impairment, and numerically greater decreases in absenteeism, versus placebo at all study weeks. Differences relative to placebo in change from baseline to Week 26 were -0.3% for absenteeism (NS), -5.9% for presenteeism, -7.5% for overall work productivity loss, and -6.7% for daily activity impairment (all P<0.05). Assuming a 40-hour work week, linaclotide reduced overall work productivity loss by 3.0 hours/week (15.5%). This translates to 1.56 hours per month, or $22.25 (average US wages, corresponds to an avoided overall work loss of $93 per patient/year or $4,861 per patient/year. CONCLUSIONS: Compared with placebo, once-daily linaclotide treatment significantly reduced overall work productivity loss and activity impairment among IBS-C patients, with improvements seen at all measured time points over 26 weeks of treatment.

GASTROINTESTINAL DISORDERS – Patient-Reported Outcomes & Patient Preference Studies

PG122 INFliximab Therapy Adherence Differences by Site of Care Among Patients with Inflammatory Bowel Disease

METHODS: Adult patients with new claims for infliximab (no claims for at least 12 months prior to the start date) were identified from the Humana claims database from January 1, 2006 to December 31, 2009. Sites were classified as offices, hospital outpatient, mixed-site, or other (e.g., hospital inpatient, long-term care hospitals). The adherence measure was the sum of unduplicated days of therapy based on infusion dates and duration of action from prescribing information, divided by 360 days. Site of care was obtained from the first infliximab infusion claim. Sites were divided into 3 settings: office, hospital outpatient, and other (mixed-site). Adherence was calculated as patients’ preferences and satisfaction, may be useful in further characterizing factors that could improve program outcomes. The aim of this study was to identify underlying factors that

PG123 RELATIVE ADHERENCE ACROSS SITES-OF-CARE FOR INFliximAB PATiENTS WITH CROHN’S DISEASE

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OBJECTIVES: To examine the association between adherence and site of care among individuals with inflammatory bowel disease (IBD) treated with infliximab.

METHODS: Adult patients with new claims for infliximab (no claims for at least 12 months prior to index date) were identified from the Humana claims database from January 1, 2006 to December 31, 2009. Sites were classified as offices, hospital outpatient, mixed-site, or other (e.g., hospital inpatient, long-term care hospitals). The adherence measure was the sum of unduplicated days of therapy based on infusion dates and duration of action from prescribing information, divided by 360 days. Site of care was obtained from the first infliximab infusion claim. Sites were divided into 3 settings: office, hospital outpatient, and other (mixed-site). Adherence was calculated as patients’ preferences and satisfaction, may be useful in further characterizing factors that could improve program outcomes. The aim of this study was to identify underlying factors that

PG124 HEALTH CARE COSTS BY LEVEL OF ADHERENCE FOR INFliximAB PATiENTS WITH CROHN’S DISEASE

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OBJECTIVES: To describe health care costs among Crohn’s disease (CD) patients receiving infliximab (IFX) by different adherence thresholds.

METHODS: The Humana claims database was utilized to identify patients aged 18-89 with CD newly initiating IFX treatment between 7/1/2007 and 7/31/2011. Index date was the date of first IFX claim, 6 months prior to, and 12 months post-index were required. Medication Possession Ratio (MPR) was calculated as [total days on IFX therapy based on infusion dates and assumed duration of action/360 days], at least two infusions were required. MPR thresholds of ≥80% and ≥60% were used to classify adherent patients. All-cause and CD-related costs per patient per month by place of service were calculated, adjusted to 2011 dollars.

RESULTS: A total of 173 patients were identified, 156 of which had at least 2 infusions. Mean age was 47.9 years, 59.5% were female, and treatment costs among adherent patients had significantly higher all-cause physician office visit costs, and lower other outpatient visit, emergency department and hospitalization costs than non-adherent patients. CD-related costs showed similar trends for physician office visit, other outpatient visit and hospitalization costs. IBD-related costs were higher in the adherent group, all-cause pharmacy costs were similar between those adherent and non-adherent. Total CD-related costs were higher among adherent patients (80% MPR: $4595.8 ± $1949.3) than non-adherent patients (60% MPR: $3206.3 ± $1395.1). Similar results were observed between groups (80% MPR: $3236.2 ± $1717.0 vs $3084.8 ± $1859.4, p-value = 0.256).

CONCLUSIONS: Although adherent patients have higher physician office visit and IBD-related costs, hospitalization cost was significantly higher for non-adherent patients. Further research should quantify the clinical value of greater adherence against this backdrop of cost neutrality.

PG125 PATIENT PREFERENCES OF OSTEOMYELITIS SYSTEMS – FOCUS GROUP INTERVIEWS WITH STOMA CARE PATIENTS

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OBJECTIVES: There is little research regarding the cost effectiveness of ostomy pouching systems. There is also limited evidence regarding the patient preferences of these devices. The aim was to investigate the patient preferences of individual characteristics of the IFX adherence rates among CD patients did not vary as patients’ preferences and satisfaction, may be useful in further characterizing factors that could improve program outcomes. The aim of this study was to identify underlying factors that

PG126 FACTORS ASSOCIATED WITH LARGE INCREASES IN SELF-REPORTED HEALTH CARE COSTS AMONG INFLAMMATORY BOWEL DISEASE PATIENTS: RESULTS FROM THE BIAODAVE SURVEY

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OBJECTIVES: Canadian inflammatory bowel disease (IBD) patients treated with infliximab are predominantly managed through a nationwide case management system, named BioAdvance, providing access to care, educational tools, supplies and assistance programs. The aim of this study was to identify underlying factors that were associated with positive changes in health outcomes. METHODS: Between August 1 and September 30, 2012, a web-based survey was provided to patients currently receiving infliximab therapy within BioAdvance. The cross-sectional survey included items on demographic, disease characteristics, services usage and preference, and perception of health and work absenteeism. Patients were categorized according to health trajectories: declined in health (decliners), no improvement (non-changers), moderate improvement and large improvements (strong increasers). Multivariable multinomial logistic regression was used to determine which factors were associated with different health trajectories. RESULTS: 918 of 1160 respondents were IBD patients reporting health status. Patients were treated for Crohn’s disease (CD) [66.1%], Ulcerative Colitis (UC) [26.6%] or 2 or more conditions (7.3%). Strong increasers were most prevalent (53.2%) and decliners least prevalent (21.0%). There were 71.6% likely to users of infliximab. The MPR was adjusted odds ratio [aOR]: 1.65, 95% confidence interval [CI]: 1.03-2.64, to be treated for UC vs CD [aOR: 2.05, 95%CI: 1.16-3.64] and to perceive BioAdvance as important [aOR: 3.52, 95%CI: 1.56-4.09]. There were no factors distinguishing decliners from non-changers. Younger patients were less likely to miss workdays, as were French speaking patients and, consistent health trajectories, patients treated for UC (aOR: 0.68, 95%CI: 0.47-0.97). Patients were more likely to have missed workdays by missing BioAdvance appointments [aOR: 3.52, 95%CI: 1.56-4.09]. CONCLUSIONS: IBD patients receiving infliximab within the nationwide case management system report a positive impact on health status and absenteeism. Our study identified factors about the program that are more impactful (educational tools) and patient factors that could improve program outcomes.