

be analysed. Mean age of patients was 53.1 years and the gender ratio (female to male) was 5.8. The mean duration of disease was 14.7 years. While at time of diagnosis, 83.6% of patients declared they were employed, the employment rate at the time of the survey was of 49.9%, 7 points lower than that of the French general population adjusted for age and gender ( $p < 0.001$ ). A total of 38.3% declared to be on part-time job while this rate is only of 28.4% in the French general population ( $p < 0.05$ ). 67.5% of patients who were or have been employed reported that the disease had a negative impact on their professional career (up to 92.6% for severe RA). The two main impacts reported were on their job choices and discrimination during their career. 61.4% considered that it resulted in income losses. The work productivity impairment was high (23.4% and up to 52.5% for severe RA,  $p < 0.001$ ) mostly due to impairment while working (presenteeism) rather than absenteeism. Finally, patients' estimation of their RA-work income loss is about €600 per month, which is not compensated by disability pensions (€223 per month on average). **CONCLUSIONS:** These results reflect both the objective and the subjective negative impact of RA on working status and conditions, even in a country with substantial social support and extensive health coverage.

#### MUSCULAR-SKELETAL DISORDERS – Health Care Use & Policy Studies

##### MANAGEMENT AND COST OF LOW BACK PAIN IN-HOSPITAL: HOW A LONGITUDINAL HOSPITAL DATA BASE DESCRIBES THE REAL PRACTICES?

PMS88

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**OBJECTIVES:** To describe the disease management and the cost of patients presenting a diagnosis of low back pain in the hospital perspective. **METHODS:** We performed a local data base request from the medical information system (PMSI) of the university hospital of Montpellier. We considered 3 consecutive years (2006,2007,2008) which allow us to get a follow-up and a traceability of patients over this period. We analyzed a group of 18–50 years old patients admitted across acute care, day care or mid-term care sectors with the following diagnosis codes M 545, M 512 of the ICD-10. **RESULTS:** A total of 583 patients were selected over the period representing a total of 1674 admissions (i.e.: 2.8 admissions per patient). The mean  $\pm$  SD age was 39  $\pm$  8 years and female represents 56% of the patients. We observed 195 admissions in acute care ("less than 24 h" admissions excluded) with a mean length of stay of 5  $\pm$  4.5 days. Day-care represents 47% of the admission in acute care sector. We observed 271 admissions in mid-term care with a mean length of stay of 8  $\pm$  5.8 days. Few patients (6.8 %) were admitted consecutively in acute care and in mid term care thereafter. Surgery was the reason of first admission for 13 patients. The cost is estimated at 1,391 euros per patient admitted in acute care sector. **CONCLUSIONS:** In our sample, we noted a high rate of admission per patient for diagnosis or physical therapy reasons as the main pattern of low back pain management in-hospital. Admissions for surgery were marginal. Overview of real practices in-hospital sector is key information to determine the medical need in this active patient population. Innovative medical device would minimize the burden of disease by reducing the number of day lost in-hospital and the time to return to work.

PMS89

##### MANAGEMENT AND COST OF LUMBAGO-SCIATICA IN-HOSPITAL: HOW A LONGITUDINAL HOSPITAL DATA BASE DESCRIBES THE REAL PRACTICES?

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**OBJECTIVES:** To describe the disease management and the cost of patients presenting a diagnosis of lumbago-sciatica in the hospital perspective. **METHODS:** We performed a local data base request from the medical information system (PMSI) of the university hospital of Montpellier. We considered 3 consecutive years (2006,2007,2008) which allow us to get a follow-up and a traceability of patients over this period. We analyzed a group of 18–50 years old patients admitted across acute care, day care or mid-term care sectors with the diagnosis code M 511 of the ICD-10. Distribution of DRG's was also analyzed and a weighted calculation was performed for the cost per patient in acute care sector. **RESULTS:** A total of 503 patients were selected over the period representing a total of 598 admissions (i.e.: 1.18 admissions per patient). The mean  $\pm$  SD age was 39.2  $\pm$  7.4 years and female represent 42% of the patients. We observed 488 admissions in acute care ("less than 24 h" admissions excluded) with a mean length of stay of 6.4  $\pm$  4 days. Day-care represents 4.8% of the admission in acute care sector. We observed 5 admissions in mid-term care and few patients (0.6 %) were admitted consecutively in acute care and in mid term care thereafter. 418 patients underwent surgery during their stay in acute care sector. The cost is estimated at 3,751 euros per patient admitted in acute care sector. **CONCLUSIONS:** In this population of patient, surgery is the main pattern of care and the main driver of cost. Innovative medical device would minimize the burden of disease by reducing or delaying the number of surgeries. Nevertheless, additional information from the ambulatory care sector would be useful to describe the complete lumbago-sciatica management and to define the medical need for innovations in this active patient population.

##### FIBROMYALGIA: RUSSIAN RHEUMATOLOGISTS' DISEASE MANAGEMENT

PMS90

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**OBJECTIVES:** To describe Russian rheumatologists' disease management of fibromyalgic patients. In fact, the Fibromyalgia Syndrom (FMS) is a disorder characterized by widespread pain and fatigue, and causes significant morbidity to patients and their relatives. **METHODS:** The questionnaire was sent to a random sample of Russian practitioners, who were answering the same questionnaire as that used by French practitioners in 2003. **RESULTS:** Seventy-seven percent of the practitioners claimed that they prescribed a medical treatment to their patients suffering from fibromyalgia. Forty percent prescribed analgics, 40% prescribed tricyclic antidepressants, 29% serotonergic antidepressants, 30% hypnotics/sedatives, 8 % homeopathic treatments and a little over 1% morphine derivatives. Sixty-seven percent claimed that they prescribed extra treatments for their patients suffering from fibromyalgia: 23% prescribed analgics, 20% prescribed tricyclic antidepressants, 17% serotonergic antidepressants, 24% hypnotics/sedatives, 9% homeopathic treatments and less than 1% morphine derivatives. A total of 82.6 % recommended or prescribed other treatments to their fibromyalgic patients, namely: 36% acupuncture, 56% physiotherapy, 14% hypnotherapy, 36% spa treatment, 3% osteopathy and 38% relaxation techniques. 91.8% of the doctors advised regular physical exercise such as swimming and walking (71.9% and 65.6% respectively), with cycling being the activity least often advised, by 12.9% of the doctors. **CONCLUSIONS:** Treatment for fibromyalgia must be multidisciplinary and multifactorial, its main objective being relieving the patient of their symptoms and allowing them to return to their professional and leisure activities —to which treatment of the condition by Russian practitioners is a testimony.

PMS91

##### ADHERENCE IN PATIENTS WITH POSTMENOPAUSAL OSTEOPOROSIS (PMO) TREATED WITH ORAL BISPHOSPHONATES IN GERMANY: A SYSTEMATIC REVIEW

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**OBJECTIVES:** PMO (prevalence: 7–30%) increases the risk of fractures, reduces life quality and expectancy, leads to loss of employment and creates significant health care costs. Poor clinical outcomes have been associated with lack of adherence to treatment. This analysis assesses PMO patient adherence to bisphosphonate therapy in Germany. **METHODS:** Applying a systematic review of literature utilizing German-based data, we identified and analyzed nine studies assessing adherence to oral bisphosphonates published between 2005 and 2009. Our analysis considered persistence and compliance associated with daily and weekly dosing regimens. Compliance was defined as Medication Possession Ratio (MPR)  $\geq$ 80%. **RESULTS:** Only 10% of PMO patients in Germany are currently treated with bisphosphonates. Between 31.3% and 46.0% of patients discontinued therapy after the first prescription. Studies showed poor persistence to bisphosphonate therapy during the first year (43.2%). The persistence during the first year was lower with daily dosing compared with weekly dosing regimen (27.8–42% vs. 46.5–57%, respectively). Patients' compliance varied from 41.7–58.2% over the first year. Reasons identified for poor persistence and compliance included inconvenience and frequency of administration, imperceptible efficacy, and lack of patient education on the need for the medication. Non-compliance was primarily due to side effects. Overall, studies concluded that poor adherence leads to greater economic burden due to higher fracture rates and increased hospitalizations. **CONCLUSIONS:** A significant proportion of PMO patients discontinued and/or did not comply with therapy during the first year, likely due to dosage inconvenience and frequency, and side effects. There is a need for treatments that patients consider more convenient and are associated with fewer side effects.

PMS92

##### EXPOSURE TO OSTEOPOROSIS MEDICATION IN MEN

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**OBJECTIVES:** The objective was to analyse the exposure to osteoporosis medication (OPM) in men based on data from a health insurance company database. **METHODS:** The prescription-based database of the largest health insurance company of the Czech Republic (VZP CR) that covers about 65% of the Czech population was used as a source of data from 2002–2006. Health insurance is compulsory under Czech law. An insured male person with a recorded prescription for OPM (alendronate, risedronate, calcitonin, strontium ranelate) in the year of interest was defined as a patient and an insured male person with a recorded prescription for OPM in the years bordering the year of interest was defined as a chronically treated patient. For the year of interest, the percentages of chronically treated patients without OPM medication as well as those with very low, i.e. <122 defined daily doses (DDD)/year, low (122–243 DDD/year) and adequate (>243 DDD/year) medication adherence were determined. **RESULTS:** In 2002–2006, men accounted for less than 5% of OPM consumers. The total OPM and alendronate consumption rates were 0.6 and 0.3 DDD/1000 insured male persons/day, respectively. The number of male patients on alendronate more than doubled to 1123 in 2006. As many as 52% and 64% of the chronically treated patients fell into the adequate medication adherence group in 2004 and 2005, respectively. **CONCLUSIONS:** Signals of insufficient osteoporosis treatment in the Czech male population were found. The increasing adequate medication adherence among the