OBJECTIVES: To summarize the pharmacoeconomics research articles published on diabetes mellitus in India. METHODS: PubMed database was searched for pharmacoeconomics research on diabetes and hypertension in India. The articles that were published and were available on PubMed database from the year 1990 to 2014 were searched by using MeSH (Medical Subject Headings) terms viz., pharmacoeconomics, cost effective analysis, cost analysis, health economics, economic analysis and cost of illness. All the studies shown in the search results were considered for the study irrespective of the type of pharmacoeconomic evaluation. RESULTS: A total of 113 pharmacoeconomic studies were found based on the MeSH terms. Out of 446, 15 (68.18%) studies were related to diabetes and 7 (31.82%) studies were related to hypertension. In India, most of the studies were conducted in Tamil Nadu state (n=12, 54.54%) followed by Karnataka (n=2, 9.09%), Chandigarh (n=2, 9.09%), Kerala (n=2, 9.09%), New Delhi (n=1, 4.54%), Maharashtra (n=1, 4.54%), Gujarat (n=1, 4.54%) and Telangana state (n=1, 4.54%). Most of the articles were published in between the year 2011-2014 (n=10, 45.45%) followed by 2007-2010 (n=6, 27.27%), 2000-2006 (n=3, 13.64%) and 1990-2003 (n=2, 8.78%). There were no published articles on pharma-coeconomics studies from the year 2003 to 2006. CONCLUSIONS: The pharmacoeconomic studies published in India are relatively less compared to that of developed countries. There is a need for furthering pharmacoeconomic research on the most prevalent chronic diseases such as diabetes and hypertension in India. Researchers should also gear-up to publish pharmacoeconomics related research in reputed journals with high impact factor.

PCV124
RISK OF DIABETES WITH OR WITHOUT THE PRESENCE OF OTHER OBESITY-RELATED COMORBIDITIES (HYPERTENSION, STROKE AND CORONARY HEART DISEASE): NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY, 2007-2010
Leopa MY, Carlson NF, Colditz GA, Chang S
Division of Public Health Sciences, Department of Surgery, Washington University School of Medicine, St. Louis, St. Louis, MO, USA
OBJECTIVES: Diabetes is one of the most prevalent chronic diseases in the United States. The risk of developing diabetes is closely related to body mass index (BMI). This study investigated the population-specific likelihood of developing diabetes in relation to other obesity-related comorbidities (hypertension, stroke, and coronary heart disease (CHD)) in the United States from 2007 to 2010. METHODS: Data from the National Health and Nutrition Examination Survey (NHANES) were used to analyze the risks of diabetes. The probability of developing diabetes was estimated by fitting an exponential survival function to the age first diagnosed with diabetes and BMI controlling for race (white, black, and other), BMI category (normal weight: 18.5-24.9 kg/m2, overweight: 25.0-29.9 kg/m2, and obese: >30 kg/m2), and prior diagnosis of stroke, CHD, and hypertension. Complex sampling design in the NHANES data was adjusted for in all analyses. RESULTS: We found that males were more likely to develop diabetes than females. The age of diagnosis of diabetes was 18-26% in blacks and whites had the highest risk of diabetes. The likelihood of developing diabetes increased with BMI. Obese individuals had a two times higher risk than normal weight individuals for most gender and race groups. Among hypertension, stroke, and CHD, hypertension was found to be the most highly correlated with diabetes risk. Individuals with hypertension were three times more likely to develop diabetes compared with individuals without any comorbid conditions. Using normal weight white females as an example, the probability of developing diabetes related to hypertension was 0.04% compared with 0.13% for individuals with hypertension. A similar pattern of diabetes risk was found in patients with both hypertension and stroke. CONCLUSION: Using NHANES data, we estimated the risk of developing diabetes for the U.S. population. Understanding the comorbidities related to diabetes is critical in delivering optimal care to diabetes patients. These data provide important information for clinicians, researchers and policy makers in formulating strategies for diabetes care.

PCV125
FUNCTIONAL STATUS AND DIFFICULTY IN ACTIVITIES OF DAILY LIVING AMONG AGING POPULATION OF INDIA
Sukhla RK1,2, Sakhuja SK1
1Roosevelt University College of Pharmacy, Schaumburg, IL, USA, 2UWI-School of Clinical Medicine and Research, Nassau, Bahamas
OBJECTIVES: Aging population in India is growing faster than other countries in the world. Aging impairs functional independence, impact activities of daily living (ADLs) and reduces quality of life. The goal of this study was to assess functional status and ADLs among aging population of India. METHODS: The Longitudinal Aging Study in India (LASI) data was used to assess functional status and ADLs in elderly population. Data collected as part of LASI questionnaire on self-reported and European health scale, and Wallace and Herzog ADL scale was analyzed for descriptive statistics and for differences using the Chi square test and ANOVA. A regression analysis was performed to identify relationships between demographic characteristics, functional status and ADLs. A p value of < 0.05 was considered statistically significant. RESULTS: A total of 1,658,809 adults of 80 years of age or older were represented on two different health scales. Approximately 8.09% of respondents reported difficulty with one or more of the five activities such as difficulty in bathing and getting in and out of bed. Significant differences in functional status and ADLs were significant among respondents from four different states. Thirty six percent respondents from Kerala had work limiting health conditions and 40% from Karnataka had difficulty with ADLs (p<0.05). Regression analysis showed significant relationship between functional status and mortality. The factors – age, ADLs, chronic morbidity, poverty, and urbanization – are necessary to address these issues. This study assessed patterns of ADLs across the antihypertensive drug classes (ADCs) used as first-line treat- ment. The age groups compared the rate of difficulty in bathing and getting in and out of bed. CONCLUSION: The study found the prevalence and severity of difficulties in ADLs among older adults in India. This study is the first of its kind conducted in India and provides a platform to assess the impact of ADLs on mortality and quality of life in older adults. It will be important to improve ADLs among older adults in India.

PCV126
ECONOMICS AND OUTCOMES OF GLOBAL VASCULAR HOSPITAL ADMISSIONS IN ARGENTINA
Insur J
Hospital Universitario Austral, Pachuco, Argentina
OBJECTIVES: The costs and outcomes of global vascular disease (GVD) are difficult to obtain in middle income countries. Mortality and readmissions are regarded as important quality outcomes. We used the standardized results of a hospitalization study to obtain hospital mortality and readmissions at 365 and 30 days. METHODS: We developed a standardized registry from a cross-sectional study (Value in Health 2011,14:A18). The universe of patients is all Clinical Classification Software Grouper, CCS #100-116 of hospital discharge minimum data set (MDS). The 30 day readmission (<30 d ReH) defined as the number of stays with at least one subsequent hospital stay within 30 days/ (the total number of hospital stays in the one year period observed (N), 365 day readmission (N) for the definition of N (365 d ReH) for the number of patients. RESULTS: The most lethal CCS was #107: 91,04% (95%CI 84,21-97,88%), (all individual/ group results not provided here). CONCLUSIONS: After obtaining prevalence esti- mates of major GVD using CCS groupers, a standardized methodology, we were able to obtain mortality, case fatality and first readmission estimates for major cardiovascular discharges of the country.

PCV127
DEPRESSION TREATMENT AMONG WOMEN WITH CARDIO-METABOLIC CONDITIONS: FINDINGS FROM MEDICAL EXPENDITURE PANEL SURVEY 2012
David A, Sambamoorthi U
West Virginia University, Morgantown, WV, USA
OBJECTIVES: Little is known about the current practices of managing depres- sion among the women with cardio-vascular conditions. Therefore, the cur- rent study was conducted to identify types of depression treatment among the women with cardio-metabolic conditions using a nationally representative survey data. METHODS: Using data of 2012 Medical Expenditure survey a retrospective cross sectional study was performed. The study sample consisted of 944 women aged 18-64 years with the history of being diagnosed with cardiometabolic conditions: hypertension, heart disease, and diabetes. Depression treatment was classified into three categories: 1) No treatment, 2) Antidepressant use only and 3) Psychotherapy with or without antidepressant. The differences in the rates of depression treatment by demographic, socio-economic, and health-status were analyzed using chi-square tests. Factors associated with depression treatment were identified using multinomial logistic regression. RESULTS: A greater propor- tion of women with cardio-metabolic conditions received only antidepressant as a primary depression treatment (55%), and combination therapy (24%), whereas, 21% women did not receive any depression treatment. Women with co-existing anorexia use more antidepressants (95% CI: 1.45, 1.57) and combination therapy with or without antidepressant (95% CI: 1.45, 1.57) than women with fair mental health status (AOR: 4.43, 95% CI: 1.45, 13.47), and women with living in rural areas AOR: 2.92, 95% CI: 1.21,7,05) were significantly more likely to receive psychotherapy with or without antidepressant. Whereas, women with lower than high school education and fair or poor physical health status were less likely to receive psychotherapy with or without antidepressant. Women with no usual source of care were significantly less likely to receive only antidepressant treat- ment compared to the forth of women (AOR: 2.92, 95% CI: 1.21,7,05). CONCLUSION: The study found that the prevalence and severity of difficulties in ADLs among older adults in India. This study is the first of its kind conducted in India and provides a platform to assess the impact of ADLs on mortality and quality of life in older adults. It will be important to improve ADLs among older adults in India.

PCV128
PATTERNS OF TREATMENT MODIFICATIONS IN NEWLY TREATED HYPERTENSIVE PATIENTS: DOES CHOICE OF MODIFICATION STRATEGY AFFECT LIKELIHOOD OF TREATMENT DISCONTINUATION?
Humar KM1,2, Khan J1, Garca KB3, Wright BM3, Zeng P1, Gundigula Cazaban CM1, Hansen RA1
1Auburn University, Auburn, AL, USA, 2University of Texas School of Public Health, Houston, TX, USA
OBJECTIVES: Recent studies have reported that a very high number of hypertensive patients’ discontinue their treatment which may be attributed to issues such as unattained blood pressure goals, adverse drug events, drug cost, or personal factors. Further, treatment modification strategies (TM) – addition, uptitrion, switching, and discontinuation – are necessary to address these issues. This study assessed patterns of TM across the antihypertensive drug classes (ADCs) used as first-line treat- ment. The age groups compared the rate of difficulty in bathing and getting in and out of bed. CONCLUSION: The study found the prevalence and severity of difficulties in ADLs among older adults in India. This study is the first of its kind conducted in India and provides a platform to assess the impact of ADLs on mortality and quality of life in older adults. It will be important to improve ADLs among older adults in India.

treatment initiation. The rates of TM were significantly different across ADCs; among patients uptitrating doses, those uptitrating to a low-intensity statin (range, 20/40 mg, simvastatin 80 mg) were initiated in 15% of patients, with the percentages varying significantly across ADCs. In the real-world, TMs occur much later than the known treatment, respectively) determined by treatment data (dosing, start/end dates, and prescription duration and prescriber information, either in hospital or at discharge, following VTE, or as new treatment for first-time VTE event). Logistic regression with backward elimination identified significant predictors of treatment allocation. RESULTS: Patients’ mean age was 61.3 years (SD = 14.3) and 47.4% were females. The hierarchy of treatments revealed that 63.1% of patients were using VKA, 30.6% using rivaroxaban or LMWH but no VKA, and 6.3% using other comparators. Mean treatment duration for VKA (168 days) than for rivaroxaban (139 days) or LMWH (46 days) patients. LMWH treatment was significantly more common than VKA among cancer patients (odds ratio (OR): 2.35, P < 0.01), but less likely among pulmonary embolism or deep vein thrombosis patients. In 2014 to 2015, treatment initiation rates were significantly different across ADCs; patients with inadequate response to methotrexate. The outcomes were occurrence of serious adverse events, serious infections and withdrawal due to adverse event. RESULTS: This study aims to understand unmet medical needs despite risk factors can play a major role in determining continuation of therapy which is likely to reduce VTE recurrence.

MUSCULAR-SKELETAL DISORDERS – Clinical Outcomes Studies

PMS1

SAFETY OF TOFACITINIB COMPARED TO BIOLOGICAL DMARDS IN RHEUMATOID ARTHRITIS PATIENTS WITH AN INADEQUATE RESPONSE TO METHOTREXATE: OVERVIEW OF SYSTEMATIC REVIEWS

Reyes JM1, Rodriguez A2

1Department of Rheumatology, Bogota, Colombia, 2Universidad Nacional de Colombia, Bogota, Colombia

OBJECTIVES: The aim of this network meta-analysis was to compare the safety of tofacitinib to biological DMARDS for treatment of rheumatoid arthritis in patients with inadequate response to methotrexate. METHODS: We performed an overview of systematic reviews of available randomized controlled trials comparing biological DMARDS with tofacitinib and with methotrexate alone in patients with rheumatoid arthritis with inadequate response to methotrexate. The search was performed using the database of MEDLINE, EMBASE, Lilacs, CUMULATIVE INDEX TO NURSING AND ALLIED HEALTH LITERATURE (CINAHL), DARE and HTA reviews. The last update was October 2015. The primary outcome was serious adverse events, serious infections and withdrawal due to adverse events. RESULTS: This review could not provide any firm conclusions due to the limited number of comparisons and the small sample size of the included studies. However, the results suggest a lower risk of serious adverse events, serious infections and withdrawal due to adverse events in patients treated with tofacitinib compared to biological DMARDS. These results need to be confirmed in larger and well-designed randomized controlled trials.