

Objectives: Inadequate sleep quality has a considerable impact on quality of life resulting in problems at work and private life as well. Traffic accidents associated with sleep apnoea have become an area of utmost concern. The aim of our study was to determine the epidemiological disease burden of sleep apnoea. **Methods:** Data were derived from the financial database of the Hungarian National Health Insurance Fund Administration (NHIFA), for the year 2018. Data analysed included annual patient numbers, case numbers and prevalence of care utilisation per 100,000 population according to age groups and sex. The following health insurance treatment categories were included into our study: general practice care, home care, in- and outpatient care, medical imaging, laboratory diagnostics, drugs and medical aids. Patients with sleep apnoea were identified with the following code of the International Classification of Diseases 10th revision: G4730. **Results:** The highest national patient numbers were in outpatient care: 13,752 men and 5,204 women in total 18,956 patients, followed by general practice care (6,321 men and 2,496 women, in total 8,817), and case numbers associated with the utilisation of medical aids (5,964 men, 1,535 women, in total 7,499). Based on patient numbers in outpatient care, prevalence in 100,000 among men was 294.4 patients, among women 101.9 patients, in total 193.9 patients. As regards sex distribution in outpatient care 72.5% of patients were men and 27.5% were women, while in the case of medical aids utilisation 79.5% were men and 20.5% were women. **Conclusions:** Prevalence of sleep apnoea was found to be 2.9 times higher among men than among women. Special attention should be paid to male drivers.

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PATTERNS OF PHARMACOLOGICAL TREATMENT OF PATIENTS WITH MIGRAINE, TENSION-TYPE HEADACHE, AND CLUSTER HEADACHE IN COLOMBIA, 2019

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Objectives: Headache disorders are a frequent reason for consultation. Migraine, tension-type headache, and cluster headache cause a significant burden of morbidity and disability. The objective was to determine the pharmacological treatment patterns of these kinds of headaches in a Colombian population. **Methods:** Cross-sectional study. The dispensations of drugs for the management of tension-type headache, migraine, and cluster headache in the first trimester of 2019 were reviewed from a national medication dispensing database. Sociodemographic, diagnostic, and treatment variables (acute or prophylactic; concomitant drugs) were analyzed. **Results:** During the study period, 7450 patients were identified: 68.5% with migraine, 25.1% with tension-type headache, and 6.4% with cluster headache. A total of 79.7% (n=5937) were women, and the mean age was 38.6±14.7 years. A total of 87.8% (n=6539) were prescribed drugs for acute pain management, mainly nonsteroidal anti-inflammatory drugs (n=3559; 47.8%), acetaminophen (n=3390; 45.5%), ergotamine (n=2158; 29.0%), and opioids (n=1750; 23.5%). The 50.3% (n = 3750) received at least one drug used for prophylaxis, mainly antidepressants (n=1769, 23.7%), flunarizine (n=927; 12.4%), and β -blockers (n=764; 10.3%). The main comedication was proton pump inhibitors (n=921; 12.4%). **Conclusions:** Patients with tension-type headache, migraine, and cluster headache receive mainly medications for acute management, some with low therapeutic value or not recommended, such as opioids or ergotamine. Prophylactic management is mainly directed to migraines, although patients with other kinds of headache also used it, even though it was not indicated.

PND65

EPIDEMIOLOGICAL DISEASE BURDEN OF INTRACRANIAL INJURY BASED ON ROUTINELY COLLECTED HEALTH INSURANCE CLAIMS DATA

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Objectives: The clinical significance of intracranial injuries is due to their high prevalence and high mortality. The aim of our study was to determine the epidemiological disease burden of intracranial injury. **Methods:** Data were derived from the financial database of the Hungarian National Health Insurance Fund Administration (NHIFA), for the year 2018. Data analysed included annual patient numbers, case numbers and prevalence of care utilisation per 100,000 population according to age groups and sex. The following health insurance treatment categories were included into our study: general practice care, home care, in- and outpatient care, medical imaging, laboratory diagnostics, drugs and medical aids. Patients with intracranial injury were identified with the following code of the International Classification of Diseases 10th revision: S06. **Results:** The highest national patient numbers were in CT diagnostics: 10,019 men and 8,950 women, in total 18,969 patients, followed by outpatient care (7,748 men and 6,461 women, in total 14,209 patients), and general practice care (6,529 men and 5,800 women, in total 12,329). Based on patient numbers requiring hospital care in the acute inpatient care, prevalence in 100,000 among men was 91.9 patients, among women 56.2 patients, in total 73.2. Average age of patients of inpatient care was 51.9 years, there was significant difference (5.0 years) between men (49.9 years) and women (54.9 years). As regards sex distribution in the use of CT diagnostics: 52.8% of patients were men, 47.2% were women, in outpatient care men accounted for 54.5%, women for 45.5% of patients. **Conclusions:** Prevalence of intracranial injury was 1.63-times higher among men than among women. Average age of women was 5.0 years higher than

that of men. High patient numbers are attributable to the fact that in the case of patients with intracranial injury CT is the primary diagnostic method.

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PND66

RECENT EVOLUTION OF THE MARKET FOR DISEASE-MODIFYING DRUGS FOR MULTIPLE SCLEROSIS IN CANADA

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Objectives: Multiple sclerosis (MS) is a chronic, progressive neurological disease, which at present cannot be cured. MS rates in Canada are among the highest reported worldwide. Disease-modifying drugs (DMDs) are used to prevent disability and delay disease progression in MS patients. Fourteen DMDs are approved in Canada, of which three (peginterferon beta-1a, ocrelizumab, and cladribine) entered the market since 2015. The objective of this study was to evaluate the Canadian market for DMDs since 2015. **Methods:** Data on retail prescriptions and on drugstore and hospital purchases of DMDs in Canada were obtained from IQVIA. Numbers of prescriptions and purchases (in \$Can) were collected for 12-month periods ending February for the past five years (2015–2019). **Results:** Total purchases of DMDs in Canada increased by 31%, from \$447.8 million in the 12 months ending February 2015 to \$585.0 million in the 12 months ending February 2019; during this period prescription activity increased by 16% (from 224,432 to 260,641). Glatiramer acetate, teriflunomide and dimethyl fumarate dominated the market, increasing from 47% of prescription activity combined in 2015 to 60% in 2019. In terms of purchases, in the 12 months ending February 2019 three oral DMDs were market leaders: dimethyl fumarate (17.4%), followed by fingolimod (16.2%), and teriflunomide (15.6%). Market shares of the three newest DMD entrants in Canada accounted for 7.2% of the value of DMD purchases (totalling \$42.2 million) in the 12 months ending February 2019 but only 2.1% of prescriptions (totalling 5,507 prescriptions), reflecting the higher prices of these new therapies. **Conclusions:** DMDs represent a market of more than \$585 million dollars in Canada. Market growth in terms of purchases compared to prescriptions reflects the strong uptake and higher prices of some of the newer MS therapies.

PND67

COMPARISON OF MULTIPLE SCLEROSIS DRUG PRICES IN SAUDI ARABIA VS. UNITED ARAB OF EMIRATES.

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Objective: This study assessed the difference in patient access and public prices (PP) of multiple sclerosis (MS) disease modifying therapies (DMTs) marketed in Saudi Arabia (SA) vs. United Arab of Emirates (UAE). **Methods:** Cross-sectional study. DMTs regulatory information and PP were derived from Saudi Food and Drug Authority (SFDA) and UAE Ministry of Health and Prevention websites. The PP for each DMT was collected from last updated version available in the websites, accessed June 2018. The defined daily dose (DDD) for adult patients was obtained from FDA approved labels and World Health Organization (WHO) website. The PP/DDD was computed and compared between the two countries. The UAE Dirham (AED) was converted to Saudi Riyal (SR) using the latest exchange rates. Independent t-test was performed. The statistical significance level was set at 0.05. **Results:** As of May 2018, there were 8 DMTs available in SA market and only one DMT (Interferon [IFN] Beta-1a) available in UAE Market. The range of PP/DDD was from SR 70.8 (IFN beta-1a) to SR 288 (Natalizumab) for DMTs available in SA market. The PP/DDD for IFN beta-1a were 1.3, 1.5, and 2.5 (for IFN beta-1a 44 µg/1 ml, IFN beta-1a 30 µg/0.5 ml, and IFN beta-1a 22 µg/1 ml, respectively) times higher in the UAE market compared to SA market. The PP/DDD for IFN beta-1a 44 µg/1 ml, IFN beta-1a 30 µg/0.5 ml, and IFN beta-1a 22 µg/1 ml were SR 141.72, SR 141.72, and SR 70.86 in SA market compared to SR 196.43, SR 223.96, and SR 177.99 in the UAE. The difference was statistically significant (P = 0.016). **Conclusions:** PP/DDD for DMTs was significantly higher in UAE compared to SA. Further studies should be conducted to evaluate the reasons for drug lag and difference in prices between SA and UAE.

PND68

EVOLUTION OF THE CANADIAN MARKET FOR PSYCHOSTIMULANTS FOR ATTENTION DEFICIT HYPERACTIVITY DISORDER

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Objectives: Attention deficit hyperactivity disorder (ADHD), a neurodevelopmental disorder, affects approximately 5% of children and 4% of adults in Canada. Psychostimulant drugs are used to improve symptoms that cause impairment in ADHD patients. Seven psychostimulant medications are approved in Canada, which include amphetamines (dextroamphetamine sulfate, mixed salts amphetamine, lisdexamfetamine dimesylate) and methylphenidate-based products. The objective of this study was to evaluate the Canadian market for psychostimulant therapies for ADHD over the past five years. **Methods:** Data on retail prescriptions and drugstore and hospital purchases of psychostimulants for ADHD in Canada were obtained from