included age = 49 years, disease duration = 9.5 years, TJC = 24, SJC = 14, HAQ-DI = 1.0, and PASI = 7.9. Forty-four percent of patients were female. Pearson correlation coefficients between variables were −0.6 (HAQ-DI and SF-6D, p < 0.05), −0.2 (PASI and SF-6D, p < 0.05) and 0.1 (HAQ-DI and PASI, p = 0.2) As determined by multiple linear regression, significant independent predictors of PsA-related QoL (in descending order of importance) were: functional loss (HAQ-DI), severity of psoriasis (PASI), and TJC (all p < 0.05). SJC was not a significant predictor of QoL in PsA. CONCLUSIONS: In patients with PsA, the main determinants of QoL measured were degree of disease-related functional loss and severity of skin disease. In contrast to findings in rheumatoid arthritis, joint counts were of secondary importance. These findings have important implications for economic evaluations of new treatments for PsA.

Cost Evaluation Studies In Urologic and Hematologic Diseases

COST AND QUALITY OF LIFE OF HEMOPHILIA: COMPARISON BETWEEN PATIENTS WITH AND PATIENTS WITHOUT INHIBITORS
Scalone L,1 Gringeri A,1 Mannucci PM,1 Von Mackensen S,1 Mantovani LG1
1Center of Pharmacoeconomics, Milan, Italy; 2Haemophilia and Thrombosis Centre, Milan, Italy; 3Institute for Medical Psychology, Hamburg, Germany
OBJECTIVE: the management of hemophilic patients is very expensive. This situation becomes extreme when patients develop inhibitors, which comprises the effectiveness of treatment, with potential increase of morbidity and mortality. We compared cost of care and Health-Related Quality-of-Life (HRQoL) between hemophilic patients with (INHIB+) and those without (INHIB–) inhibitors. METHODS: INHIB+ was enrolled in the Cost Of Care Inhibitors Study (COClS) [Gringeri et al, Blood 2003]; INHIB– was enrolled in the Cost Of Care of HEmophilia (COCHE) study: naturalistic, multicentre, longitudinal studies involving patients enrolled at the Italian HemoCentres. Results are reported on: cost with clotting factor concentrate used, in the Italian National Health Service’s point of view, HRQoL evaluated with the Euroqol and Short Form-36. The bootstrap resampling method (5000 samples) was applied as a statistical approach to compare the two groups. RESULTS: INHIB+ was 52: median age 35 years (15–64), 100% with hemophilia A, 94.2% with severe hemophilia, 98% high responders. INHIB– was 232: median age 34.3 years (18–74), 86.6% with hemophilia A, 72.4% with severe hemophilia. Patients with inhibitors bled significantly less frequently than patients without inhibitors (p < 0.0001): INHIB+ reported on average 0.59 hemorrhages/patient/month to joints and muscles (median = 0.33, 0–2.61); INHIB– had 2.10 hemorrhages/patient/month (median = 1.44, 0–26.0). On average 0.16 surgical interventions/patient/year were performed to INHIB+ (19.2% patients involved), 0.35 interventions/patient/year were performed to INHIB– (16.4% patients involved). Overall, cost of care for INHIB+ was 17,725 (€/patient/month); cost for INHIB– was 8,341 (€/patient/month, 16,473 (€/patient/month to treat patients on prophylaxis and 4.2 to treat those on demand regimen. In the two groups HRQoL was similar, concerning both the physical and mental components. CONCLUSION: treatment for INHIB+ patients is much more costly than that for INHIB–patients, is effective and allows reaching good levels of HRQoL, similar to those perceived by INHIB– patients.