to provide an insight regarding interrelationship between the psychological stress as one of the contributing factors towards acne among final year pharmacy students at International Islamic University Malaysia. METHODS: This cross sectional study was conducted by distributing questionnaire among 98 final year students. Information on severity of acne and level of stress was collected using the Global Acne Severity Scale (GASS) and the Perceived Stress Scale (PSS) which is a psychological test for assessing stress. RESULTS: The results obtained shows that there is positive correlation between acne vulgaris and stress, however it is not significant. The severity of the acne such as the open and closed comedones, into papules, pustules, and nodules and even cysts are also related with several factors which may exacerbate the acne conditions. Among those factors are gender and family history, exposure to sunlight, diet, lifestyle such as sleep and exercise, skin condition, and also intervention in solving acne problem. CONCLUSIONS: In conclusion, acne vulgaris and stress are associates factors in acne condition. Those numbers shows the importance to generate permanent public policies to improve the Colombians’ oral health.

PSS9
THE PREVALENCE OF AGE-RELATED MACULAR DEGENERATION IN INDIAN POPULATION: A SYSTEMATIC REVIEW
OBJECTIVES: The purpose of this study is to evaluate the prevalence of AMD in India through a systematic review of published studies. The study’s primary objective was to generate estimates for global 1-year period prevalence for sChe.
METHODS: An online survey, aiming for a number of national and international samples, was conducted in France, Germany, Japan, India, Brazil, China, recruited via consumer panels. Respondents were classified sufferers of sChe via questions on length of time experiencing symptoms, frequency and duration of flares, affected hand surface area, and on severity, using the photographic scale developed by Coenraads et al (2005). 147 sufferers meeting the qualifying criteria for sChe completed questions on diagnosis, treatment and disease characteristics.
RESULTS: Most patients present ourselves within 1 week of having noticed a flare. An estimated global 1-year period prevalence for sChe of 0.54% was found, after data adjustment to reflect the population of 18-75 years old by geographical region, and projection to total population. This is consistent with the range reported by Diempen et al (2007) 0.3% to 2.2%, those classified as sChe suffers, 53% reported having received a medical diagnosis of sChe; of these 80.2% had received treatment during the study period. 47% of those treated were classified as potentially refractory to topical steroids. The impact of the disease on the total sufferer population was greatest in social activities.
CONCLUSIONS: Our results indicate a lower than expected diagnosis level of sChe, given its prevalence and impact on sufferers. We also found that topical steroid treatment is unlikely to adequately control symptoms in significant numbers of cases of sChe. Future studies should be conducted with a scientific approach, allowing sizing and understanding of suffering populations, particularly in under-diagnosed conditions.

PSS10
A FIRST STUDY TO DETERMINE THE ECONOMIC IMPACT OF DENTAL CAVITIES IN COLOMBIA FOR 2011
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OBJECTIVES: According to the burden disease calculated by Ramirez et al. (2005), in Colombia dental cavities represented the third disease with most DALYs for both genders in all age groups. Also, the Ministry of Health and Social Protection (2012) reported that dental cavities were a leading cause of morbidity in 2011 with 1.360.619 occurrences in the health system. Because of this, we decided to determine the economic cost of dental cavities in Colombia from the third-party and patient perspectives for year 2011. METHODS: We used the official SISPRO data to get information regarding the number of visits per patient who had dental cavities. To calculate the monetary costs, we assumed that a treatment was provided to every patient who visited the office according to the national dental cavities guideline, all related costs were obtained from the SOAT fare manual 2011 reported by the government. We multiplied the treatment cost for each patient by the total number of dental visits to obtain the third-party cost. We calculated from the patient’s perspective the lost output as a result of lost production. CONCLUSIONS: With this first approximation to the economic impact of dental cavities the government can design cost-effective oral health policies to reduce its prevalence for Colombia’s population. The cost of dental cavities represents 0.2% of current GDP; this means that on average there is an expenditure of USD 14.6 million for each Colombian citizen to treat dental cavities. Those numbers shows the importance to generate permanent public policies to improve the Colombians’ oral health.

PSS11
RECENT COST TRENDS IN PATIENTS USING BIOLIGIC THERAPIES FOR THE TREATMENT OF PSORIASIS
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OBJECTIVES: Psoriasis (PsO) is an immune-mediated systemic inflammatory disease. The therapeutic classes available to treat PsO include biologic drugs. Despite rising wholesale acquisition costs of biologics in recent years, little documented evidence is available on cost trends from the US managed care perspective. This analysis evaluated changes in the cost of biologic medications for patients in 5 national healthcare organizations. METHODS: Continuously enrolled adult patients with ≥2 outpatient diagnoses for PsO (ICD-9: 696.1) were selected from the MarketScan Commercial and Medical Claims databases. We evaluated insurance claims for patients initiating biologic therapy from 2008 to 2013. Results of this analysis were stratified by all-cause vs. PsO-related costs and further subdivided into medical inpatient, medical outpatient, emergency room, and pharmacy costs. RESULTS: 13,045 patients met the inclusion criteria and composed the 6 cohorts. All-cause annual healthcare costs for the years 2008-2013 increased by a factor of 3.8 (95%CI: 3.2-4.5) and for ranibizumab or aflibercept (index date [ID]) between 11/18/2011-1/31/2014 for AMD: USD 11,372 vs 5.3, respectively; RVO: 4.5 vs 5.0, respectively) and related costs (AMD:$11,372 vs $56,234.161 plus the patient cost of USD 10.783.855. OBJECTIVE: After adjusting the information of the study, the public’s primary objective was to report the prevalence of AMD patients in India were retrieved from an electronic literature search in PubMed, Cochrane and EMBASE using the terms age-related macular degeneration (AMD) and the Percival Criteria for sChe. There were 12 studies that met the qualifying criteria for sChe. Of these 80.2% had received treatment during the study period. 47% of those treated were classified as potentially refractory to topical steroids. The impact of the disease on the total sufferer population was greatest in social activities.
CONCLUSIONS: Our results indicate a lower than expected diagnosis level of sChe, given its prevalence and impact on sufferers. We also found that topical steroid treatment is unlikely to adequately control symptoms in significant numbers of cases of sChe. Future studies should be conducted with a scientific approach, allowing sizing and understanding of suffering populations, particularly in under-diagnosed conditions.

PSS12
INJECTION FREQUENCY AND COSTS OF ANTI-VEGF TREATMENTS FOR NEOVASCULAR AGE-RELATED MACULAR DEGENERATION, RETINAL VENUS OCCLUSION, AND DIABETIC MACULAR EDEMA
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OBJECTIVES: Injection frequency and costs were examined for aflibercept 2.0 mg and ranibizumab 0.5 mg intravitreal injections in patients with neovascular age-related macular degeneration (AMD) or central retinal vein occlusion (CRVO), and ranibizumab 0.5 mg intravitreal injections in patients with diabetic macular edema (DMED). METHODS: This retrospective US claims study analyzed patients who started first-line treatment with ranibizumab or aflibercept [index date [ID]] between 11/18/2011-1/31/2014 for AMD, 9/21/2013-7/31/2014 for RVO, and 8/10/2012-1/31/2014 for DMED, and met the following criteria: aged ≥18 on ID, no bilateral disease; ≥12 months continuous coverage before ID (baseline period), AMD, RVO or DMED diagnosis (ICD-9 CM 362.52, 362.35, or 362.07) during baseline period or on ID, and 12 months of post-ID follow-up coverage without switching therapies. Twelve-month outcomes were number of injections and their respective costs. Injection frequency and costs were compared for aflibercept vs ranibizumab in multivariate regression models that adjusted for possible confounding variables (reference—ranibizumab, all comparisons). RESULTS: In AMD and RVO analyses, aflibercept (AMD N=316, RVO N=55) and ranibizumab (AMD N=875; RVO N=154) recipients had similar unadjusted mean number of injections (AMD: 5.6 vs 5.3, respectively; RVO: 4.5 vs 5.0, respectively) and related costs (AMD $11,372 vs $10,856, respectively; RVO $829 vs $793, respectively) at 12 months. In AMD regression analyses, number and costs of injections were not significantly different between aflibercept and ranibizumab [index date [ID]]: [cost] = 0.05, [cost] = 0.05, 95% CI: -0.02-0.08, Cost Ratio [CR] = 0.99, 95% CI: 0.95-0.97, respectively at 12 months. Similar results were seen for RVO [ID] = 0, 95% CI: 0.76-1.10, P = 0.85; CR = 0.89, 95% CI: 0.72-1.11, P = 0.31). In DMED patients (N=92), at 12 months, the mean (SD) number of ranibizumab 0.5 mg intravitreal injections was 6.4 (5.8), and mean costs were $5289 ($5294). CONCLUSIONS: In AMD and RVO patients, injection frequency and costs for aflibercept and ranibizumab treatments were similar at 12 months. Annual costs of treating DMED patients with ranibizumab were lower than for AMD and RVO patients.