CONCLUSIONS: In this study of routine clinical practice in Bulgaria, only 4.5% of women initiating denosumab discontinued treatment within 24 months, compared with more than half of those initiating monthly oPAs.

PMS96
ASSESSMENT OF COMPLIANCE AMONG PATIENTS WITH ARTHRITIS
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OBJECTIVES: Marij studies prove non-compliance to oral medication as one of the biggest problems in health care today. Non-compliance can lead to increased cost of care due to additional hospitalizations, emergency care, medication. These facts are relevant for patients with arthritis as the effects of non-compliance can increase the risk of acute crisis, pain and sick pay. Our objective was to identify the health-care providers in Bulgaria that can lead to non-compliance among patients with arthritis.
METHODS: The Morisky 8-item Medication Adherence Questionnaire was applied to 96 patients with arthritis. The patients were recruited in 2019 from the patients’ clinic at the University Clinical Hospital of Sarajevo, Venezia, Sarajevo.
OBJECTIVES: The enormous socioeconomic impact of rheumatoid diseases has been increasingly studied in the USA and Europe. The objective of this study is to determine the burden of RA in Russia, focusing on outcomes such as health-related quality of life (HRQL, EQ-5D), work productivity (WPA), and use of health care resources (healthcare provider, hospital and emergency visits).
METHODS: A cross-sectional cohort of 408 adult patients with a diagnosis of RA for at least 12 months at the rheumatology outpatient clinics in 5 regions of Russian Federation have been included. The factors related with adherence to treatment were investigated. A value of 0.25 was considered a minimal clinically important difference for HRQL.
CONCLUSIONS: The Russian Federation is the first in the world to report the socioeconomic burden of RA. This study provides a basis for the implementation of national and local health policies in Russia. On the second day of the study, patients were asked about the factors that make them non-compliant with the prescribed drugs. The factors were grouped into two groups – subjective (expensive treatment, forgotten, etc.) and objective (ADRs, difficulties with the package, difficulties to find the prescribed medication in the pharmacy, etc.) RESULTS: Thirty-one per cent were scored with low adherence, varying from 3 to 5 relevant to complete failure to take the prescribed drugs. The factors that were outlined were mainly objective – 52% – ADRs; 49% – difficulties to open the package. From the subjective factors 15% from the respondents rank the treatment as expensive and they answer that they cannot afford to purchase the prescribed treatment. Some subjects admit that the treatment significantly reduces their activity. In addition, 69% of the patients were taking their medications all or most of the time. However the subjective factors can be demotivating for the patient and they can sometimes take in mind the patients’ consultation by the health care providers in order to be increased the rate of compliance.

PMS97
HOW DO WE ESTIMATE QUALITY ADJUSTED LIFE YEARS (QALYS) IN RARE DISEASES? A CASE STUDY IN HYPOPHOSPHATASIA
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OBJECTIVES: Quality of life weights (utilities) are requested by many decision makers. In rare diseases the reliance on very small single arm trials makes it almost impossible to sensibly aggregate health-related quality of life (HRQoL) data. This study presents a case study in hypophosphatasia (HPP), an ultra-rare disease, where two different methods were used to estimate utilities. METHODS: Study 1: Detailed case histories were developed which described the functional, symptom and HRPQ burden for hypothetical patients with HPP (adults and children) through interviews with clinical experts (n=6). Seven case histories, defined by predicted 6 minute walk test (6MWT) for those aged >5 and the need for invasive ventilation for infants, were then assessed by experts (n=9) using EQ-SD-5L. Study 2. A survey of patients with HPP and parents recruited through advocacy groups asked people to assess HRQL by EQ-5D scores ranged from 0.79 (0.51 for the asymptomatic patient with severe gout (3 flares/year and tophi) and 0.73 for an asymptomatic patient with more than half of those initiating monthly oPAs.

PMS98
REVIEW OF PATIENT REPORTED OUTCOME MEASURES USED IN CLINICAL AND COST-EFFECTIVENESS STUDIES TO ASSESS UTILITIES IN THE TREATMENT OF PSORIATIC ARTHRITIS AND ANKYLOPSYNDIOTY
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OBJECTIVES: Identification and review of used methods to derive patient utilities for health economic modelling in psoriatic arthritis (PsA) and ankylosing spondylitis (AS) methods.
METHODS: A literature search of Embase, MEDLINE from 1996-2015 was conducted to identify health economic, clinical studies that hold information about deriving utilities in PsA, AS. Additionally HTA submissions in PsA, AS were also screened. Publication inclusion was limited to in English language, biological therapy in PsA or AS. RESULTS: In total the search returned 3,177 articles, of which 124 were full screening criteria. Most of the publications were screened for (n=373) followed by PsA (n=46) while five publications included both indications. Across studies baseline characteristics varied in age (Years, PsA: 35.5–65.0; AS: 24.4–61.0), gender distribution (males: AS: 0–70%, PsA: 25–88%). No study was identified that used direct methods like time studies. Further, baseline characteristics varied in age (Years, PsA: 35.5–65.0; AS: 24.4–61.0), followed by PsA (n=55 for AS, EQ-SD-5L, n=10 for EQ-5D). Total, 45 different disease specific tools were identified (PsA, n=30, AS, n=15). The HAQ-DI (n=36) and ASQoL (n=21) were the most common tools in PsA, AS respectively. Among the cost-effectiveness studies 13 utility derivation algorithms in PsA and 5 in AS were identified. Identification of the most common tools used in to derive utilities (PsA, n=9, AS, n=3). Most cost-effectiveness models used HAQ-DI in PsA while BARI, BASDAI were used in AS to derive utilities. CONCLUSIONS: Even though more publications were identified in AS, more utility derivation algorithms were identified in PsA. However no standard process has been established yet. Taking into consideration the variety of HRQoL tools and data available, more options could be explored to identify the most sensitive utility approach.

PMS99
THE BURDEN OF RHEUMATOID ARTHRITIS IN RUSSIA
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OBJECTIVES: The aim of this study was to investigate the socio-economic impact of chronic autoimmune diseases, mainly rheumatoid arthritis (RA) and work disabilities, among patients in Slovakia. METHODS: Patients were prospectively recruited in the National Institute for Rheumatic Diseases in 2014 – 2015 and the data were collected through specifically designed questionnaire. Research was prepared and consulted with relevant patient organization League against Rheumatism in Slovakia. RESULTS: The sample (200 respondents) was predominantly female (57%) with diagnosis of RA for 7±3.0–30.2 years, 58% of patients took 1–5 different medications for 12 months among actively working was 52% with an average longer Spain and 58% among patients with RA. The next months were recruited in 2013-2014 by 51 rheumatologists, in Moscow and 12 other public hospitals, Moscow patients reported lower absenteeism and resource use than the other regions considered.

PAS100
A SYSTEMATIC REVIEW OF THE HUMANISTIC BURDEN OF GOUT
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OBJECTIVES: The humanistic burden of gout is often overlooked despite the pain caused by acute flares and the joint damage caused by the development of debilitating tophi (deposits of uric acid crystals). The study objective was to review and summarise the current evidence of the disease burden of chronic gout, in relation to health-related quality of life (HRQoL), work productivity, and to identify key factors that contribute to the humanistic burden. Our primary aim was to support the economic evaluation of new treatments for gout. In addition, we identified key data gaps that may need further investigation. METHODS: A systematic literature review was conducted using the MEDLINE database and The Cochrane Library. Articles published in English between January 2000 and July 2014 that reported the humanistic burden (HRQL and/or utility) of gout were identified. Key data were extracted and summarised, with key themes and data gaps identified. RESULTS: 329 studies were identified, of which 23 were relevant to the humanistic burden of gout. The humanistic burden was largely due to physical disability and pain resulting from chronic clinical manifestations. Utility weights, as assessed by Short Form-6D, EQ-5D, and HAQ-DI, were estimated at 0.53 for a patient with severe gout (3+ flares/year and tophi) and 0.73 for an asymptomatic patient with serum uric acid levels <6mg/dl. CONCLUSIONS: The evidence confirms that gout represents a significant burden in terms of HRQL. A reported growing prevalence means that GPs are likely to be encountering gout for the first time. In light of this, effective urate-lowering treatments are likely to be valued, if they can be clearly demonstrated to be both clinically effective and cost effective. There is a need to develop a comprehensive set of comparative HRQL utility assessments, especially in non-US countries.

PAS101
UNDERSTANDING PATIENTS’ SOCIO-ECONOMIC BURDEN IN RHEUMATIC DISEASES
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OBJECTIVES: The aim of this study was to investigate the socio-economic impact of chronic autoimmune diseases, mainly rheumatoid arthritis (RA) and work disabilities, among patients in Slovakia. METHODS: Patients were prospectively recruited in the National Institute for Rheumatic Diseases in 2014 – 2015 and the data were collected through specifically designed questionnaire. Research was prepared and consulted with relevant patient organization League against Rheumatism in Slovakia. RESULTS: The sample (200 respondents) was predominantly female (57%) with diagnosis of RA for 7±3.0–30.2 years, 58% of patients took 1–5 different medications for 12 months among actively working was 52% with an average longer Spain and 58% among patients with RA. The next months were recruited in 2013-2014 by 51 rheumatologists, in Moscow and 12 other public hospitals, Moscow patients reported lower absenteeism and resource use than the other regions considered. The factors related with adherence to treatment were investigated. A value of 0.25 was considered a minimal clinically important difference for HRQL.