Di CAT-Health scores of -1.2142 (1.6065) vs -0.0119 (1.3495) (p < 0.001). Patients taking opioids also showed worse scores: -1.1005 (1.9348) vs -0.3288 (1.4169) (p = 0.037). Differences on HRQoL according to antidepressant drugs were not statistically significant. Episodic of pain during dialysis were concentrated in 24 patients who had 6 or more painful sessions. These patients were taking analgesics more frequently (86% vs 84% p = 0.53), showed worse QoL (EQ-5D: 0.54 vs 0.348 p = 0.04). Conclusions: Pain during haemodialysis sessions is very common and requires the frequent use of analgesics, having a negative impact on patients’ HRQoL.

PSY2 CLINICAL UTILITY OF THE SCALE TO ASSESS COMORBIDITIES IN PATIENTS WITH CHRONIC LYMPHOCYTIC LEUKAEMIA

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OBJECTIVES: COLLECT scale assesses comorbidities in patients with Chronic Lymphocytic Leukemia (CLL). Validation of COLLECT was a secondary objective of the MABERCY non-interventional study. The aim is to assess the clinical utility and the validity of COLLECT to guide treatment regimen prescribed to CLL patients. METHODS: MABERCY study included patients with CLL, being or not previously treated, initiating treatment with Rituximab+chemotherapy. COLLECT was administered at baseline and 12 months following treatment finalization. Treatment response was also assessed at each visit. COLLECT is a 17-item scale assessing comorbidity in low (0–3), moderate (4–7) and high (>7). Changes in COLLECT were categorized in improvement (reduction≥2), without changes (variation<2) and worsening (increase<2). RESULTS: MABERCY included 218 patients, 79 completed COLLECT at baseline. Patients had a mean age of 67.5 years, 73% were male, 53% were naive, 37% had moderate comorbidity and 27% high comorbidity. At baseline, 42% of patients had a treatment effectiveness of 0.886, compared to patients presenting using (RFc), 30% with Rituximab+Bendamustine (RB), 18% with Rituximab-Chlorambucil (RC) and 10% other patterns. Mean COLLECT score was higher in older patient, higher ECOG, previously treated (5.2 vs 4.2) and those receiving less aggressive treatment (5.4 vs 4.5). Changes in COLLECT were analyzed in 194 patients. CRC could be associated to improvement in comorbidity. Complete remission was reached by 53% of patients with COLLECT improvement, 47% without changes, and 32% worsening. Number of adverse events (AEs) treatment related tended to be higher in patient with lower comorbidity (1.6 vs 0.9), using more aggressive treatments. Total number of AEs (related or not to treatment) trend to be higher in patients with higher comorbidity (7.8 vs 5.8). Conclusions: COLLECT scale assess comorbidity with high validity and reliability. Changes in COLLECT were analyzed in 194 patients. CRC could assist decision-making on the intensity of the chemotherapy regimen to prescribe.

PSY3 IMPACT OF BIOLOGICS USE ON DEPRESSION AND ANXIETY FREQUENCY AND HEALTH CARE RESOURCE UTILIZATION IN PSORIASIS: AN ANALYSIS USING THE QUEBEC PROVINCIAL HEALTH REIMBURSEMENT DATABASE

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OBJECTIVES: Psoriasis is a chronic inflammatory disease of the skin that cannot be cured. For patients with active moderate to severe psoriasis, biologics use is associated with an improvement in quality of life especially by reducing the disease burden. The objective of this study was to evaluate the impact of biologics use on depression and anxiety frequency and number of medical visits. METHODS: A retrospective study of the Quebec provincial drug reimbursement program (RAMQ) database was conducted using a randomly selected group of patients who have received at least one diagnosis of psoriasis between January 1st, 2007 and June 30th, 2012. To assess the impact of biologics use, time series analyses were performed. Time series analyses evaluate changes in the slope of a trend pre- and post-intervention, herein defined as biologics initiation. Trends in depression and anxiety frequency and medical visits frequency were compared for each year for a 5-year period before and after biologics initiation to assess the differences in slopes. Results: A total of 43,400 patients with psoriasis were included in the study (mean age=54.6 years; 53.7 women), of which 1,108 (2.6%) used a biologic agent. For patients who needed to be treated with biologics, the rates of change in the depression and anxiety prevalence increased by 3.4% and by 4.2% per year prior to biologics initiation respectively. After biologics initiation, the trends were still increasing, but at a statistically lower rate of 2.5% (p=0.028) and by 2.4% (p=0.013) per year. Medical visits per patient increased during the 5-year period before biologics initiation. Visits frequency has reduced during the 5-year period after biologics initiation with a trend decreasing annually (p<0.002). Conclusions: The present analysis illustrates that biologics use reduces the increase in depression and anxiety frequency and decreases the number of medical visits.

PSY4 A REAL-WORLD CHARACTERIZATION OF PATIENTS WITH “MODERATE-TO-SEVERE” SYSTEMIC LUPUS ERYTHEMATOSUS

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OBJECTIVES: To characterize the patient (pt) group classified by physicians as having “moderate-to-severe” systemic lupus erythematosus (SLE) disease severity, and assess disease burden. Methods: Data were extracted from the Adelphi 2013 Lupus Disease-Specific Program, a multinational observational study of clinical practice. Physicians com-