between treatment groups. Differences reflected the known efficacy and safety profile of BRV. Where reported for other AEDs, changes from baseline and treatment group differences are similarly small, raising questions about the appropriateness of short-term fixed-dose trials as a source of HRQoL data for adjunctive AEDs in refractory patients. Long-term assessments may be more informative. Supported by UCB.

NEUROLOGICAL DISORDERS – Health Care Use & Policy Studies

PND81

DOES CRGS PROVIDE PROPER GUIDES FOR AN EFFICIENT PHARMACEUTICAL PRESCRIPTION IN ALZHEIMER PATIENTS?
Caballer-Patraquín M1, Vitae-Casasola E1, Escudero-Torrella P7, Macián-Izquierdo C1
1University of Valencia, Valencia, Spain, 2Politecnic University of Valencia, Valencia, Spain, 3Hospital General, Valencia, Spain

OBJECTIVES: The main aim of this paper is to analyze pharmaceutical expenditure in Alzheimer patients from a European southeastern region (Valencian Region [Spain]), by using the clustering patients system Clinical Risk Group (CRGs). We focused on obtaining more information about Alzheimer patients, stabilizing a more accurate prediction of their resources consumption and individuating patterns of pharmacoeconomic cost.

METHODS: A cross-sectional study of the inhabitants of a Valencian region with a population of 5,000,000 was carried out, using data extracted from Electronic Health Records for 2013. A sample of 24641 Alzheimer individuals were identified. RESULTS: From our sample 29.4% men and 70.6% women were found. The annual average cost per Alzheimer patient is €1 709.051. By gender, women average cost is 1718.66 € while men average consumption is 1685.97 €. Age is the factor that significantly affect pharmaceutical cost, while severity levels are not capable to explain cost variability. CONCLUSIONS: Valuable information about pharmaceutical cost of Alzheimer patients was found. In contradiction to other published works on the Alzheimer case, they had overall lower costs compared to males (amount charged $4513 vs $4582, (paid amount $4679 vs $4317). Even though most of the patients were females, but they had overall lower costs compared to males (amount charged $4513 vs $4582, p<0.05; co-payment $79 vs $106, p<0.05). Patients who received treatment in the Midwest region of the USA had a higher costs compared to east, west and south regions (paid amount $4618 vs $4608 vs $4373 vs $4405). CONCLUSIONS: The cost of Fingolimod treatment for RRMS patients is higher and costs the health plan around $3552 for 3 months. The cost of the drug treatment was higher in southern of the USA and males were paying more in general.

PND82

DEVELOPMENT OF A SCREENING TOOL TO SUPPORT IDENTIFICATION OF PATIENTS WITH SECONDARY PROGRESSIVE MULTIPLE SCLEROSIS (SPMS)
Ziemens T1, Simsek D2, Lazhe D3, Verduin de Catigno E7
1University Carol Gustav Carus, Dresden, Germany, 2Novartis Pharma AG, Basel, Switzerland

OBJECTIVES: Transition from RRMS to SPMS is difficult to diagnose. Here, we describe methodology for developing a screening tool that can help physicians to diagnose SPMS early. METHODS: Tool will be developed along 3 steps: Quantitative research: A retrospective cross-sectional study to describe differentiating characteristics between SPMS and late RRMS patients using Adelphi Real World database. 2791 MS patient records from 125 neurologists (US) are available. Key variables will include demographics, MS history, treatment history, daily activities, symptoms and clinical characteristics including MRI activity. Patients will be stratified based on EDDS and disease duration into early RRMS (control group), Late RRMS and Early SPMS. A multivariate regression analysis will identify the significant predictors of patient classification as ‘Late RRMS’ or ‘Early SPMS’ by physician. Qualitative research: (1) Open-ended qualitative interviews of patients (16 each in the US and Germany—8 RRMS and 8 SPMS) from 125 neurologists (US) to identify and characterize key features of these two MS phenotypes. (2) Integrating interviews with quantitative research to draft the tool. (3) Use of draft version by physicians treating SPMS and late RRMS patients (US). RESULTS: Key differentiating features of these two MS phenotypes. (4) Integrating interviews with quantitative research to draft the tool. (3) Use of draft version by physicians treating SPMS and late RRMS patients (US). CONCLUSIONS: Such a validated tool is expected to support physicians in more accurate and timely identification of SPMS patients to provide optimized clinical intervention.

PND83

QUANTIFYING THE IMPACT OF TREATMENT ON THE PUBLIC HEALTH BURDEN OF ADPKD: A UK CASE STUDY USING THE ADPKD OUTCOMES MODEL
Mckwan P1, Bennett WP2, O'Reilly K3, Robinson P1
1Health Economics and Outcomes Research Ltd, Monmouth, UK, 2Health Economics and Outcomes Research Ltd, Cardiff, UK, 3Otuska Pharmaceutical Europe Ltd, Wrexham, UK

OBJECTIVES: Autosomal dominant polycystic kidney disease (ADPKD) is characterised by enlarged kidneys, declining renal function and ultimately progression towards end-stage renal disease (ESRD), with significant mortality, co-morbidity and resource implications. This study aimed to quantify the humanistic and health system burden of ADPKD in the UK, and the potential impact of ADPKD treatment that may delay progression to ESRD. METHODS: ADPKD progression was predicted over a 50-year horizon using the ADPKD Outcomes Model. Patient profiles consistent with the CRISP (longitudinal) ADPKD outcomes trial were modelled in the ADPKD Outcomes Model. Sensitivity and specificity will be validated against reference tests in a 12Month prospective validation. CONCLUSIONS: Such a validated tool is expected to support physicians in more accurate and timely identification of SPMS patients to provide optimized clinical intervention.