OBJECTIVES: DMTs constitute an important backbone of MS treatment. To inves-
tigate the impact of adhesion to treatment: 1. Quality of Life (HRQOL) and patient adherence rates to the approved DMTs for RRMS among geographically and culturally diverse patient populations, a multinational study was to be implemented. Operational and sci-
entific outcomes are presented. METHODS: The study was designed as an obser-
vationally controlled international longitudinal study. Patients and caregivers received paper questionnaires evaluating adherence to DMTs approved at the time of the study: HRQOL (MusqOL) and a Neuropsychological Questionnaire (MenQ) also was administered. A total of 24 countries participated in 22 countries. Specific challenges: - cross-cultural CRF design, country-specific recruitment procedures for sites and patients, country/site specific contractual arrangements. Ethical approval was gathered from 70 local and central institutions. Patient recruitment was performed via 176 neurologists (hospital and office based). In total, 666 patients were enrolled within 6 months. Average treatment duration / observational period covered 31 months. The study findings revealed that 75% of the patients were adher-
ent (i.e. not missing an injection or changing dose). 12.6% of all patients forgot to administers injections compared to 50% of non-adherent patients. Compared to non-adherent patients, adherent patients showed shorter disease duration (adherent: median 6.0 yrs; non-adherent: Median 7.0 yrs.), significant shorter treatment in the SF-36 physical component summary (PCS) score at each visit in patients on 12, 24, 36, and include the Short-Form Health Survey (SF-36), Multiple 4 remained on treatment. HRQOL measures are assessed at baseline and Weeks (MSWS-12) at baseline and Week 4. Patients with any improvement in T25FW Walk (T25FW) at baseline and Weeks 2 and 4, and the 12-item MS Walking Scale (MSWQ) at baseline and Week 4, and include the 9-item Beck Depression Inventory II (BDI-II) and the Clinical Dementia Rating Scale (CDR-SOB) at baseline and Weeks 4 and 24, 2.6% using unadjusted data; p<0.001) and a better MSNQ score (18.0 vs. 22.0 p<0.001). CONCLUSIONS: For implementing a global multicenter center impor-
tant issues include: linguistic specifics for CRF development, availability of medical centers for site recruitment, country specific legal and ethical requirements, care-
ful organization and sharing of responsibilities between the study coordination center and local affiliates. Non-adherence to DMT in RRMS was demonstrated to be mainly caused by injection problems; adherent patients showed better clinical and HRQOL outcomes.

PND52 QUALITY OF LIFE IN PATIENTS WITH MULTIPLE SCLEROSIS IN SLOVAKIA Babič I, Tomek D, Tomeková K, Novák F, Andrasova E 1Trencin University, Trncin, Slovak Republic, 2Pharmacological Faculty at Comenius University, Bratislava, Slovak Republic, 3Slovak Society for Pharmacoeconomics, Bratislava, Slovak Republic, Novartis Slovakia, Bratislava, Slovak Republic

OBJECTIVES: The current prevalence of Multiple Sclerosis (MS) in Slovakia ranges from 100 till 150 cases per 100 000 population Being a typical chronic disease with heterogeneous outcomes it is required in order to achieve a (significant) clinical benefit for a new (drug) ther-

PND53 COMBINATION OF THE M-BECK DEPRESSION INVENTORY II (BDI-II) IN PATIENTS WITH MULTIPLE SCLEROSIS: TREATMENT EFFICACY AND QUALITY OF LIFE IMPROVEMENT. Garcia M1, Garcia I2, Gil-Nagel A1, Garcia M3, Lane N4 1Hospital Clinico San Carlos., Madrid, Spain, 2IMS Health, Barcelona, Barcelona, Spain

OBJECTIVES: To determine the correlation between the Montgomery-Asberg Depression Rating Scale (MADRS) and the Beck Depression Inventory (BDI-II) in patients with drug-resistant focal epilepsy (DRE) in comparison with patients with controlled focal epilepsy (CFE). METHODS: Observational, cross-
sectional study performed in patients with focal epilepsy (FE) with and without DRE, ≥18 years. Presence and severity of depression were measured using validated Spanish versions of the Montgomery-Asberg Depression Rating Scale (MADRS) and the Beck Depression Inventory (BDI-II). In order to know the correlation between MADRS and BDI-II, two different criteria were used, degree of association obtained on prevalence of depression and correlation between scores from both scales, using Pearson correlation coefficient. RESULTS: S15 patients (DRE=248) were included. Using the Beck Depression Inventory (BDI-II) scale, depression prevalence in the DRE group was almost double than in the CFE group (59.3% vs. 30.3% using unadjusted data and 62.1% vs. 32.6% using adjusted data; p<0.001). Similar results were seen with the BDI, with an overall depression rate of 48.1% using the ≥10 point threshold, and considerably higher prevalence of depression in the DRE group compared to CFE patients (61.3% vs. 35.3% using unadjusted data, and 64.8% vs. 37.2% using adjusted data; p<0.001). Correlation between MADRS and BDI-II was 24.4 % (65/266) in CFE and 51.0% (126/247) in DRE patients, according to the degree of association was 1.0. Pearson correlation coefficient between the two scales was high, at r = 0.80. CONCLUSIONS: MADRS and BDI-II showed a positive correlation; the score increment of one scale is directly proportionally to the increase of the other scale. In both cases, the strong-
est contributor to higher MADRS and BDI-II scores was having a previous clinical diagnosis of depression but being untreated for the condition.

NEUROLOGICAL DISORDERS – Health Care Use & Policy Studies

PND54 ADDITIONAL CLINICAL BENEFIT FOR PATIENT RELEVANT ENDPOINTS: INVESTMENT DISINCENTIVES BY AMNOG IN THE EXAMPLE OF PARKINSON’S DISEASE Velten B1, Hollein B2 1IMACS Market Access & Pricing Strategy UC (h), Well am Rhein, Germany, 2University of Bremen, Bremen, Germany

OBJECTIVES: After the introduction of the new German law AMNOG a statistically significant additional clinical benefit for Parkinson’s disease (PD) is required in order to achieve a (significant) clinical benefit for a new (drug) ther-

y.