

INDIVIDUAL'S HEALTH – Health Care Use & Policy Studies

PIH22

AVALIAÇÃO DA EFICÁCIA E SEGURANÇA DO IBUPROFENO VERSUS DEMAIS ANTI-INFLAMATÓRIOS NÃO ESTEROIDAIS, NO TRATAMENTO DE RECÉM-NASCIDOS PREMATUROS COM PERSISTÊNCIA DO CANAL ARTERIAL

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OBJETIVOS: Avaliar a eficácia e segurança do ibuprofeno vs. demais anti-inflamatórios não esteroidais, no tratamento de recém-nascidos prematuros com persistência do canal arterial. **MÉTODOS:** Após elaborar a pergunta estruturada, a busca nas bases de dados MEDLINE, Cochrane Library, Tripdatabase, e CRD, foi realizada em 08/02/2015, utilizando os descritores MeSH (“Ductus Arteriosus, Patent”[Mesh]) AND (“Anti-Inflammatory Agents, Non-Steroidal”[Mesh]) AND (systematic[*sb*]) e seguiu as diretrizes de Avaliação de Tecnologias em Saúde do Ministério da Saúde. Foram identificadas 98 referências, após o processo de seleção norteado pela pergunta estruturada e pelos critérios de qualidade descritos no instrumento AMSTAR, 6 referências relataram algum processo sistemático de recuperação de evidências. **RESULTADOS:** O risco relativo (RR) de alcançar o fechamento da persistência do canal arterial não apresentou diferença significativa entre o tratamento com ibuprofeno intravenoso (IV) vs. indometacina (IV) (RR = 1; IC 95% = 0.93–1.08). Quando comparado o ibuprofeno oral vs. indometacina oral ou IV, também não houve diferença estatisticamente significativa (RR = 0,96; IC 95% = 0.73–1.27). Já quando comparado, ibuprofeno oral vs. (IV), o risco de falha no fechamento da persistência do canal arterial foi 59% menor no grupo oral (RR = 0,41; IC 95% = 0.27–0,64). Os resultados demonstram ainda uma menor tendência dos casos de enterocolite necrosante ao usar ibuprofeno oral. **CONCLUSÕES:** Ao comparar ibuprofeno (IV) vs. indometacina (IV), é necessário avaliar outros parâmetros para auxiliar na tomada de decisão. O ibuprofeno oral parece ser uma alternativa eficaz e segura, nos casos em que o intravenoso está indisponível devido às diferentes restrições.

PIH23

GENERIC DRUGS ADOPTION IN TURKISH HEALTHCARE SYSTEM

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OBJECTIVES: Turkish Healthcare System under transformation since 2002 called “Health Transformation Programme”. One of the key point regarding those changes is the introduction of “brand-generic drugs substitution”, in terms of the health and economic impact for the healthcare system. Primary concern is the minimization of health expenses with satisfied health outcomes, for this countries need to eliminate unnecessary spending on medicines related prescribing and pricing within affordable limits for each stakeholder. The aims of this study are to show generic drug use of Turkey and marketshare of generics in pharmaceutical market of Turkey. We will focus on marketshares of generics and original drugs between the years 2008-2013. **METHODS:** Data of generic and original drugs sales percentage taken from Turkish Medical Devices and Medicines Agency report published in 2014. Report data comprise of IMS data and indicated the years between 2008-2013. **RESULTS:** It has found that sales value of generic drugs increased from 33,5% to 36,2% from the years 2008 to 2013. In same period original drugs sales value decreased from 66,5% to 63,8%. In same period box sales of generics increased 24% while original drugs box sales increased %23. Despite of generic box sales increased 1% more than original box sales. It shown that price settings effects generic drugs more than original drugs during the period 2008-2013. On the other hand we can predict that drugs sales has close relation with drug price settings. Turkey is using internal and external reference pricing system since 2004. **CONCLUSIONS:** Turkey has been processing “Health Transformation System” (HTP) since 2002. Drugs price settings was one of important key change is this programme. Drugs sales may affected from price setting. Drug usage increased as a result of HTP. Further studies needed to understand relationship between price settings and drug usage.

PIH24

CHARACTERISTICS OF PEDIATRIC PATIENTS WITH RELAPSING REMITTING MULTIPLE SCLEROSIS TAKING DISEASE MODIFYING AGENTS

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OBJECTIVES: The objective of this study is to assess the characteristics of relapsing remitting multiple sclerosis (RRMS) patients taking disease modifying therapies (DMTs) in the US. **METHODS:** A large US administrative retrospective claims database was used to identify patients diagnosed with RRMS and were prescribed DMTs between January 2010 to December 2012 were included in the study. All patients were ≤ 17 years of age and continuously enrolled in the same health plan for a year. Descriptive statistics and chi-square tests were performed on the data. **RESULTS:** There were a total of 359 patients that met the study inclusion criteria. The mean age of the patients was 14.19 ± 2.29 years, 61.6% of the patients were females, and majority of the patients were between 12 and 17 years of age (85.5%). Thirty three percent of the patients were from East, 20.1% were from Midwest, 36.2% from South and 10.6% is from West region. 59.6% of the patients were on a group coverage plan and 49.3% of the patients were on a DMT prescription that is under their health plan formulary. Majority of the patients (95%) were prescribed 30 days' supply of DMTs, 1.7% were on 60 days' supply and 3.3% were on 90 days' supply of DMTs. More than half of the patients (53.8%) were diagnosed with mental health problems in addition to their RRMS as a primary diagnosis. On average, patients were continuously enrolled for 5.10 ± 1.74 years and submitting around 466 claims during this period. **CONCLUSIONS:** The majority of the pediatric patients were teenagers and females. One third of the patients was from south and received on average a 30 days' supply of DMT.

PIH25

ENVELHECIMENTO POPULACIONAL E AS POLÍTICAS PÚBLICAS DE SAÚDE NO BRASIL

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OBJETIVOS: Caracterizar as políticas públicas de saúde no Brasil, com enfoque no envelhecimento populacional, na perspectiva histórica, econômica e constitucional. **MÉTODOS:** Revisão bibliográfica, retrospectiva, descritiva e comparativa de políticas públicas de saúde voltada aos idosos. A abordagem temporal se estende de 1930 até a atualidade. **RESULTADOS:** O estudo evidenciou que as políticas públicas de saúde acompanham a trajetória econômica vigente do país, centradas temporalmente nos interesses econômicos: atividade agroexportadora (até 1930), processo de industrialização (1930-1990) e abertura econômica (1990-atual). Vinculam-se as políticas de saúde, sequencialmente, à erradicação das epidemias, principalmente, nas áreas portuárias, proteção do trabalhador urbano sob modelo excludente visando apenas aqueles inseridos no sistema formal de trabalho e, finalmente, a saúde como direito universal com a promulgação da Constituição Federal de 1988. Nesse último período, estabeleceu-se o marco legal dos direitos dos idosos. A década de 1990 e anos 2000 destacam-se pelas leis que amparam a pessoa idosa, tais como: a LOS – n° 8.080/1990, a LOAS / 1993; a Política Nacional da Assistência Social /2004; a Política Nacional do Idoso / 1994; o Estatuto do Idoso/2003; Pacto pela Vida / 2006; a Política Nacional de Saúde da Pessoa Idosa/ 2006 e a resolução nomeada com Tipificação Nacional dos Serviços Socioassistenciais /2009. No período atual, o Brasil passa por processo de transição demográfica e epidemiológica devido ao aumento da expectativa de vida dos indivíduos; a redução do índice de natalidade e de mortalidade; e a mudança do perfil demográfico e epidemiológico. Tais fatores contribuíram para o crescimento da demanda por serviços de saúde. **CONCLUSÕES:** Em período anterior a 1988 não se evidenciavam políticas públicas legais de proteção aos idosos. Observou-se que diversas ações de prevenção e promoção da saúde foram adotadas, principalmente em termos da legislação, após a Constituição de 1988, visando garantir proteção social aos idosos.

PIH26

KNOWLEDGE, ATTITUDE AND PRACTICES TOWARDS MEDICATION USE AMONG POST-GRADUATE PHARMACY STUDENTS

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OBJECTIVES: To assess the knowledge and practice with respect to use of medicines, among post-graduate pharmacy students. **METHODS:** This cross-sectional study was carried out among the post-graduate students of NIPER, Mohali, during the period of Nov. 2014 to Feb. 2015. The method of data collection was based on pre-designed questionnaire containing close ended questions. Participants were randomly selected. Questionnaire inquired about their knowledge with respect to medicine, attitude and practising behaviour. Responses received during the study period were coded and analysed using SPSS. **RESULTS:** A total of 200 students responded to the study. All the respondents were postgraduates in the age group of 20-30 years. About 95% respondents completed their dosage regimen as prescribed. Almost all the respondents (86%) said that they always shake the cough syrup bottle before use. Almost a three-quarter respondents asked the prescriber or dispenser about the possible side-effects of the prescribed medication. Majority (94%) of the respondents practised self-medication. Most common reasons for practising self-medication was found to be convenience (37.5%) followed by quick relief (25%), time saving (15%), economical (8.5%) and others (14%). 71% of the respondents reported the habits of sharing medicine with others. High prevalence (91%), of unused medication was reported. Most common reason cited for unused medication was discontinuation of medicines when patients start feeling better. **CONCLUSIONS:** The result of this study reflects a high prevalence rate of self-medication and unused medication. This needs to be addressed appropriately. Promotion of rational use of medicine is important to achieve the required effectiveness of the medicines.

MENTAL HEALTH – Clinical Outcomes Studies

PMH1

IMPACT OF NEGATIVE SYMPTOMS ON QUALITY OF LIFE IN PATIENTS WITH SCHIZOPHRENIA

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OBJECTIVES: The present study analyses the impact and influence of negative symptoms on quality of life (QoL). **METHODS:** The W-SOHO study is a three year follow-up study on the outpatient care of schizophrenia that included 17,384 patients from 37 countries. Patients were recruited in W-SOHO by their treating psychiatrists when starting or changing antipsychotic medication. Evaluation was conducted during the normal course of care and was scheduled every six months after the baseline visit. The Clinical Global Impressions Severity Scale – Schizophrenia version (CGI-SCH) was used to assess symptom severity across overall, positive, negative, depressive and cognitive subdomains. Quality of life (QoL) was assessed using the EuroQOL 5-D questionnaire. Pearson correlation coefficients (PCC) were used to analyze the relationship between continuous variables. A mixed model with repeated measures (MMRM) was used to analyze the factors associated with quality of life during follow-up. **RESULTS:** Quality of life at baseline was more highly correlated with negative symptoms than with positive