



# ISPOR 5th ASIA-PACIFIC CONFERENCE

2-4 September 2012 ■ Taipei, Taiwan

RESEARCH POSTER ABSTRACTS – SESSION II • TUESDAY, 4 SEPTEMBER: 8:30AM-5:00PM

RA patients using Infliximab have better quality of life and daily function activities than those not using Infliximab before. Our findings also indicate that, it is essential to continue or initiate treatment with Infliximab to improve outcomes and quality of life in RA patients in China.

## PMS23: HEALTH RELATED QUALITY OF LIFE, MEASURED BY THE SHORT FORM-36, OF PATIENTS WITH RHEUMATOID ARTHRITIS AND ANKYLOSING SPONDYLITIS IN AN URBAN POPULATION OF CHINA

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**OBJECTIVES:** To report results of HRQOL in Chinese patients with rheumatoid arthritis (RA) and ankylosing spondylitis (AS). **METHODS:** Adult patients >18yrs diagnosed with RA or AS were recruited through referrals by physicians in 11 cities (tier 1 and tier 2 level) in China: Beijing, Shanghai, Guangzhou, Tianjin, Wuhan, Nanjing, Hangzhou, Shenyang, Chengdu, Taiyuan, and Shijiazhuang. Patients should have worked and stayed in the city >1yr. Disease severity was classified as mild, moderate and severe based on physician's subjective assessment. A Chinese version of the Short-Form(SF)-36 (version 2) was completed by patients. A norm-based scoring system developed from Chinese population(Hong Kong) was used to derive 8 subscales: physical functioning(PF), role-physical(RP), bodily pain(BP), general health(GH), vitality(VT), social functioning(SF), role-emotional(RE), and mental health(MH); and physical and mental component summary(PCS and MCS) scores. Each score ranges from 0 to 100 with higher scores representing better HRQL. Descriptive statistics are presented. **RESULTS:** Adult patients with RA(N=250, 94 male and 156 female) and AS(N=150, 81 male, 69 female) were enrolled and completed the SF-36 questionnaire. Overall, patients demonstrated low scores (<50) in all 8 SF-36 subscales, especially in PF (31.3+16.7 vs 32.4+15.1), BP(34.7+9.4 vs 35.0+8.1) and SF(33.6+13.3 vs 33.0+12.8), for RA vs AS, respectively. The PCS and MCS scores were 35.5±10.4 and 45.3±10.4, respectively, in AS patients and 34.7±11.7 and 46.3±9.6, respectively, in RA patients. These scores decreased with increase in disease severity and age, but remained consistent with no significant differences between men and female. **CONCLUSIONS:** SF-36 scores in Chinese patients with RA or AS were lower compared to the general Chinese population with chronic diseases including cardiovascular disease and diabetes, indicating major impairment in HRQOL.

## PMS24: A SYSTEMATIC REVIEW OF EXISTING UTILITY WEIGHT ESTIMATES IN RHEUMATOID ARTHRITIS

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**OBJECTIVES:** Cost-utility analysis is increasingly important to market access decisions in a growing number of countries including Australia. The ability to attach utility values to health states is an essential component of cost-utility analysis. The primary aim of this review was to identify appropriate utility weights in rheumatoid arthritis (RA) in Australia. The review also aimed to evaluate existing quality of life (QoL) measures used in RA and identify the key issues associated with the use of these measures. **METHODS:** Systematic methods were used to search the English language literature for studies reporting health-related utilities for RA. The literature search covered a wide range of electronic databases (EMBASE, Medline, Cochrane Library), and included literature from the inception of database to January 2012. **RESULTS:** The search identified 28 studies: 2 from Australia and 26 from other countries. Both Australian studies reported mean EQ-5D utility values for Australian patients with RA. One of the Australian studies also found that the HAQ scores explained more of the variance in the HUI3-derived than EQ-5D-derived utility weights, and that RA-affected joint counts had negligible explanatory power for patient utility. Review of the other 26 studies found that a variety of QoL instruments were used. All instruments were found to be valid measures for QoL in patients with RA and appeared to adequately discriminate across levels of RA severity. Nevertheless, each instrument revealed strengths and weaknesses, which prevented the recommendation of one instrument in favour of the other. **CONCLUSIONS:** This review of utility weights for RA revealed a high level of uncertainty about the evidence base that informs cost-utility analyses in this disease area. There is no conclusive evidence to date as to which measure is the best for use in RA.

## NEUROLOGICAL DISORDERS - Clinical Outcomes Studies

### PND1: PRESCRIBING PATTERNS OF Z-DRUGS AMONG GERIATRIC PATIENTS IN A 2000-BED MEDICAL CENTER IN TAIWAN

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**OBJECTIVES:** Despite the fact that non-benzodiazepine hypnotics (Z-drugs) are beneficial for the short-term management of insomnia, it is inconclusive about the risk and benefit ratios of long-term use. The aim of this study was to examine the medication use patterns of Z-drugs and its prescribers in a 2000-bed medical center in Taiwan. **METHODS:** We conducted the medication use evaluation study using China Medical University Hospital (CMUH) in-house databases. During the whole year of 2011, those CMUH outpatients ever prescribed with zolpidem and zopiclone were of interest. Their prescription prevalence rate of Z-drugs, its average number of defined daily dose (DDD), prescriber specialties and demographic characteristics were examined using descriptive analyses. **RESULTS:** In 2011, 2,261 and 2,885 patients were ever prescribed with at least one prescription with zolpidem and zopiclone, respectively, in the outpatient units in CMUH. While more female were prescribed with Z-drugs, 40% of zolpidem users and 32% of zopiclone users were elderly. Within one year period, the average prescription number of zolpidem and zopiclone were 5.47±4.78 and 4.3±4.38, respectively. While the average durations for each prescription were 25±7 days for zolpidem and 23±8 days for zopiclone, respectively. 25% of zolpidem users and zopiclone users were prescribed 9 to 43 times and 6 to 52 times, respectively. The top three prescribers were neurologist, cardiologist, and psychiatrist, which in total had accounted for 63.01% and 46.96% of zolpidem and zopiclone prescriber specialties, respectively. **CONCLUSIONS:** There is a tendency to have long-term use of zolpidem and zopiclone among CMUH outpatients. Those common prescribers of Z-drugs should be warranted for its consequences of long-term use, especially among the elderly.

### PND3: THE POPULATION-BASED IMPACT OF MS IN ASIA

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**OBJECTIVES:** Despite global advancements in disease reporting, the epidemiology of multiple sclerosis (MS) in Asia is not well reported. MS rates in Asia are low compared to Europe and North America, but are now thought to be increasing. Globally, the median prevalence of MS is 30/100,000. Our goal is a systematic search of epidemiologic studies of MS in Asia to determine accurate epidemiologic and treatment cost estimates. **METHODS:** This systematic review examined articles published in English over 20 years using MESH terms: MS, incidence, prevalence, mortality and costs in any Asian country. Articles with evidence from population-based samples, based on clinically-defined or laboratory supported MS (e.g., McDonald criteria) diagnoses, and from major Asian countries were retained. Costs were the 2008 estimates from the Global Economic Impact of MS. **RESULTS:** As in other continents, prevalence in Asia is higher in women than men. In the largest country, China, prevalence rates of MS are low (1-2/100,000). In Northern Japan, a much higher prevalence (8.6/100,000) was reported in 2002, an increase from 2.5 in 1975. In Korea, with a population density similar to China, the prevalence was 3.5/100,000, similar to the 3.0/100,000 in Taiwan (2005). Based on an annual cost per patient of \$41,335 (USD international), 2008 estimated costs in China due to MS exceed \$1 billion. In Japan, with 10 times fewer people, the costs exceed \$452 million. **CONCLUSIONS:** Data from many Asian countries is limited and often from case-series designed to review clinical characteristics. Larger epidemiological and cost-based studies in various populations are still needed. Recent evidence suggests a higher prevalence than previously thought, possibly a result of better ascertainment driven by increased diagnostic awareness. This review supports the development of effective medications and additional research to better understand the unmet medical need and economic burden driven by MS in Asia.

## NEUROLOGICAL DISORDERS - Cost Studies

### PND5: BUDGET IMPACT OF ORAL PROLONGED-RELEASE FAMPRIDINE FOR MANAGEMENT OF WALKING DISABILITY ASSOCIATED WITH MULTIPLE SCLEROSIS IN TAIWAN

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**OBJECTIVES:** Prolonged-release (PR) fampridine is a first-in-class treatment for the management of walking disability in multiple sclerosis (MS). The purpose of this study was to evaluate the budget impact of PR-fampridine introduction in the treatment of MS patients with an Expanded Disability Severity Scale (EDSS) score between 4.0 and 7.0 in Taiwan. **METHODS:** A budget impact model was developed with a monthly cycle Markov-chain to evaluate the cost implications of PR-fampridine use to the Taiwan health care payer. All costs in the model were sourced from the Taiwan National Health Insurance formulary and are presented in Taiwan

dollars (NT\$) of PR-fampridine horizon. The sensitivity analysis and on market with EDSS before treatment. The response rate horizon. Applied in 2012 which difficulty in PR-fampridine introduction well as reduced studies are run with PR-fampridine

## PND6: ECONOMIC LAYSIA

Salih M<sup>1</sup>, Ba V<sup>5</sup>, <sup>1</sup>Departm Mustansiriya Pharmaceuti <sup>3</sup>Discipline of Sciences, Uni Al-Rashed U Pulau Pinang

**OBJECTIVES:** metabolic ep population. that included referral cent from the pr analysis. Me (i.e., provide were standa costs list wa the cheapest the second a monitoring o of the demog annual cost were also no who receive therapy with Moreover, th seizure frequ study of epile with structur per year). Th in reducing t

## PND7: ECONOMIC ELDERLY PO

Beland SG<sup>1</sup>, Montréal (Q <sup>3</sup>Bordeaux U **OBJECTIVES:** public health evaluating d patients with demented el community-c claims datab Echo hospita least one dis or galantam in the cohort (index date)