demonstrated that IFX-treated patients could gain economic benefit by retaining employability over time.

MUSCULAR-SKELETAL DISORDERS—Health Care Use & Policy Studies

PMS40
ORAL VS INJECTABLE TREATMENTS: PATIENT PREFERENCE IN BRAZILIAN PATIENTS
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OBJECTIVE: To assess the preference of Brazilians for drugs with different dosing and methods of application to treat chronic diseases, such as osteoporosis. The assessed product types were: once-monthly oral, injection once every three months, and once-yearly injection. METHODS: Quantitative study performed through personal and individual interviews. A representative sample of the study population (N = 392 subjects) was used. Subjects over 45 years old were interviewed. A 14-item structured questionnaire was used. A card with the drug characteristics (dosing, cares of administration, side effects and annual treatment cost) was shown to the interviewed subjects.

RESULTS: Forty-four percent of the interviewed subjects were male and 56% were female. Sixty percent of the interviewed subjects were between 45 and 59 years old, and the other 40% were 60 years old or more. Fourteen percent of the interviewed subjects belonged to the Brazilian socioeconomic classification “A”, followed by 39% in the classification “B”, and 47% in the classification “C”. Twenty-eight percent had higher education, followed by 29% with secondary education, and 42% with primary education. Ninety-three percent of the interviewed subjects do not usually take injection drugs. For treatment of chronic diseases, 72% of the patients prefer oral drugs, 16% prefer injection drugs diluted in serum, 9% prefer injection drugs, and 3% did not inform their preference. These percentages remained the same when dosing, side effects and prices were disclosed. 83% of the patients who chose oral drug did it so by convenience of the dosing, 21% of them also think that oral drugs have fewer side effects than injection drugs. Generically comparing (not considering the card with product profiles) oral and injection drugs, 78% of the population prefer oral treatments.

CONCLUSION: If patients are given the chance to choose between oral or injection drugs to treat chronic diseases, 78% prefer oral drugs instead of injection ones.

PMS41
UTILIZATION AND COSTS OF DRUGS AND OFFICE SERVICES AMONG Recipients OF MEDICAID WITH RHEUMATOID ARTHRITIS WITH VERSUS WITHOUT COMORBID DEPRESSION
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OBJECTIVE: To determine the differences in the patterns and costs of health care utilization between recipients with Rheumatoid Arthritis (RA) with versus without comorbid depression enrolled in a state Medicaid program. METHODS: A retrospective cross-sectional analysis of a de-identified state Medicaid fee-for-service administrative claims dataset was conducted. The target population included recipients between 15–64 years old who were continuously eligible for benefits between January 1, 2002 and December 31, 2003. Recipients with at least one medical services claim with a primary diagnosis of RA in 2002 were selected. The sample was then dichotomized between those with versus without a medical claim with a primary diagnosis of depression during 2002. Data from calendar year 2003 was used to compare the patterns of RA-related office services and prescription medication utilization and related costs between the two groups.

RESULTS: There were 763 recipients identified with RA, of whom 244 (31.9%) had comorbid depression. A significantly (p < 0.05) higher proportion of recipients 21–44 years of age (41.9%), females (34.4%), and whites (32.0%) with RA had comorbid depression. Negative binomial regression controlling for demographic variables and comorbidities showed the frequency of office visit utilization was significantly (p < 0.05) lower for recipients with comorbid depression than those without depression. A significantly (p < 0.05) higher proportion of recipients without depression than with depression had a claim for a DMARD (49.4% versus 31.9%) and a biologic agent (17.0% versus 10.0%). The average annual amount paid by Medicaid per recipient for the use of office services and prescription medications was significantly (p < 0.05) higher for recipients without depression ($2914) than with depression ($2049).

CONCLUSION: Roughly one-third of the recipients with RA had comorbid depression. The use of primary care office services and prescription medications that can slow the progression of RA was lower among recipients with depression than without depression.

PMS42
A COMPARISON OF PROVINCIAL PRESCRIPTION-ONLY PHARMACEUTICAL DATABASE WITH SELF-REPORTED USAGE OF ACETAMINOPHEN AND NSAIDS ACCORDING TO OSTEOARTHRITIS STAGE IN BRITISH COLUMBIA
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OBJECTIVE: Acetaminophen (paracetamol) and non-steroidal anti-inflammatory drugs (NSAIDs) are common prescription and nonprescription medications for osteoarthritis (OA). British Columbia (BC) PharmaNet data contains one record for every prescription. The National Population Heath Survey (NPHS) includes prescription and nonprescription medications, but the BC sample is small. Our objective is to explore the utility of large prescription-only databases in studying drugs with nonprescription forms. We compare acetaminophen and NSAIDs according to OA and disease duration (OAD), and compare results from NPHS versus PharmaNet. METHODS: Medications in the 2002/2003 NPHS (Canada = 11717, BC = 1101) refer to the two days before the interview. Statistics Canada classified responses by ATC. OA was self-reported. In Medical Services Plan (MSP) data, ICD-9 codes determined OA. PharmaNet (n = 100,000) was linked to MSP, and weighted according to the 2003 BC population. Medication use from PharmaNet/NPHS was compared by age, sex and OAD. RESULTS: PharmaNet: acetaminophen ranged from 0.04% in ages 0–49 without OA to 6.7% in 50–59 with OAD > 6 years. OAD increased use. NSAID ranged from 0.43% in 0–49 without OA to 10.7% in 70+ with OAD > 6 years. OAD and older age increased use. NPHS: acetaminophen ranged from 5.1% to 15.8%. OA disease increased use, NSAID ranged from 8.9% in 0–49 without OA to 32.6% in 70+ with OAD > 6 years. OAD and older age increased use. The ratio of acetaminophen in NPHS/PharmaNet ranged from 1.25 (50–59 with OAD > 6 years) to 175.7 (0–49 without OA). The ratio of NSAID ranged from 3.04 to 20.6. CONCLUSION: In