PP75 Treatment Of Rheumatoid Arthritis In The Single Health System: Profile Of Medication Use And Expenses

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Introduction: Rheumatoid arthritis (RA) is a chronic inflammatory disease. Treatment aims to improve functional capacity and quality of life. Biological disease-modifying antirheumatic drugs (DMARDs) and oral inhibitor of Janus kinases (JAKs) used in treatment are high cost. The objective of this study was to analyze the profile of use and expenses of these medicines used in Brazil's Unified Health System (SUS).

Methods: This is a retrospective cohort of users who received at least one biological DMARDs or oral inhibitor of Janus kinases (JAKs) registered in the Open Room on Health Intelligence—Sabeis/Datasus. The valuation of the 11 drugs standardized by the Clinical Protocols and Therapeutic Guidelines (PCDT) was carried out based on public purchases registered in the Price Bank in Health and an active search with the Ministry of Health, between 2017 and 2021. Expenses were calculated based on the number of High Complexity Procedure Authorizations (APACs) registered in the SIA/SUS database.

Results: Evaluation of 195,163 patient dispensing records was undertaken. Spending on medicines was BRL408,146,527 (USD79,012,759) in 2017, BRL237,615,290 (USD46,002,748) in 2018, BRL213,790,222 (USD41,350,815) in 2019, BRL195,626,575 (USD37,837,644) in 2020, and BRL140,096,142 (USD27,109,717) in 2021. It was found that in 2017, adalimumab (33%), etanercept (28%), and golimumab (14%) were the most used biological DMARDs. It is worth noting that in 2017, adalimumab and etanercept represented more than 50 percent of the costs of treating RA in the SUS. In 2021, it was found that 61 percent of total expenses were distributed between the drugs etanercept (23%), golimumab (18%), certolizumab (14%), adalimumab (11%), and tofacitinib (11%).

Conclusions: In the period from 2017 to 2021, changes can be observed in the profile of use and expenditure of biological DMARDs and oral inhibitor JAKs, resulting from the incorporation of new drugs and the entry of biosimilars in the Brazilian market. However, adalimumab, one of the first biological DMARDs incorporated, is the most consumed and least expensive medicine.

PP76 "It Is Better For Me To Die Than To Be Disgraced": Perceptions Of Worse-Than-Death Health States In Ghana

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Introduction: Many cultures across the world have varying conceptions about death and dying. Perceptions about health states considered "worse than death" also vary based on sociocultural norms as well as health system capacity. We explore worse-than-death health states in Ghana as well as reasons for opting for death in those health states.

Methods: We interviewed 28 participants from three regions in Ghana to understand the contextual "value of life" in Ghana and factors influencing respondents' decision to opt to die rather than live in a particular health state. Written consents were sought from all participants to partake in the study. Interviews were conducted in either Twi or English based on each participant's preference and lasted for an average of 30 to 35 minutes. Interviews were transcribed verbatim and stored in NVivo software. Data were analyzed thematically.

Results: We identified that health states perceived as worse than death were those associated with impairment in mobility, anxiety/depression, and pain/discomfort. Participants preferred death under these circumstances because they wanted to avoid the financial burden on themselves and family, time spent in caregiving by family, loss of personhood, and loss of social status. Decisions regarding health states worse than death hold considerable importance, particularly in a context where culture and societal norms play a role in shaping how quality of life is assessed.

Conclusions: An understanding of the value Ghanaians attach to health states perceived as worse than death provides useful information for patient-centered care. Findings from the study can provide evidence on healthcare resource allocation and aid policymakers and clinicians in making informed decisions on which treatments to prioritize, and how to maximize the overall health and well-being of individuals.