fered from high levels of anxiety, stress, and depression. The most frequent co-morbidities included hypertension, coronary artery diseases, hyperlipidemia, diabetes, obesity, depression, other skin diseases, and inflammatory bowel disease. Pсорiasis may also confer an independent risk of acute myocardial infarction.

OBJECTIVES: This study examined the opioid-sparing effectiveness, analgesic efficacy and tolerability of postoperative administration of parecoxib in total knee arthroplasty.

METHODS: We performed a retrospective study of enrolees received patient-controlled analgesia (PCA, consisted of morphine 1 mg/ml and fentanyl 30 mcg/ml) with or without single-dose of intravenous 40 mg parecoxib following TKA from November 2010 through April 2011. Effect was assessed by the amount of PCA used, pain intensity, length of hospital stay (LOS), satisfaction score and adverse events. RESULTS: Nine patients under PCA with parecoxib as the parecoxib group and 73 patients without parecoxibus as the control group were evaluated. PCA consumption was observed to be reduced in the parecoxib group by 17.2%, 25.5% and 39.8% less than the controlled group at 24 h, 48 h, and 72 h after surgery. Pain at movement improved significantly at 48 h and 72 h in the parecoxib group compared with the visual analogue scale (VAS). There were significant differences in pain scores at rest and LOS, however, between those who received parecoxib or not. Satisfaction was described as “good, fair, and poor” by 0%, 89%, and 11% in the parecoxib group, respectively, compared with 4%, 81%, and 15% in the control group. The overall incidences of adverse events were reported for 78% of patients with parecoxib and 71% of patients without parecoxib.

CONCLUSIONS: In this study, postoperative administration of parecoxib demonstrated benefit in terms of PCA consumption and VAS score at movement. Therefore, it seemed that parecoxib provided opioid-sparing and analgesic effect. And, the parental preparation of parecoxib may be especially useful when patients were unable to take oral medication or were experiencing nausea and vomiting.

PSY3

ASSESSING THE COST EFFECTIVENESS OF PUBLIC HEALTH INTERVENTIONS TO PREVENT OSTEoporosis: A SYSTEMATIC REVIEW OF THE EFFECTIVENESS OF 16 OBESITY PREVENTION INTERVENTIONS

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OBJECTIVES: Obesity and overweight constitute a significant public health issue in New Zealand. The aim of this systematic review was to formally assess the evidence on the effectiveness of selected obesity interventions.

METHODS: The first phase of this research involved a wide-ranging scoping search of the literature to identify population-based obesity-prevention interventions. The search was conducted using the Embase and Medline databases, a generic internet search and the contributions of the stakeholder reference group. A total of 95 relevant primary prevention interventions were found, with 38 of these assessed in Australia or New Zealand. The research team and the stakeholder reference group considered the results of the scoping search and selected 16 interventions that appeared to be effective using a weight-based outcome for full systematic review.

RESULTS: The selected interventions were based on both nutrition and physical activity in a variety of age groups and settings (pre-school, school, tertiary education, community, primary care and workplace). Interventions generally showed greater reductions in body mass index (BMI), BMI z-score, weight, weight to height ratio, waist circumference and the incidence of being overweight or obese compared with controls. In a school-based nutrition and physical activity intervention in Australia, children in the intervention group gained significantly less weight compared with the control group (0.92 kg; P = 0.03). In a study of a general health screening conducted in Denmark, the body mass index of adults receiving the intervention increased 0.6 kg/m² less that those not receiving the intervention.

CONCLUSIONS: A number of tools were shown to have the potential to promote health in a range of populations and settings. The most cost-effective interventions for obesity prevention were a school-based programme for children and general health screening and advice for adults in a primary care setting.

PSY4

STUDIES ON LEAD DETOXIFYING EFFECT OF ASCORBIC ACID IN TRAFFIC POLICE STATIONS: A PRELIMINARY REPORT

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OBJECTIVES: Lead toxicity has been labeled as a major health problem globally with limited therapeutic options. Literature review reports controversial results on the lead detoxifying potential of ascorbic acid (vitamin C). The aim of this study was to see if vitamin C supplementation reduces lead levels of blood in adult subjects exposed to lead.

METHODS: After ethical approval and informed consent the traffic police (TP) (n=75) and controls (C) (n=40) were randomly divided into two groups each containing 40 subjects. One group received 500 mg vitamin C, while the second group was given 1000 mg orally daily for a period of one month. Blood samples were collected at 0, 15, and 30 days of treatment and lead levels were analyzed from the

PSY5

ESTIMATING THE PREVALENCE OF FIBROMYALGIA AND ITS IMPACTS ON HEALTH IN THAILAND: A COMMUNITY-SURVEY IN BANGKOK, THAILAND

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OBJECTIVES: To describe the prevalence and treatment status of hemophilia A (HA), hemophilia B (HB), hemophilia C (HC) and Von Willebrand disease (VWD) in mainland China to be 49,339 based on the data from the 6th nationwide census. The main aim of this study was to estimate the number of hemophiliac in mainland China. We estimated the number of haemophiliacs in China were included. Meta-analysis was done using the generic inverse variance model.

RESULTS: In addition, we carried out a search of general and targeted hemophilia related websites. Reference lists of key reviews were hand-searched for further relevant researches. Studies providing data of prevalence or cost of hemophilia in mainland China were included. Meta-analysis was done using the generic inverse variance model. RESULTS: 22 epidemiological and 16 economic studies were included for the analysis. The weighted prevalence of hemophilia (HA+HB+HC+VWD) was 3.6 per 100,000 (95% CI: 2.7-4.9 per 100,000). We estimated the number of hemophiliac in mainland China to be 49,339 based on the data from the 6th nationwide census. The official registration number of hemophiliacs in mainland China is 9804. More than 50% of hemophiliacs in mainland China were treated on-demand therapy to prophylaxis. In the choice of treatment, less than 50% used pure blood coagulation factors. Less than 10% received prophylaxis. Based on the cost-effective strategy, low-dose prophylaxis was a cost-saving strategy compared to on-demand therapy. The frequency of bleeding could be reduced by 80% and the life of hemophiliacs would be close to normal if extra CN¥2.66 billion (CNY35846/case) were invested every year.

CONCLUSIONS: The prevalence of hemophilia in mainland China is underestimated. Registration management has to be improved. Patients with hemophilia lack treatment generally. It is practical to consider changing the treatment of hemophilia from on-demand therapy to low-dose prophylaxis.
OBJECTIVES: Chronic hepatitis B (CHB) is a major health problem in Taiwan where an estimated two million people are infected with the virus, with many being untreated. The disease is associated with a high risk of long-term health complications including cirrhosis and hepatocellular carcinoma (HCC). Treatment with anti-virals such as entecavir reduces the risk of complications and may lead to long-term cost savings. The aim of this economic modeling study was to investigate the socio-economic benefits of CHB treatment in Taiwan and assess the economic benefits of treatment. METHODS: A Markov model was developed that comprised health states describing the management and consequences of CHB. Data from the Taiwanese observational REVEAL cohort were used to estimate the risk of CHB complications. Cost-effectiveness ratios were derived from literature and prevalence estimates were included to calculate the burden of disease amongst 30-59 year olds eligible for treatment in Taiwan. The model compared the economic impact of doubling the number of eligible patients treated with entecavir on the incidence of hepatic complications and associated costs. The model was conducted from a Taiwanese payer perspective with a 40 year time horizon. RESULTS: Treatment of more eligible patients reduced the number of CHB complications over 40 years and was associated with a 1.06% (NTD 9.1 billion) reduction in total costs for all diagnosed patients. Inclusion of productivity losses accentuated this with relative cost savings of 1.68% (NTD 17.2 billion). Based upon this setting, cost savings would be realised by year 15. CONCLUSIONS: CHB is likely to have a substantial economic impact over the next 40 years in Taiwan. Treating a greater proportion of patients would decrease this burden and lead to cost savings. Furthermore, treating more patients is predicted to reduce productivity losses, improve quality of life, and reduce mortality.

BUDGET IMPACT ANALYSIS OF USTEKINUMAB FOR THE TREATMENT OF MODERATE TO SEVERE CHRONIC PLAQUE PSORIASIS IN THAILAND

OBJECTIVES: To estimate the budgetary consequence of adding Ustekinumab to the reimbursement list in Thailand. METHODS: From payer’s perspective, a 5-year budget impact model was developed based on the current treatment algorithm and reimbursement criteria for moderate to severe chronic plaque psoriasis. We assumed the current biologic reimbursement program for psoriasis in civil servant medical benefit scheme (CSMBS) was expanded to cover all Thai population. Annual budget impact assessment was a result of changes of current mix of biologic therapies by introduction of Ustekinumab. This use is as 1st or 2nd biologic agent in patients with inadequate response from systemic therapies or other biologics, respectively. Current and future market mix data of biologic therapies was estimated by experts’ opinions, and products’ efficacy and epidemiology data was derived from literature. Cost variables included medical care costs: biologic acquisition costs, physician visits, monitoring lab tests and inadequate response care. RESULTS: In 2011 to December 31, 2011. We collected data on patients admitted to ward care programs who are consulted TNB group for nutrition suggest, a total 164 who are consulted TNB group than received kabiven for nutrition support during their hospitalization. Monitor serum albumin was performed before and after kabiven were given where respective criteria. RESULTS: The 164 patient included 108 male (65.9%) and 56 female (34.1%). The 164 patient received no treatment, 47.5% patients used previous blood transfusion, 12.5% used cryoprecipitate and 25% used factor concentrate. 37% of patients used prophylaxis instead of on-demand therapy while 12566 bleeding would be prevented. The cost of treatment by having all severe HA patients receive secondary prophylaxis to Prophylaxis. CONCLUSIONS: This study demonstrated that the new treatment solutions may play significant role in reducing the number of health outcomes for malnutrition patient and significant cost savings to patients receiving tradition TNB.