ceived preventive treatment; 60.4% were on-demand treatment. Severe HB adults reported significantly poorer HRQOL than the moderate subgroup mainly on physical components. No HRQOL difference was observed among children. The average annual direct cost was €95,619 (SD 83,142) with no significant difference between adults and children, but with a difference with severity status (3.3 times higher in severe vs. moderate HB, $p<0.001$). Substitutive therapy represented 90%, of the total followed by hospitalizations 6.5%. Even if the prophylaxis strategy lead to higher costs than an on-demand strategy ($p<0.001$), it allows avoiding haemorrhagic events and remains in acceptable cost-effectiveness range. **CONCLUSIONS:** To date, no economic burden of disease studies focusing only on HB have been published. The EQOFIX study provides an important source of economic information for health care payers.

PSY41

SYMPTOMS AND IMPACTS ASSOCIATED WITH ANAEMIA OF CHRONIC KIDNEY DISEASE (CKD)

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OBJECTIVES: The purpose of this study was to characterise the subjective experience of anaemic patients with CKD and specifically to identify a set of the most salient symptoms and impacts associated with anaemia and iron supplementation, both in pre-dialysis and dialysis patients. **METHODS:** This was a cross-sectional, semi-qualitative study in which one-on-one concept elicitation interviews were conducted among CKD subjects treated with iron supplementation, alone or in conjunction with erythropoiesis-stimulating agents (ESAs). The interviews were audiotaped and transcribed for thematic content analysis. **RESULTS:** A total of 40 participants were included with median age 53 (range: 27-83 years) and 55% male. Twenty-two of the participants were on dialysis and of those nearly all received intravenous iron (91%) and ESAs (91%). Conversely, the majority of pre-dialysis patients instead used oral iron (72%) while ESA use was less common (44%) in this segment. Fatigue was the most frequently reported symptom related to anaemia (83%). Other common symptoms included shortness of breath and itchiness. The defining symptoms related to iron supplementation were gastrointestinal in nature (abdominal pain, constipation, flatulence, bloating, nausea and vomiting). These symptoms negatively affected mood and social activities (28%). A difference between oral and intravenous iron was that the degree of bothersomeness from nausea and gastrointestinal side effects was more pronounced in those receiving iron tablets. Iron supplementation was specifically mentioned by some patients to cause nausea and vomiting and thus interfering with keeping medication down. As a result, iron supplementation side effects were severe enough to negatively affect medication compliance. **CONCLUSIONS:** The results from this study highlight the great burden anaemia of CKD can have on quality of life, social life and emotional well-being. Alternative treatments that avoid the side effects of iron supplementation have the potential to substantially improve quality of life in this patient population.

PSY42

EFFECTIVENESS AND SAFETY OF ANTI-TNF AGENTS IN TREATMENT OF MODERATE TO SEVERE PSORIASIS VULGARIS: RESULTS OF WORK PRODUCTIVITY AND DAILY ACTIVITY IMPAIRMENT

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OBJECTIVES: An observational study to investigate effectiveness and safety of anti-TNF agents in treatment of moderate-to-severe psoriasis vulgaris was conducted in 25 centres from Turkey. This sub-analysis aimed to evaluate the results of work productivity and activity impairment. **METHODS:** Patients (>18 years) were followed-up 24 weeks (visits at 4, 8, 16 and 24 week after baseline) and psoriasis area and severity index (PASI), dermatology life quality index (DLQI) and work productivity and activity impairment (WPAI) questionnaires were completed. **RESULTS:** A total of 86 patients (38.4% females, mean(standard deviation) age 42.8(13.5) years, mean(SD) body mass index 29.5(16.2) kg/m2) with psoriasis vulgaris for mean(SD) 16.4 (8.7) years were included to the study. Of patients; 18.6%, 17.4% and 17.4% were dyslipidemic, hypertensive and hyperglycaemic, respectively. Unemployment rate among patients was 59% at baseline. The employed patients reported a median (interquartile-range) 11(44)% absenteeism rate, 50(40)% presenteeism rate and 57(57)% work productivity loss at baseline and those decreased to median(IQR) 0(0)%, 0(20)% and 0(20)% at week 24, respectively ($P=0.001$, $P<0.001$ and $P<0.001$, respectively). Among all patients, median(IQR) activity impairment rate decreased to 5(30)% at week 24 from 60(50)% at baseline ($P<0.001$). Baseline median(IQR) PASI score was 20(15) and decreased to 2(4) at week 24, whereas baseline median(IQR) DLQI score was 16(10) and decreased to 1.5(7) at week 24 (P for both <0.001). The reduction in PASI showed a moderate positive linear correlation with absenteeism, presenteeism, work productivity and loss activity impairment rate (Rhos= 0.47, 0.48, 0.45, 0.49, respectively, for all $P<0.05$). **CONCLUSIONS:** Moderate-to-severe psoriasis vulgaris seemed to cause high absenteeism, presenteeism, work productivity and loss activity impairment rates and anti-TNF agents significantly improved work productivity and activity impairment. Anti-TNF agents also significantly reduced PASI and DLQI scores and reduction in PASI was moderately correlated with work productivity and activity impairment.

SYSTEMIC DISORDERS/CONDITIONS - Health Care Use & Policy Studies

PSY43

UTILIZATION OF PAIN MEDICATIONS IN PATIENTS WITH CHRONIC LOWER BACK PAIN WHO INITIATED DULOXETINE OR STANDARD OF CARE FOR THE MANAGEMENT OF PAIN

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OBJECTIVES: To describe pain medication use in patients with chronic lower back pain (CLBP) after initiating duloxetine or standard of care (SOC) for pain management. **METHODS:** Pharmacy and medical claims from SDI Health were analyzed for adult patients with CLBP who initiated duloxetine or SOC (muscle relaxants, gabapentin, pregabalin, venlafaxine, and tricyclic antidepressants) between 11/2010 and 4/2011. Treatment initiation was defined as no pill coverage for duloxetine or SOC in previous 90 day. Included patients had no opioid use in 90 days before initiation. Propensity score matching was used to select patients with similar baseline demographic and clinical characteristics for duloxetine and SOC cohorts. Compliance to index medication was assessed via medication possession ratio (MPR) and proportion of days covered (PDC) for 6 months after initiation. Proportion receiving opioids and days on opioids after index date were assessed and regression models were estimated to compare opioid use between cohorts. **RESULTS:** 766 patients initiated duloxetine and 6,206 patients initiated SOC. After matching, 743 patients were selected for the duloxetine (mean age: 57 years; female: 74%) and SOC (mean age: 57 years; female: 75%) cohorts, respectively. 92% of duloxetine cohort started on or below recommended daily dose (≤60mg). Duloxetine cohort had significantly higher MPR (0.78 vs. 0.60) and PDC (0.50 vs. 0.31), were less likely to use opioids (45% vs. 61%), and had fewer days on opioids (mean: 18 vs. 25) than SOC cohort (all $p<0.001$). After adjusting for demographic and clinical characteristics, duloxetine cohort initiated opioids later than SOC cohort (hazard ratio: 0.76, 95% confidence interval: 0.65-0.88), and had fewer days on opioids (-6.9, $p<0.001$). **CONCLUSIONS:** CLBP patients initiating duloxetine had better compliance to initiated medication and were less likely to use opioids than those initiating SOC.

PSY44

A COST EFFECTIVENESS MODEL FOR THE MYELOPLASTIC DISEASE IN GREECE. AZACITIDINE VERSUS CONVENTIONAL CARE REGIMENS

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OBJECTIVES: To evaluate the cost effectiveness of azacitidine treatment in comparison with Conventional Care Regimens (CCR), available in Greece. The analysis is based on a National Health Service perspective. **METHODS:** A Markov model was explored based on the Phase III randomized trial AZA-001, where patients were analyzed over their lifetime. The health outcomes were estimated on:i) life years (LY) gained and ii) Quality Adjusted Life Years (QALYs) gained. The cost outcomes were the average direct costs associated with each MDS treatment arm (relating to drugs and medications, monitoring, routine follow-up and adverse event management). The cost effectiveness of azacitidine treatment, compared to BSC, LDC, and SDC treatments, was based on the Incremental Cost Effectiveness Ratio (ICER). The model was customized into the Greek Health Care Setting by launching a structured questionnaire addressed to Greek hematologists from 6 Hospitals. They provide information on the resource use for the management of blood product transfusions and adverse events complications in Greece. **RESULTS:** The incremental cost of treating the patients with azacitidine, compared to treating them with BSC was €94,585. The incremental life years gained for azacitidine compared to BSC were 2.63. The resulting incremental cost effectiveness ratio (cost per life year gained) was €35,909 when comparing azacitidine with BSC. Equivalently, the ICER of treating patients with azacitidine as compared with treating them with LDC or SDC was €29,708 and €27,074 respectively. With regard to QALYs azacitidine is also effective resulting in an additional 1.65 QALYs gained compared to BSC, 1.8 QALYs compared to LDC, and 1.81 QALYs compared to SDC. .The corresponding ICERs were €57,158, €47,791and €47,651 versus, BCD, LDC and SDC, respectively. **CONCLUSIONS:** Azacitidine is a cost effective option for the treatment of Greek MDS patients generating significant improvements in quality-adjusted survival.

PSY45

SOCIAL ECONOMIC BURDEN AND HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH RARE DISEASES IN EUROPE (BURQOL-RD PROJECT). SPANISH RESULTS

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OBJECTIVES: The BURQOL-RD project is intended to develop a disease based model capable of quantifying the socio-economic burden and Health-Related Quality of Life (HRQOL) for patients with rare diseases (RD) and their caregivers in Europe. Preliminary results from Spain are presented here. **METHODS:** On-line survey of patients and carers afected by Cystic Fibrosis, Prader-Willi Syndrome, Haemophilia, Duchenne Muscular Dystrophy, Epidermolysis Bullosa, Fragile X Syndrome, Sclerodermia, Mucopolysaccharidosis, Juvenile Idiopathic Arthritis or Histiocytosis was launched in Spain through national patients organizations in September 2011