validation. Further research about the value and accuracy of existing instruments in clinical practice is required.

**PSY25**

**MODELLING THE LIKELY IMPACT OF THE OBESITY EPIDEMIC ON MORTALITY AND CAUSE OF DEATH IN OLDER ADULTS**

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OBJECTIVES: The UK population is ageing, and the prevalence of obesity is increasing. To assess the likely impact of these two demographic trends, we used a stochastic all-cause, cause of death mortality model to determine changes in likely age of death associated with different body mass index (BMI) values in older adults. METHODS: The Sonata Vivo model adjusts population baseline mortality for known risk factors to calculate the mean age of death and most likely causes of death for an individual, and has been validated against long-term cohorts in the UK and USA. We used the model to calculate the difference in mean ages of death at BMIs of 27, 33, 37 and 42 compared with a BMI of 22 in men and women aged 55 to 90. We assumed all subjects were non-smokers with population average values for blood pressure, cholesterol and alcohol consumption. RESULTS: In adults aged 55 years at baseline, increasing BMI from 22 to 42 was associated with a decrease in mean age of death of 1.93 years in women and 1.89 years in men. The absolute difference in life expectancy across the BMI range decreased with increasing age at baseline, to 0.94 years in women and 0.15 years in men aged 90. As expected, the model predicts a longer life expectancy in women than men at each age and BMI, but the relative difference between genders was smaller in those with a BMI of 22 than in those with a BMI of 42. Analysis by likely cause of death in 55 year old adults showed the main impact of obesity was on cardiovascular (CVD) and cancer deaths in women, and CVD and endocrine deaths in men. CONCLUSIONS: Obesity is likely to reduce life expectancy by up to 2 years in older adults in the UK, mainly from increased CVD mortality.

**SYSTEMIC DISORDERS/CONDITIONS – Cost Studies**

**PSY26**

A FIVE YEARS BUDGET IMPACT ANALYSIS OF THE INTRODUCTION OF ADALIMUMAB FOR CROHN’S DISEASE PATIENTS FROM THE PERSPECTIVE OF THE BRAZILIAN PRIVATE HEALTH CARE SYSTEM

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OBJECTIVES: The aim of this study was to evaluate the Budget Impact (BI) of treatment of Crohn’s disease with adalimumab (ADA) from the perspective of the Brazilian Private Health Care System (BPHCS) over a 5 year time period. METHODS: An epidemiological model based on the DataSUS database and published literature was developed to estimate eligible patients in the next five years. The BI was simulated comparing the current scenario (patients treated with intravenous infliximab [IFX]) with a new scenario (the introduction of ADA for Crohn’s disease treatment), BPHCS perspective. The market-share for ADA starts at 20% during the first year and rises to 80%. Disease per application, number of vial/syringe, cost of application and median of weight were based on the specific literature. The drug prices were based on Factory Prices plus 18% taxes from CMED. A deterministic sensitivity analysis (DSA) was performed to determine the impacts in results. RESULTS: 10,035 patients were eligible for treatment with IFX or ADA over 5 years. In a base case scenario, the Budget Impact simulation presented a decrease of total cost by R$1,942,434.38 in the first year and reached a decrease of R$8,089,493.93 in the fifth year. In economic savings for the years in the simulation with ADA introduction was R$26,879,457.87. In deterministic sensitivity analysis cost per vial of IFX, cost per syringe of ADA and market-share of patients were the most important variables that impacted results. A majority of DSA scenarios indicated that treatment with ADA provides cost savings. CONCLUSIONS: The utilization of ADA may generate economic savings for the Brazilian Private Health Care System that may allow more eligible patients with Crohn’s disease to be treated with ADA.