OBJECTIVES: In common with other chronic conditions, fibromyalgia syndrome (FMS) adversely affects Health-Related Quality of Life (HRQoL) and functional status. FMS often results in disability and profoundly affects the performance of daily activities, both at work and at home. This study was conducted to assess the patient-level burden among subjects with other chronic conditions. A prospective, observational, cross-sectional study was carried out on FMS patients from 44 medical centers throughout Korea. HRQoL scores were obtained using the Short Form (SF)-36 Health Survey. To estimate recent 3 months healthcare and non-healthcare cost, and productivity loss of FMS patients, participants completed a standardized questionnaire. Cost items mainly included healthcare cost such as outpatient, pharmacy, inpatient, and oriental medicine, non-healthcare cost such as traffic expenses, nursing cost, complementary and alternative medicine. Cost included insurance-covered cost as well as patient’s out-of-pocket expenses during 3 months. To estimate productivity loss due to morbidity, days away from work due to FMS were also investigated.

RESULTS: Among 1,040 FMS patients who completed the questionnaire, female was 92% (n=957). Approximately 45.7% of patients had rheumatic diseases. HRQoL physical and mental health component summary scores were determined as 35.9±7.5 and 42.1±11.9. The mean scores were determined as 34.6±12.6. Number of patient-out visit patients within 3 months was 4.0±6.5. Total costs over 3 months were 1,609±2,055 USD. Within 3 months, 23.4% and 91.2% of patients with FMS had been away from work and reported the decreased work productivity, respectively. In the preceding 3 months, FMS patients missed 20 (SD=28) days of work, left work early an average of 28 (SD=31.0) days, and accomplished less at work an average of 65 (SD=30.0) days. CONCLUSIONS: Our results suggested that the patient-level burden among FMS sufferers in Korea is significant, evidenced by negative effect on health-related quality of life, health resource use and work/activity limitations.

PSY11 BASELINE CHARACTERISTICS AND PRE–INDEX TOTAL HEALTH CARE AND RHEUMATOID ARTHRITIS–RELATED COSTS IN PATIENTS RECEIVING GOLIMUMAB THERAPY Carter C1, Tandon N2, Smith D21

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OBJECTIVES: Golimumab was recently approved by the Food and Drug Adminis-

tration on April 24, 2009 for use in patients with rheumatoid arthritis (RA), psoriatic arthritis (PsA), or ankylosing spondylitis (AS). The objective of this study was to compare baseline demographic and clinical characteristics and pre-index total RA-related healthcare costs in patients receiving golimumab with/without biologic experience.

METHODS: The IMS LifeLink™ Health Plan database was utilized to identify eligible patients with at least one inpatient or outpatient encounter with an index golimumab pharmacy claim during the six-months prior to the index date. Comparisons were made between 122,586 DDE and 122,586 no-DDE patients. RESULTS: Comparisons yielded mean total costs six months after an incident DDE that were significantly higher for younger (<65 years old) patients with DDE versus matched no-DDE patients ($38,165 vs. $7,498, respectively, resulting in a difference of $30,667, p<0.001). Similarly among older (>65 years old) patients, mean total costs at six months were significantly higher for patients with DDE compared to matched no-DDE patients ($9,598 vs. $9,030, respectively, resulting in a difference of $568, p<0.01). CONCLUSIONS: Patients with an incident DDE with the potential to cause a DDI had greater healthcare costs compared to similar patients without such exposure. METHODS: Propensity score matching was used to control for baseline differences in an insured population chronically using these opioid analogies during the period, January 1, 2004 through December 31, 2008. Our results suggested that the patient-level burden among FMS sufferers in Korea is significant, evidenced by negative effect on health-related quality of life, health resource use and work/activity limitations.

PSY15 COSTS OF CARE FOR PRIVATELY INSURED MALES WITH HEMOPHILIA IN THE UNITED STATES, 2008 Gah E1, Grosse S1, McAlister F1, Kosler CM1, Soucie JM1

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OBJECTIVES: Although hemophilia may have a large economic impact on patients and their families, published estimates of costs of hemophilia are sparse. The objective of this study is to estimate average annual costs of health care for hemophilia patients in the United States, stratified according to the influence of age, type of hemophilia [A (factor VIII deficiency) versus B (factor IX deficiency)] and whether patients with an incident DDE with the potential to cause a DDI had greater healthcare costs compared to similar patients without such exposure. METHODS: Data from the MarketScan Commercial and Medicare Research Databases were used for the period 2002-2008 to identify cases of hemophilia and to estimate medical expenditures during 2008. RESULTS: A total of 1,164 male hemophilia patients were identified, 933 with hemophilia A and 231 with hemophilia B. Their average annual costs for health care in 2008 were $155,136. Average annual costs for 30 (3%) hemophilia A patients with an inhibitor were 5 times higher than for other hemophilia patients, approximately $697,000 and $144,000, respectively. Clotting factor concentrate accounted for 70%–82% of total costs. Average costs for 207 adult patients with HIV or HBV infection were 1.5 times higher than those for adults without infection. A subset of adults with viral infection had particularly high use of factor concentrate and costs. CONCLUSIONS: Hemophilia treatment is associated with a significant economic burden, particu-

larly for patients with neutralizing alloantibody inhibitors who require bypassing agents for treatment. The excess costs of care associated with blood-borne viral infection are concentrated among a subset of hemophilia patients.

PSY16 PROJECTING THE LIFETIME ECONOMIC COSTS OF OSTEOPOROSIS: A BMI TRAJECTORY–BASED MODEL Wong BOM1, Garrison L1, Alfonso-Cristano R1, Wong K2, Plum D1, Arterburn D3, Sullivan SD4

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OBJECTIVES: Obesity, defined as body mass index (BMI) >30, is a major contributor to increased morbidity, mortality, and healthcare expenditures. There is a tenden-

cy for obese individuals to continually gain weight over their lifetimes. How-

ever, neither the strength of this tendency nor its economic consequences are well understood. We constructed a health outcomes model from a societal perspective to assess this. METHODS: Our model projected lifetime trajectories for BMI, death, cost, and quality-adjusted life years (QALYs). Using these projections, we com-
puted the net economic value of potential weight loss for an individual given base-