prescription (OCS) or hospitalisation, no change in maintenance therapy and a mean daily short-acting b2-agonist (SABA) consumption < 0.5 doses/day. Baseline demographics, co-morbidity and asthma medication before TI was used to construct regression models to control for factors potentially influencing outcomes. RESULTS: Respectively, 2701 and 7320 patients were included in the BUD/FORM and SAL/FLU cohorts, respectively, with no significant difference in age, gender, co-morbidity, ICS dose, SABA use or hospitalisations at baseline while active smokers, asthma consultations and OCS prescriptions were slightly lower in the BUD/FORM group. Use of SABA and asthma consultations decreased in both cohorts following TI. In unadjusted analysis a higher proportion of treatment success was seen in the BUD/FORM group following TI compared to SAL/FLU (25.3 vs. 23.0%, p < 0.05). This result was driven by fewer patients in the BUD/FORM group with an OCS prescription and high SABA use. In multivariate binary regression analysis, BUD/FORM was not significantly associated with greater odds of success than SAL/FLU (OR, 95% CI: 1.11, 0.99–1.23). Variables significantly associated with success were age, female sex, no rhinitis and low OCS and SABA use pre TI. Resource use (hospitalisations and asthma consultations) was similar between groups post TI. CONCLUSION: Initiating treatment with BUD/FORM or SAL/FLU in real-life practice improved outcomes to a similar magnitude, although there were trends to better outcomes associated with BUD/FORM.

RS3

IMPACT OF SOCIO-ECONOMIC FACTORS ON PATIENTS' KNOWLEDGE OF THEIR CONDITION, INVOLVEMENT IN TREATMENT DECISIONS AND THE SUBSEQUENT COMPLIANCE WITH THEIR TREATMENT REGIMEN

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OBJECTIVES: It is hypothesised that socio-economic factors play a key role in determining treatment patterns. This study investigated the impact of employment and gender on asthma treatment patterns in 2526 patients in the US, Germany and Spain. METHODS: The data were drawn from the Adelphi Disease Specific Programme (DSP) in asthma, a cross-sectional study of consulting patients undertaken in 2007. Data were collected by doctors who were asked to include the next 6 patients consulting for asthma from a specified start date. Key factors analysed were gender and employment status (skilled, unskilled, and unemployed). Chi-square and Fisher’s exact tests were used to test for differences. RESULTS: There was a significant relationship between employment status and patients’ level of knowledge about their condition. Skilled workers had a higher level of knowledge as compared to unskilled workers (US: 37.3% vs. 18.3%, p < 0.001; Germany: 35.3% vs. 22.5%, p < 0.05; Spain: 26.7% vs. 15.9%, p = 0.06). Skilled workers also had more involvement in treatment decisions (US: 50.0% vs. 32.3%, p < 0.001; Germany: 35.3% vs. 18.8%, p < 0.001; Spain: 21.6% vs. 13.4%, p = 0.1) and were rated more compliant than unskilled workers (US: 56.3% vs. 37.1%, p < 0.001; Germany: 45.3% vs. 28.4%, p < 0.01; Spain: 35.1% vs. 23.2%, p = 0.06). There were no significant differences between genders other than Spain where significantly more men had a higher level of knowledge about their condition (24.5% vs. 17.2%, p < 0.01) and more involvement in their treatment (20.9% vs. 14.5%, p < 0.05). In all countries a significant positive correlation was found between level of involvement and compliance with treatment (p < 0.01). CONCLUSION: There are significant differences in knowledge, involvement and compliance between socio-economic groups in the US, Germany and Spain. The significant correlation between level of involvement and compliance may indicate that if physicians made particular efforts with lower socio-economic groups in treatment decisions compliance levels would improve.

RS4

ASTHMA COSTS AND UTILIZATION IN A MANAGED CARE ORGANIZATION

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OBJECTIVES: To compare medical costs and utilization in patients on single controller inhaled corticosteroid (ICS) to other asthma drug regimens. Medical costs and health care utilization associated with asthma and the variation by treatment are poorly understood. METHODS: Direct medical costs and utilization were captured from administrative electronic databases from