Objective: Pregnant and postpartum women may be particularly susceptible to pandemic-induced anxiety/depression, which can adversely affect maternal and infant health. This study investigates the COVID-19 concerns experienced by pregnant and postpartum women and their influence on health-related quality-of-life (HRQoL). Methods: We conducted an online, national US survey (EuroQol grant: 260-2020RA) between May and June 2021. Respondents completed the EQ-5D-5L instrument. Two waves of web-based survey were conducted in April 2020 and 2021 and their family’s health, being pregnant and giving birth during the pandemic. Women indicated whether they strongly agreed, agreed, neither agreed nor disagreed, disagreed, or strongly disagreed with each concern. Respondents who indicated that they strongly agreed were classified as having strong concerns. We used median regression to estimate the EQ-5D-5L utility and EQ-VAS scores by level of maternal concerns. Results: Among 2,070 respondents, pregnant and postpartum women commonly expressed strong concerns about giving birth during the pandemic (44%; 95% CI 38%, 40%), the health of their baby (44%; 95% CI 38%, 44%), the health of their family (38%; 95% CI 34%, 42%), and being pregnant during the pandemic (38%; 95% CI 34%, 42%). Fewer respondents expressed strong concerns about their own health (27%; 95% CI 23%, 31%). Overall, there was no association between HRQoL measures and maternal concerns during COVID-19. Among women who gave birth during 2020 (n=536), each unit increase in concerns about being pregnant was associated a 0.02 decline in the EQ-5D-5L utility (95% CI -0.04, -0.01). No difference was observed in EQD-5VAS scores (p=0.00; 95% CI -0.01, 0.01). No other differences in HRQoL were observed. Conclusions: Although overall, there was no relationship between maternal concerns during the COVID-19 pandemic and HRQoL, we did observe small declines in HRQoL associated with being pregnant during the pandemic among women pregnant early in the pandemic.

P62 THE IMPACT OF THE COVID-19 PANDEMIC ON THE QUALITY OF LIFE OF PATIENTS WITH MELANOMA – FINDINGS FROM A UK MELANOMA REGISTRY

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Objectives: The Melanoma UK digital registry, launched in collaboration with Melanoma UK in 2017, captures real-world patient-reported quality of life (QoL), symptoms, and side effects of melanoma treatment using a mobile application. 729 UK patients with melanoma have since joined the registry, with approximately 60% of participants in Stage 3 and 4 of the disease. Due to the COVID-19 pandemic, a national lockdown was announced in the UK in March 2020 with an instruction to stay at home, particularly for vulnerable people with health conditions. The impact of the fundamental changes in day-to-day living and the delivery of healthcare on people diagnosed with melanoma needs to be better understood. This study explored if the COVID-19 pandemic was associated with changes in Melanoma UK registry participants’ QoL. Methods: QoL data, measured using EQ-5D and QLQ-C30 from 423 participants, were analysed. Data submitted between 03/2019 and 02/2020 were deemed pre-COVID-19; data submitted between 03/2020 and 03/2021 were considered as peri-pandemic data. A monthly average score was calculated for each domain of EQ-5D and QLQ-C30. T-tests were conducted to compare the individual domain scores for the pre- and peri-pandemic period. Results: EQ-5D: Mobility (p=0.03), self-care (p=0.03), usual activities (p=0.003), pain symptoms (p=0.03), and health in general (p=0.004) improved during the pandemic. QLQ-C30: There was an observed improvement in physical function (p=0.02), role function (p=0.01), and social functioning (p=0.003). Fatigue (p=0.002) and pain symptoms (p=0.05) decreased during the pandemic. Participants also reported experiencing less financial difficulty (p=0.02) in comparison with the pre-pandemic period. No change in emotional well-being was observed. Conclusions: The QoL of patients with melanoma improved during the COVID-19 pandemic. Future research should involve qualitative interviews with melanoma patients and their caregivers to explore the mechanisms of this change, the role of support networks, and the impact on caregivers.

P63 IMPACT OF COVID-19 ON HEALTH-RELATED QUALITY-OF-LIFE IN THE UNITED STATES, SWEDEN AND NORWAY: A CROSS-COUNTRY COMPARISON USING A PANEL SURVEY

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Objectives: To assess and compare the impact of the COVID-19 pandemic on health-related quality-of-life (HRQoL) in the United States, Sweden, and Norway. Methods: Two waves of web-based survey were conducted in April 2020 and January 2021 to collect demographic data, COVID-19 status, behavior and employment changes related to COVID-19 in each country (EuroQol Grant: 246-2020RA), EQ-5D-5L was used to assess health status of respondents. Results were compared between the two waves to measure changes in HRQoL. One-way ANOVA was used to detect significant differences between countries, and t-tests for differences between waves. Results: We collected 2,734, 1,003 and 2,020 responses in Wave 1 and 2, 2,013 and 1,101 responses in Wave 2 for the US, Sweden, and Norway respectively. Corresponding mean (SD) EQ-VAS scores were 74.6 (±19.2), 68.7 (±21.4), and 69.2 (±20.8) in Wave 1 (p<0.001), and 76.4 (±18.6), 68.2 (±20.3), and 67.8 (±21.7) in Wave 2 (p<0.001). Between waves, only the VAS scores in the US were significantly different (p=0.001). Mean (SD) utility scores were 0.822 (±0.222), 0.768 (±0.266), and 0.808 (±0.248) in wave 1 (p<0.001), and 0.832 (±0.225), 0.783 (±0.247), and 0.777 (±0.271) in wave 2 (p<0.001); there were no significant differences between waves for all three countries. Anxiety/depression was consistently the most problematic EQ-5D-5L subdomain among Swedish and Americans (≥50%), followed by pain/discomfort. ≥45% Norwegians also reported problems in anxiety/depression subdomain in both waves. The proportions reporting problems in anxiety/depression increased in wave 2 for Sweden and Norway, but decreased for the US. Conclusions: Population HRQoL in Sweden and Norway has been similar throughout the pandemic, while a rebound in population mean VAS was observed in the US. However, the large proportions reporting problems in anxiety/depression across waves in all 3 countries indicates that mental health issues resulting from the pandemic are a major concern.

P64 EVALUATING THE IMPACT OF THE COVID-19 PANDEMIC ON MORTALITY AFTER MYOCARDIAL INFARCTIONS HOSPITALIZATION IN GERMANY

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Objectives: It was hypothesized that COVID-19 lockdown measures led to later admission of myocardial infarction (MI) patients to hospitals and, consequently, higher average case severity and mortality. The aim of this study was to compare MI-associated mortality between COVID-19 lockdown and pre-COVID-19 periods. Methods: We used German claims data from continuously insured adults hospitalized with a MI (ICD-10 I21), and compared 30-days mortality for cases in March-May 2020 (first COVID lockdown in Germany) with March to May in 2017–2019. Multi-variable logistic regression models were conducted to test for differences in mortality between pre-COVID and COVID months while controlling for patients’ age, sex, previous MI (2-years baseline), and cardiovascular comorbidities. Results: In 2020, we observed 758/612/712 MIs in March/April/May, which was fewer MIs than the average for the same months between 2017–2019 (March: 901; April: 716; May: 853). Over the observational years, there was a shift towards younger patients (average age 2017: 77; 2020: 74), and the proportion of women decreased (2017: 42.54%; 2020: 39.19%). The length of the index-hospitalization was significantly lower during the COVID-19 pandemic (March-May 2017-2019: 9.19 days; March-May 2020: 8.11 days; p<0.001). Furthermore, the number of deceased patients was lower during the COVID lockdown period (March 2017-2019: 16.33% vs. March 2020: 14.12%; April: 2020: 17.15% vs. 16.99%; May: 16.72% vs. 13.48%). However, regression models showed no significant difference between COVID and pre-COVID months except for May (OR COVID vs. pre-COVID: 0.73, p=0.014). Conclusions: Even if we cannot rule out the possibility of a higher MI-related mortality during COVID lockdown periods in non-hospitalized MI patients, we cannot confirm the hypothesis that hospitalized patients generally showed a higher mortality due to later admission to hospitals and thus more higher case severity at time of hospital admission.

Using Real World Data to Assess Patient Outcomes

P65 HEALTH CARE RESOURCE UTILIZATION AND POTENTIAL DISEASE DETERIORATION AFTER HERPES ZOSTER INCIDENCE IN PATIENTS WITH UNDERLYING CONDITIONS: A RETROSPECTIVE COHORT STUDY BASED ON GERMAN CLAIMS DATA, 2007-2016

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Objectives: This study aimed to investigate potential disease deterioration for underlying conditions (UCs: chronic obstructive pulmonary disease, osteoarthritis and rheumatoid arthritis) after an acute herpes zoster (HZ) using health care resource utilization (HCRU) and disease-specific worsening indicators. Methods: Analyses were performed on claims data, representing 13% of the German statutory health insurance population (corresponding to 87% of the entire German population). Patients aged ≥18 years with UCs were included when an incident HZ-diagnosis (defined by International Classification of Diseases and prescription of an antiviral drug) was observed between 2008-2016. HZ episodes were defined as a single UC but not HZ in the observational period using propensity scores. HCRU was analyzed for four quarters prior and eight quarters after acute HZ. Regression models