was evaluated as 75% reduction in Psoriasis Area and Severity Index-PSAI-75- infliximab=80%; ustekinumab=69%; adalimumab=59%; etanercept-D2-=52%; etanercept-D1=39%. Infliximab and ustekinumab effectiveness were not significantly different. Both were significantly superior to placebo. All biologics except adalimumab-D2-, which was not significantly different from placebo, were considered significantly better than the other biologics in that country. In Peru, ustekinumab changed from being the most cost-effective option and became the dominant option ($USD41.827 in 2 years) generating cost savings of -$US283 versus etanerceptD1, -$US4984 versus adalimumab, -$US57844 versus etanerceptD2, -$US153499 versus infliximab.

CONCLUSIONS: In the studied countries inclusion of the switching effect due to treatment failure and adverse events ratifies cost-savings observed in Colombia and makes ustekinumab the cost-saving option in Peru. These results corroborate those observed in the USA and Europe.