patients presented an overall clinical improvement of ≥20%, ≥50% and ≥80%. These results were associated with a reduction of steroid use (75% of patients on steroids at belimumab-initiation decreased mean dose from 14.8 to 6.8mg/day, p<0.001) and HRU between the pre/post index periods: emergency-room visits 1.65 ± 0.61 (p<0.001), unscheduled visits to treating physician 2.02 ± 0.93 (p<0.001), visits to other specialists (1.64 ± 1.06, p=0.017) and antibiotic tests (7.78 ± 7.53, p=0.47). An increase in HRU was observed for hematology and renal tests (3.14 ± 3.52, p=0.045) and (5.95 ± 6.59, p=0.024), respectively. Working patients (39%) showed an improvement in the LA days between the pre/post index periods (25.6 ± 5.7 days; p=0.025). CONCLUSIONS: Belimumab treatment yielded improved clinical outcomes and a reduction in HRU directly related with SLE management, as cortico-roid use. Mean number of LA days also showed a substantial reduction, especially important in SLE, mostly affecting young patients.

**SYSTEMIC DISORDERS/CONDITIONS – Patient-Reported Outcomes & Patient Preference Studies**

**PSY74 IMPACT OF PATIENT PROGRAMS ON ADHERENCE IN INFLAMMATION AND IMMUNOLOGY: A GLOBAL SYSTEMATIC REVIEW AND META-ANALYSIS OF PUBLISHED EVIDENCE**

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OBJECTIVES: Patient adherence is important for successful treatment in chronic conditions, including inflammation and immunology (I&I) diseases, to improve patient outcomes and reduce healthcare costs. Fragmented adherence management and interventions that do not target or improve adherence have been criticized and considered as too high. However few studies about adherence management and adherence interventions that do not target or improve adherence have been criticized and considered as too high. However few studies about adherence management and interventions that do not target or improve adherence have been criticized and considered as too high. However few studies about adherence management and interventions that do not target or improve adherence have been criticized and considered as too high. However few studies about adherence management and interventions that do not target or improve adherence have been criticized and considered as too high. However few studies about adherence management and interventions. This in turn may impact patient outcomes.

**PSY75 ADHERENCE TO ANTI COAGULANT THERAPY IN CHILDREN HOSPITALIZED FOR PULMONARY EMBOLISM AND DEEP VEIN THROMBOSIS**

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OBJECTIVES: The objectives of the study were to evaluate the medication utilization patterns, and the predictors of adherence to anticoagulant therapy in the pediatric population. METHODS: Texas Medicaid medical and prescription claims from June 01, 2007 to September 31, 2012 were extracted for children (<18 years) hospitalized for Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT). The index date was defined as the date of the first prescription of an anticoagulant warfarin (oral) and/or enoxaparin (injectable) given within 14 days after discharge from hospitalization. Furthermore, patients hospitalized for atrial fibrillation, air/fat embolism, bleeding/coagulation disorder within 90 days of discharge were excluded. Proportion of days covered (PDC<80% vs. <80%) was used to assess adherence to anticoagulants while controlling for demographics, cause of hospitalization, history of NSAID use, anticoagulant use, malignancy, drug type, and Charlson comorbidity index (CCI). A multivariate logistic regression analysis was used. RESULTS: A total of 64 patients were included. Nearly one third of the pediatric patients on anticoagulant therapy after discharge from hospitalization with I&I were non-adherent. Further research is needed to underline the factors responsible for non-adherence in pediatric patients.

**PSY76 NEW OBSERVER-REPORTED OUTCOMES TO MEASURE TREATMENT SATISFACTION, COMPLIANCE, PALATABILITY, AND GI SYMPTOMS FOR PATIENTS NEEDING IRON-CHELATION THERAPY**

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OBJECTIVES: The American College of Chest Physicians Guideline recommends anti-coagulant therapy for at least three months in children with venous thromboembolism. The objectives of the study were to evaluate the medication utilization patterns, and the predictors of adherence to anticoagulant therapy in the pediatric population. METHODS: Texas Medicaid medical and prescription claims from June 01, 2007 to September 31, 2012 were extracted for children (<18 years) hospitalized for Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT). The index date was defined as the date of the first prescription of an anticoagulant warfarin (oral) and/or enoxaparin (injectable) given within 14 days after discharge from hospitalization. Furthermore, patients hospitalized for atrial fibrillation, air/fat embolism, bleeding/coagulation disorder within 90 days of discharge were excluded. Proportion of days covered (PDC<80% vs. <80%) was used to assess adherence to anticoagulants. Multivariate logistic regression analysis was used. RESULTS: A total of 64 patients were included. Nearly one third of the pediatric patients on anticoagulant therapy after discharge from hospitalization with I&I were non-adherent. Further research is needed to underline the factors responsible for non-adherence in pediatric patients.