

use of these drugs increases by 18.0%. Fluoxetine is responsible for the growth of 88.5 % in this incidence, with a confidence interval of 95 % and standard error of 2%. **CONCLUSIONS:** It was identified that the main molecule used for depression, in the sample analyzed, was fluoxetine and the age with higher incidence of purchases of these drugs is between 20 and 50 years. As WHO data (World Health Organization), depression will be the most common disease in the world in 2030. The relationship between doctor and patient has a fundamental importance in successful treatment. Thus, the patient monitoring is extremely important to control the disease in the country.

PMH51

INTEGRATED CLINICAL PATHWAY IN SCHIZOPHRENIA

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OBJECTIVES: mental disorders are a significant problem of public health, especially for disability they generate during adulthood. They strongly influence quality of life for patients as well as having important impacts on society and mental health services, creating a significant economic problem for the health system and for patient. **METHODS:** an integrated clinical pathway (PDTA) for patient with schizophrenia has been validated by a group of Italian medical experts. This clinical governance tool, enables to organize and integrate activities and interventions in a context where, several specialties, professions and areas of action (hospital and territorial care) are involved. **RESULTS:** drug acquisition costs are not the highest costs in the schizophrenia management. The highest costs are related to: frequent hospitalization, residential care costs, loss of individuals productivity, high costs for caregiver. The aim of our work is to offer, to the different actors involved in the schizophrenia treatment management, a governance tool (PDTA) that allow: to manage the treatment variability, to monitor the resource utilization, to monitor the adherence and to improve the quality of processes and outcomes. Also the schizophrenia PDTA, promoting the early use of antipsychotics LAI, answer to the main unmet needs in the pathology management: the frequent relapses, the functional status preservation and the maintenance of good quality of life. An indicators set was validated to monitor the correct adoption of PDTA in order to generate savings and better manage the cost of disease. **CONCLUSIONS:** thanks to integrated clinical pathway all the actors involved in treating mental disorders are able to outline, the best clinical pathway practicable, compared to schizophrenia, in order to optimize resources and costs. A desirable perspective is the adoption of the clinical pathway at the regional level and in the future also at the national level.

SENSORY SYSTEMS DISORDERS – Clinical Outcomes Studies

PSS1

A PROSPECTIVE STUDY TO COMPARE SAFETY AND EFFICACY OF VARIOUS ANTI-GLAUCOMA AGENTS AND EVALUATE THE EFFECT OF AEROBIC EXERCISE ON INTRA-OCULAR PRESSURE IN NEWLY DIAGNOSED PRIMARY OPEN ANGLE GLAUCOMA PATIENTS IN A TERTIARY CARE HOSPITAL

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OBJECTIVES: To evaluate safety and efficacy of Timolol and Brimolol (Brimonidine+Timolol) and study effect of aerobic exercise on intra ocular tension (IOT) in timolol treated patients. **METHODS:** A prospective study including 90 cases of newly diagnosed primary open angle glaucoma (POAG) from ophthalmology inpatients divided into 3 groups: 1-Timolol, 2-Timolol (Exercise) and 3-Brimolol. Each patient was administered with topical drugs followed up every 15th day. Efficacy of drugs were tested based on IOT measurement by Non-contact tonometer at an interval of 15 days and safety on the basis of ADR check list, fundoscopy and slit lamp examination with tear film break up time and tear gland secretion (schirmer test). In group 2, patients were advised to do 30 min exercise daily for 1 month. **RESULTS:** Mean reduction in IOT was statistically significant with values as 2.7, 5& 7.9 mmHg and 6, 9&11 mmHg in group 1, 2 and 3 at 15th and 30th day. Frequency of ADR in group 1, 2&3 was 36%, 30% &40% respectively with the most frequent ADR in group 1&2 as burning of eyes (50%) & in group 3 as dryness (22%). Effect of brimolol on schirmer test was significant with a mean difference of 4.33 mmHg. Frequency of patients missing ophthalmic doses were 60%, 48% &48% and drop out treatment rate was 9%, 9% & 14% in group 1, 2& 3 respectively with monetary reason (most common). Most frequent cause of missing ophthalmic doses was ADR (30%) in group 1&2 and monetary reason (43%) in group 3 (predominantly in lower class). GQR-15 score was 35, 29&30.5 in group 1, 2 &3. **CONCLUSIONS:** Brimolol provides superior IOT lowering to timolol but is less well tolerated. Exercise along with timolol provides superior IOT lowering frequency to timolol alone & is better tolerated, has superior visual QOL with reduced frequency of missed ophthalmic doses. Brimolol substantially reduces tear gland secretion.

PSS2

RISK OF INCIDENT CHRONIC KIDNEY DISEASE AND END-STAGE RENAL DISEASE IN PATIENTS WITH PSORIASIS: A NATIONWIDE POPULATION-BASED COHORT STUDY

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OBJECTIVES: Psoriasis is a chronic inflammatory dermatosis that has been associated with various cardiovascular and metabolic comorbidities, including myocardial infarction, stroke, and diabetes mellitus. Recently, there are studies reporting the association of psoriasis with renal diseases. This study aimed to evaluate the risk of incident chronic kidney disease (CKD) and end-stage renal disease (ESRD) in

people with psoriasis. **METHODS:** We used the Taiwan's National Health Insurance Research Database to conduct a nationwide population-based cohort study to assess the risk of incident CKD and ESRD in people with psoriasis and to further evaluate the respective risk estimates in those with mild and severe psoriasis based on treatment patterns. **RESULTS:** A total of 4,633 psoriatic patients and 922,534 nonpsoriatic controls were included. Severe psoriasis, but not mild psoriasis, was an independent risk factor of incident CKD and ESRD (adjusted hazard ratio being 1.90 [95% confidence interval 1.33-2.70] and 2.97 [95% confidence interval 1.72-5.11], respectively) after adjustment for potential confounders including age, gender, comorbidities, and use of nonsteroidal anti-inflammatory drugs (NSAIDs). Severe psoriasis remained an independent risk factor of incident CKD and ESRD after various sensitivity analyses after adjusting for the presence of osteoarthritis and/or rheumatoid arthritis, use of methotrexate and/or cyclosporine, and chronic use of NSAIDs for at least 2 months. Psoriatic arthritis was an effect modifier for CKD and ESRD. **CONCLUSIONS:** The associations of severe psoriasis with CKD and ESRD should be recognized. Assessment of renal function and avoidance of long-term use of nephrotoxic drugs shall be implemented in the integrative care for patients with severe psoriasis.

PSS3

BURDEN OF DISEASE IN PATIENTS WITH GLAUCOMA IN BRAZIL:

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OBJECTIVES: To assess co-morbidity, quality of life (QOL), work/productivity loss, and medical resource utilization (MRU) in patients suffering from glaucoma in Brazil. **METHODS:** Patients self-reported data were collected from 2011-2012 National Health and Wellness Survey (NHWS -Kantar Health global self-reported general population survey in healthcare). QOL was measured by the physical component score (PCS) and mental component core (MCS) of the Short Form-12 (SF-12) (mean score of 50 for general population). Loss of work/productivity was measured by the validated Work Productivity and Activity Impairment (WPAI) instrument. MRU was measured by healthcare provider, emergency room (ER) visits and hospitalization in the past 6 months. Comparisons were made between respondents who were diagnosed with glaucoma vs. respondents without glaucoma (non-glaucoma group). Since glaucoma typically affects the adult population, respondents with an age of 35 and above were included in the analysis. **RESULTS:** Among 24,000 survey respondents, 242 (1.0%) respondents were diagnosed with glaucoma. The average age in the glaucoma group was 53.5 years and 48.2% were male compared to the non-glaucoma group where average age was 51.6 years with 47.8% male. The Glaucoma group reported more co-morbidities, lower mean PCS scores (46.3 vs. 49.4) and MCS scores (45.6 vs. 49.0), more healthcare providers visits (93.7%vs.77.4%), ER visits (29.6%vs19.0%) and hospitalizations (17.5%vs.9.7%) in the past 6 months compared to non-glaucoma group. Also, the glaucoma group reported 36.5% work/productivity loss (absenteeism and presenteeism) and 33.5% impairments in daily activity compared to 17.5% and 22.1% in non-glaucoma group. All comparisons in QOL, MRU, and work/productivity loss between two groups were statistically significant at P<0.05. **CONCLUSIONS:** From the Brazil NHWS results, glaucoma patients suffer from impairments in quality of life, work/productivity loss, more co-morbidities and use of medical services. Findings indicate that glaucoma can have a statistical significant impact and negative impact on QOL, MRU and work productivity for patients suffering from the disease and for the healthcare system.

PSS4

EFFICACY AND SAFETY OF SURGICAL TREATMENT OPTIONS FOR PRIMARY ANGLE CLOSURE GLAUCOMA: A META-ANALYSIS OF RANDOMISED CONTROLLED TRIALS

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OBJECTIVES: Worldwide, glaucoma is the second highest cause of blindness. Surgery is the treatment of choice when medications fail to control intraocular pressure (IOP). This systematic literature review and meta-analysis aimed to compare efficacy and safety of the common surgical options available for primary angle closure glaucoma (PACG). **METHODS:** Studies with PACG patients who underwent trabeculectomy, phacotrabeculectomy or phacoemulsification were screened and included from electronic databases. The outcomes compared were IOP (24 months), postoperative angle opening distance (AOD), postoperative trabecular-ciliary process distance, postoperative anterior chamber depth (ACD), synechial angle closure all at 1 year, best corrected visual acuity (BCVA) at 1 year and 2 years, and intra- and post-operative complications of the surgery like worse logarithmic minimal angle resolution BCVA, progression of glaucomatous optic neuropathy, progression of glaucomatous visual field at 2 years. Critical appraisal of studies was carried out using Cochrane's Risk of Bias tool. Meta-analysis of clinical trials was conducted using RevMan v5.1, through pooling of medically controlled and uncontrolled glaucoma patients where available. **RESULTS:** Of the 704 studies that were screened, five randomised clinical trials were included. Pooled analysis of two studies showed IOP at 24 months was better controlled by phacotrabeculectomy (mean difference 1.46 [95%CI 0.24,2.67]). Post-operative AOD and ACD results favoured phacoemulsification (mean difference 123.60 [95%CI 51.46,195.74] and 230.60 [95%CI 106.30,354.90] respectively). The post-operative complications showed risk ratio of 0.07 (95%CI 0.01,0.34) showing fewer complications in phacoemulsification patients. The remaining outcomes showed no significant results. Phacoemulsification had significantly lesser complications than trabeculectomy, with risk ratio of 0.08 (95%CI 0.01,0.60). The analyses of the observational and economic studies are being carried out, the results of which will be included in the poster. **CONCLUSIONS:** The results show that while phacotrabeculectomy has better IOP control than phacoemulsification, the latter has higher safety than both phacotrabeculectomy and trabeculectomy.