CONCLUSIONS: GA was found to reduce relapses and clinical progression compared with placebo, and clinical progression in comparison with interferons. Serious adverse events were comparable with interferons. Quantitative methods demonstrated that the benefits of GA outweigh the risks but the results differ substantially depending on the quantitative risk-benefit model used.

PND4 A META-ANALYSIS OF THE DURATION OF CLINICAL EFFECT OF ONABOTULINUMTOXINA IN CERVICAL DYSTONIA
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OBJECTIVES: Cervical dystonia is a disabling, painful condition involving involuntary movement and posturing of the head and neck. Botulinum toxin injections are the standard of care in the symptomatic management of this condition, but need to be re-administered regularly to maintain a stable improvement. The duration of clinical efficacy of botulinum toxin injections may be dependent on the product used and can impact randomized drug and health care utilization costs.

METHODS: A literature search was undertaken to identify prospective or retrospective studies reporting duration of effect of onabotulinumtoxina (BOTOX®). A formal meta-analysis was conducted using Comprehensive Meta-Analysis Version 2. Both a fixed effects and random effects model were performed. The quality of each identified journal article was evaluated using the Chao & Bero Quality scoring instrument by two separate investigators. Differences in scores were resolved through conference. Subgroup analyses were performed on several moderating variables including age and gender and duration of dystonia. RESULTS: Of the identified potential journal articles, 13 studies met the inclusion criteria and were used for the meta-analysis. The duration of effect of onabotulinumtoxina in cervical dystonia was found to be 13.7 weeks (95% CI 13.4 – 13.9 weeks) for the fixed effects model and 13.9 weeks (95% CI 13.7 – 14.1 weeks) for the random effects model. A meta-regression found that the higher the quality score, the shorter the duration of effect. Another meta-regression found that doses of onabotulinumtoxina greater than 200U generally resulted in a longer duration of effect at least one relapse with additional disease activity observed on MRI, despite treatment with a DMT in the prior year. For each patient group (SOT and non-SOT), Markov state transition matrices were derived. Each matrix estimated the annualized drug and health care utilization costs.

CONCLUSIONS: Estimations of the relative efficacy of two high-dose interferons is not possible but can be used to rate the longer duration of effect of HD IFNα-1b to glatiramer. The included studies had moderate internal validity. Direct comparisons between the three beta interferons LD 1-a, HD1-a and HD1-b showed that all of them were effective and HD low dose (LD) beta interferons (IFNβ-1a and IFNβ-1b) and glatiramer treatments in relapsing-remitting multiple sclerosis. METHODS: Systematic review of literature. A bibliographic search was carried out to identify primary studies on MEDLINE and EMBASE until February 2011. Other databases consulted were: Cochrane Library, Centre for Reviews and Dissemination, EMBASE, ISI Web of Knowledge e INHATA. Inclusion criteria: 1) head to head randomized clinical trials; 2) patients with relapsing-remitting MS; and 3) Outcomes: relapse rate, proportion of relapse-free years. Exclusion criteria: 1) head to head randomized clinical trials; 2) patients with relapsing-remitting MS; and 3) Outcomes: relapse rate, proportion of relapse-free years.

RESULTS: Of 120 followed-up visits, 4 were excluded because they exposed to AEDs at DARR. In term of visits, 32 (5.68%) visits out of 563 demonstrated DARR. There was no association between the uses of AEDs at DARR with age, gender, race, child development, and seizure type. However, the uses of AEDs at DARR were significantly higher in polytherapy than in monotherapy units (Chi-square, p<0.001). Visits included DARR led to higher seizure frequency than visits without DARR (Mann-Whitney, P = 0.001). Ultimately, only patients who weren’t exposed to AEDs at DARR showed a significant improvement in their seizure control at the last follow-up visit compared with the baseline (Wilcoxon, P = 0.001).

CONCLUSIONS: The low frequency of DARR indicates the knowledgeability and awareness of the in charged pediatric neurologist about consequences of exceeding average effective doses. In term of better seizure control, uses of AEDs at DARR shows no benefit over using these agents at recommended doses.

PND5 EFFICACY AND SAFETY OF IMMUNO-REGULATORY DRUGS, INTERFERONS BETA AND GLATIRAMER IN RELAPSING-REMITTING MULTIPLE SCLEROSIS (RRMS) WHO EXPERIENCE DISEASE ACTIVITY DESPITE PREVIOUS DISEASE MODIFYING THERAPY
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OBJECTIVES: Patients with RRMS can benefit from disease modifying treatments (DMT) through delayed disease progression and reductions in relapse frequency. For patients who continue to experience disease activity despite DMT, therapeutic options have been limited. Understanding the relative prognosis of these sub-optimally treated (SOT) patients is of considerable interest given the availability of new treatment options. The aim of our study was to evaluate disease progression of SOT and non-SOT patients enrolled to the placebo arm of the FREEDOMS trial.

METHODS: SOT patients were randomized to placebo or GA (3 mg/kg q2w) for an unchanged relapse rate, or at least one relapse with additional disease activity observed on MRI, despite treatment with a DMT in the prior year. For each patient group (SOT and non-SOT), Markov state transition matrices were derived. Each matrix estimated the annualized drug and health care utilization costs.

CONCLUSIONS: The analysis suggests that RRMS patients who experience relapse and MRI activity despite previous treatment with a DMT face faster progression to severe disability states. The analysis highlights the importance of effective treatment options for these patients.

PND8 PREDICTION AND PROCEDURE FOR VERTIGO FOLLOW-UP IN FRANCE
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OBJECTIVES: Vertigo is a~c~ring and stressful symptom. It involves the illusion of movement that manifests itself with an impression of spinning. It is often accompanied by neurovegetative signs, but the patient remains conscious during the attack. Vertigo, often recurrent and sometimes persistent, can strongly alter the quality of life of patients, to the point of preventing the performance of the majority of daily activities. It increases the risk of falling and depression or anxiety. Describe the initial care of patients with vertigo by general practitioners in France.

METHODS: A total of 1400 general practitioners practicing in France were contacted, then questioned. RESULTS: The prevalence of consultations for vertigo and, being any type of vertigo, is 5.57%, with one in three is being recurrent vertigo, with an incidence of 2.49%. 45% of the vertigo cases were not associated with an underlying known pathology (for example, a middle ear infection or brain tumour), 40% of the benign paroxysmal positional vertigos, 5% Ménière’s disease, 6% vestibular neuritis or neuritis 69% of cases of recurrent vertigo not associated with an underlying pathology are treated by oral an anti-vertigo drugs, 4% are intravenous, 27% benefit from 2 galenic. Fifty percent of the patients who continue to experience disease activity despite DMT, therapeutic options have been limited. Understanding the relative prognosis of these sub-optimally treated (SOT) patients is of considerable interest given the availability of new treatment options. The aim of our study was to evaluate disease progression of SOT and non-SOT patients enrolled to the placebo arm of the FREEDOMS trial. Methods: SOT patients were randomized to placebo or GA (3 mg/kg q2w) for an unchanged relapse rate, or at least one relapse with additional disease activity observed on MRI, despite treatment with a DMT in the prior year.