retrospective medical chart-review of RA patients was conducted to collect de-identified data for those recently treated with a biologic as part of usual care. Physicians (rheumatologists) were screened for duration of practice (3-30yrs) and patient volume (incl. >5 RA biologic patients/month) and recruited from a large panel to be geographically representative. Eligible patient charts (>3) were randomly selected from a random patient pool at each center/practice during each screening period. Physicians abstracted patient diagnosis, treatment patterns/dynamics and patient symptomatology/disease status/outcomes. Patients on adalimumab/ etanercept (PSA) were identified, in rheumatology clinics, as patients with rheumatoid arthritis (RA) patients with an inadequate response to methotrexate. METHODS: We performed an analysis of systematic review published in the last five years that assessed biological DMARDs (adalimumab, certolizumab, infliximab, etanercept, golimumab, tocilizumab, rituximab in combination with methotrexate compared with biological DMARDs in RA patients with inadequate response to methotrexate. RESULTS: Our study reveals that Chinese MG patients have poor QoL, and Ocular MG patients have better QoL than those who are Mild and Moderate MG, and disease impact is influenced by the degree of muscle weakness. PMS17

LONG-TERM DECREASE IN GOUT FLARE RATES ASSOCIATED WITH EFFECTIVE URATE LOWERING THERAPY

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OBJECTIVES: Using 1997-2008 Taiwan’s National Health Insurance research database, we identified incident chronic dialysis patients with concomitant diagnosis of osteoporosis who had received AOMs during the year before dialysis between 1998 and 2007; the AOMs included salmon calcitonin, parathyroid hormone (Forteo®), and teriparatide. Following the inception of dialysis, patients who continued AOMs were categorized into AO treated cohort and those who ceased using AOMs were AO untreated cohort. Study outcomes were defined as hospitalizations due to hip or vertebral fracture during the follow-up period. RESULTS: We identified 490 patients receiving AOMs during the year before dialysis. The mean age of AO untreated cohort and AO treated cohort were 74.40 and 71.64. Fracture hazard risk (HR) in the AO treated cohort was not significantly lower than the AO untreated cohort, either unadjusted (HR=0.82; 95%CI=0.67-1.01) or adjusted (HR=0.90; 95%CI=0.74-1.10). The results of this analysis may be useful for modeling the long-term clinical and economic outcomes of ULTs in patients with gout.

PMS18


A155

USE OF ANTI-OSTEOPOROSIS MEDICATIONS AND FRACTURE RISK AVOIDANCE AMONG ELDERLY PATIENTS WITH END-STAGE RENAL DISEASE: A RETROSPECTIVE COHORT STUDY

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OBJECTIVES: Evidence supporting the use of anti-osteoporosis (AO) medications for preventing fracture among elderly patients with end-stage renal disease (ESRD) was scarce. This study evaluated the benefits of AOMs in fracture prevention for elderly patients with ESRD. METHODS: Using 1997-2008 Taiwan’s National Health Insurance research database, we identified incident chronic dialysis patients with concomitant diagnosis of osteoporosis who had received AOMs during the year before dialysis between 1998 and 2007; the AOMs included salmon calcitonin, parathyroid hormone (Forteo®), and teriparatide. Following the inception of dialysis, patients who continued AOMs were categorized into AO treated cohort and those who ceased using AOMs were AO untreated cohort. Study outcomes were defined as hospitalizations due to hip or vertebral fracture during the follow-up period. RESULTS: We identified 490 patients receiving AOMs during the year before dialysis. The mean age of AO untreated cohort and AO treated cohort were 74.40 and 71.64. Fracture hazard risk (HR) in the AO treated cohort was not significantly lower than the AO untreated cohort, either unadjusted (HR=0.82; 95%CI=0.67-1.01) or adjusted (HR=0.90; 95%CI=0.74-1.10). The results of this analysis may be useful for modeling the long-term clinical and economic outcomes of ULTs in patients with gout.