reported approximately 20% impairment in productivity due to psoriasis. Twenty-six percent of the patients indicated psoriasis was the reason for altering their job type, description, or work responsibilities. Thirty-four percent of patients believed that their condition affected their choice of career or ability to find a job. Assuming patients were not paid during their absenteeism, absence from work resulted in lost mean patient wages of CDN$2,580.97 per person per year. With an estimated 330,000 Canadians suffering from moderate to severe psoriasis, total lost wages due to moderate to severe psoriasis may cost up to approximately CDN$852 million for all moderate to severe psoriasis patients in Canada. CONCLUSION: The results of this study indicate that moderate to severe psoriasis may have a substantial impact on the work productivity of patients with this disease. Further studies on lost productivity as well as societal impact of moderate to severe psoriasis are needed.

**USTEKINUMAB IMPROVES WORK PRODUCTIVITY AND DECREASES WORKDAYS MISSED DUE TO PSORIASIS IN PATIENTS WITH MODERATE TO SEVERE PSORIASIS**

Reich R¹, Lebwohl M¹, Schenkel B², Eisenberg D⁻, Sapary P¹, Yeilding N¹, Guzzo C³, Hsu MC³, Li S⁴, Gordon KB⁴

¹University Hospital, Gottingen, Germany, ²Mount Sinai School of Medicine, New York, NY, USA, ³BJ Pharmaceutical Services L.L.C, Horsham, PA, USA, ⁴Centocor Clinical Research and Development, Inc, Malvern, PA, USA, ⁵Evantoon Northwestern Healthcare, Skokie, IL, USA

OBJECTIVE: To examine the effect of ustekinumab on work productivity and the number of workdays missed due to psoriasis. METHODS: A total of 1,995 patients were enrolled in the PHOENIX I and II trials. Patients were randomized 1:1:1 to one of three groups: placebo, ustekinumab 45 mg, or ustekinumab 90 mg. In the ustekinumab groups, patients received treatment at weeks 0, 4, and every 12 weeks thereafter. Patients randomized to placebo at baseline crossed-over to receive either 45 mg or 90 mg of ustekinumab at weeks 12, 16, and every 12 weeks thereafter. Productivity was assessed using a 10 cm Visual Analog Scale (VAS), and change in productivity was recorded in cm units. Productivity and number of workdays missed due to psoriasis in the last 4 weeks was evaluated at weeks 0 and 12 in both trials. RESULTS: Mean and median baseline productivity scores and number of workdays missed due to psoriasis were similar between treatment groups at baseline. At week 12, the ustekinumab 45 mg and 90 mg groups had significantly greater improvements (p < 0.001 for both comparisons) from baseline in productivity scores than the placebo group. The mean (median) change in productivity from baseline score at week 12 was -2.2 (-1.1) for the 45 mg group and -2.4 (-1.4) for the 90 mg group, compared with 0.0 (0.0) for the placebo group. The mean (median) change from baseline to week 12 in the number of workdays missed due to psoriasis in the last 4 weeks was 0.0 (0.0) in the placebo group, -0.2 (0.0) in the 45 mg group (p < 0.002), and -0.3 (0.0) in the 90 mg group (p < 0.002). This could translate to an annualized average reduction of missed workdays due to psoriasis of 2.6 days for the 45 mg group and 3.9 days for the 90 mg group. CONCLUSION: Ustekinumab 45 mg and 90 mg resulted in significantly improved productivity compared with placebo in moderate-to-severe psoriasis patients, as measured by the productivity VAS and workdays missed due to psoriasis.

**VALUE OF DRIVING FOR PATIENTS WITH GLAUCOMA: WILLINGNESS TO PAY**

**PHOENIX I and II trials.** Patients were randomized 1:1:1 to one of three groups: placebo, ustekinumab 45 mg, or ustekinumab 90 mg. In the ustekinumab groups, patients received treatment at weeks 12, 16, and every 12 weeks thereafter. Productivity was assessed using a 10 cm Visual Analog Scale (VAS), and change in productivity was recorded in cm units. Productivity and number of workdays missed due to psoriasis in the last 4 weeks was evaluated at weeks 0 and 12 in both trials. RESULTS: Mean and median baseline productivity scores and number of workdays missed due to psoriasis were similar between treatment groups at baseline. At week 12, the ustekinumab 45 mg and 90 mg groups had significantly greater improvements (p < 0.001 for both comparisons) from baseline in productivity scores than the placebo group. The mean (median) change in productivity from baseline score at week 12 was -2.2 (-1.1) for the 45 mg group and -2.4 (-1.4) for the 90 mg group, compared with 0.0 (0.0) for the placebo group. The mean (median) change from baseline to week 12 in the number of workdays missed due to psoriasis in the last 4 weeks was 0.0 (0.0) in the placebo group, -0.2 (0.0) in the 45 mg group (p < 0.002), and -0.3 (0.0) in the 90 mg group (p < 0.002). This could translate to an annualized average reduction of missed workdays due to psoriasis of 2.6 days for the 45 mg group and 3.9 days for the 90 mg group. CONCLUSION: Ustekinumab 45 mg and 90 mg resulted in significantly improved productivity compared with placebo in moderate-to-severe psoriasis patients, as measured by the productivity VAS and workdays missed due to psoriasis.

**Sensory Systems Disorders—Health Care Use & Policy Studies**

**PROSTAGLANDIN ANALOG USE WITH AND WITHOUT ADJUNCTIVE THERAPY FOR THE TREATMENT OF GLAUCOMA: A NETHERLANDS POPULATION-BASED ANALYSIS**

Iskedjian M¹, Walker JH², Enarson TR³, Desjardins O⁴, Herings RMC⁵, Suku M⁶, Covert D⁷

¹PharmIdeas, Buffalo, NY, USA, ²Brock University, Faculty of Business, St. Catharines, ON, Canada, ³University of Toronto, Toronto, ON, Canada, ⁴Pharmides Research and Consulting Inc, Oakville, ON, Canada, ⁵PHARMO Institute, Utrecht, Netherlands, ⁶Alcon Research Ltd, Forth Worth, TX, USA

OBJECTIVES: Glaucoma is an optic neuropathy associated with visual field loss. Currently, treatment for glaucoma is focused on controlling intraocular pressure. First-line treatment typically involves β-blockers or prostaglandin analogs (PAs). β-blockers and other intraocular pressure lowering agents (IOPLAs) may be used as adjunctive therapy to prostaglandins. We quantified the use of adjunctive therapy in association with prostaglandins. METHODS: We conducted a cohort study using pharmacy dispensing data from The Netherlands using the PHARMO database. We identified all patients with a first dispensing for bimatoprost, latanoprost or travoprost between January 2, 1998 and July 1, 2006, and determined the proportions of patients who received adjunctive therapy in the first 12 months of prostaglandin use. Use of adjunctive therapy was identified by at least