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 associated with patients with other chronic conditions. In this observational study, data were collected from 4,468 FMS patients (n = 4,468) from 14 medical centers throughout Korea. HRQoL scores were obtained using the Short Form (SF)-36 Health Survey.

OBJECTIVES: Patients managing chronic non-cancer pain with cyclophosphamide P450-metabolized opioid (codeine, fentanyl, hydrocodone, methadone, oxycodone, tramadol) analogues who concurrently take another CYTOCHROME P450-metabolized medication experience a drug-drug exposure (DDE), which puts them at risk for a pharmacokinetic drug-drug interaction (DDI). This study examined 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: Propensity score matching was used to control for baseline differences in an insured population chronically using these opioid analogues during the period, January 1, 2004 through December 31, 2008. Estimates of the predicted likelihood of a DDE occurrence for the matching 31, 2008 model were derived from patient age, gender, geographical location, number of unique-patient-medications, service encounters, and total costs in 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 ($8,165 vs. $7,498, respectively, resulting in a difference of $667, p < 0.01). 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). The direction, magnitude and significance of these differences persisted after sensitivity analyses. CONCLUSIONS: Although it is impossible to establish causal relationships in claims database studies, this study demonstrates a strong association of the economic consequences of DDIs that are avoidable. Since concurrent exposure to multiple drugs metabolized through the CYTOCHROME P450 enzyme system is common, the real economic impact of the use of long-acting opioids that are not metabolized through the CYP450 pathway.

PSY15 COSTS OF CARE FOR PRIVATELY INSURED MALES WITH HEMOPHILIA IN THE UNITED STATES, 2008
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OBJECTIVES: Although hemophilia may have a large economic impact on patients and health care systems, published estimates of costs associated with hemophilia patients 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)], presence of neutralizing alloantibodies, and exposure to blood-borne viral infections. 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 70-80% of total costs. Average costs for 207 adult patients with HCV or HIV 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 concentrates and costs. CONCLUSIONS: Hemophilia treatment is associated with a significant economic burden, particularly for patients 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
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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 tendency for obese individuals to continually gain weight over their lifetimes. However, recent research has demonstrated that changes in BMI can be predicted using an approach similar to the genetic algorithm. Our objective is to understand. 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 computed the net economic value of potential weight loss for an individual given base-