

INTRODUCTION

- Low socioeconomic status (SES) is associated with higher mortality risk in the general population.
- However, little is known about this relationship among persons with multiple sclerosis (MS).

OBJECTIVE

We investigated whether SES was associated with mortality risk in the MS population.

METHODOLOGY

- We used linked health administrative data in British Columbia, Canada.
- Incident onset MS cases (≥3 hospital or physician-related MS diagnostic codes or ≥1 MS disease modifying treatment(s) [DMT]) with a first demyelinating event (the index date) from 1-January-1994 onwards were identified.
- Follow-up was to the earliest of death, emigration or 31-December-2017.
- DMT prescriptions filled were described between 1996-2017.

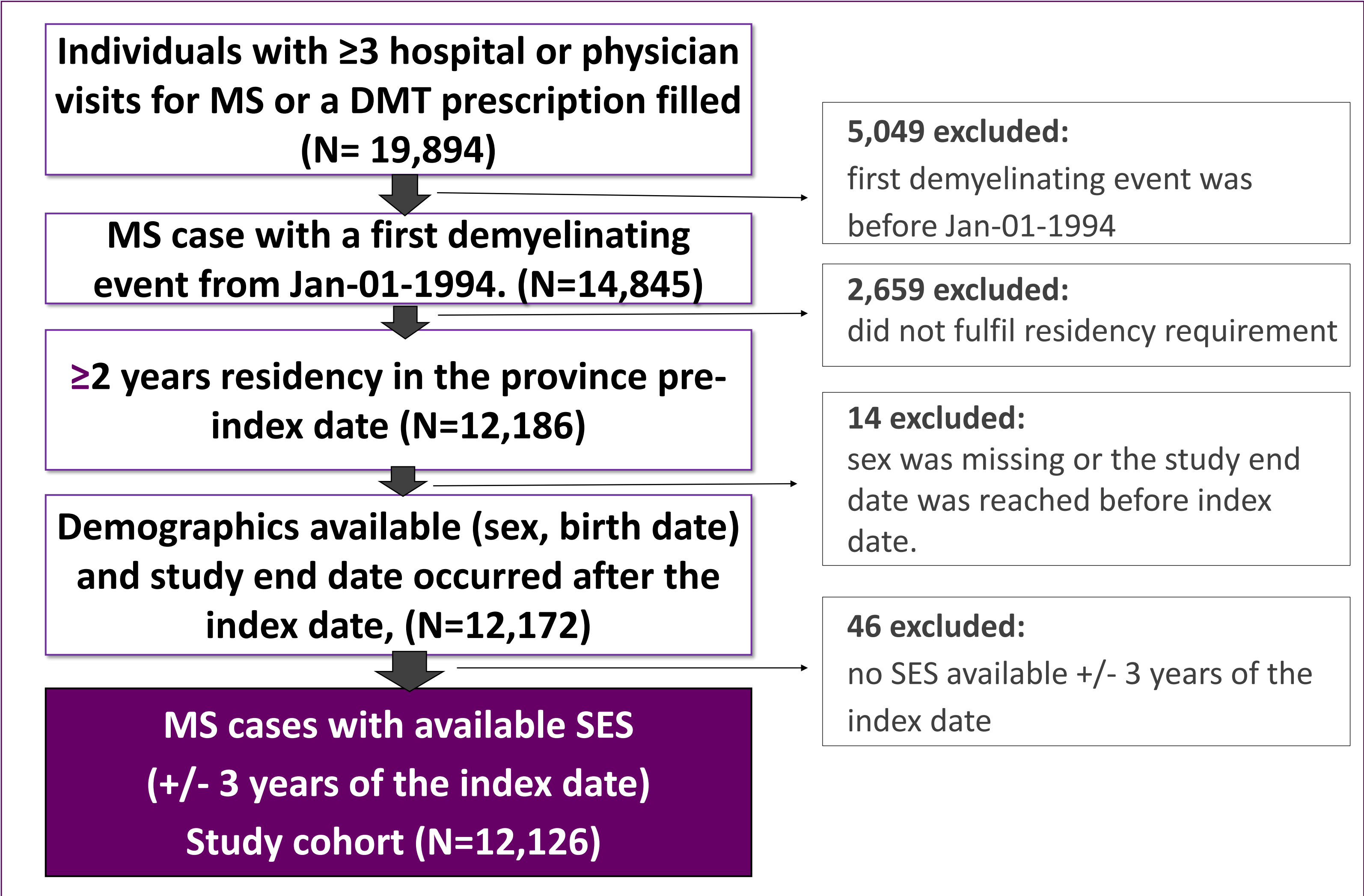
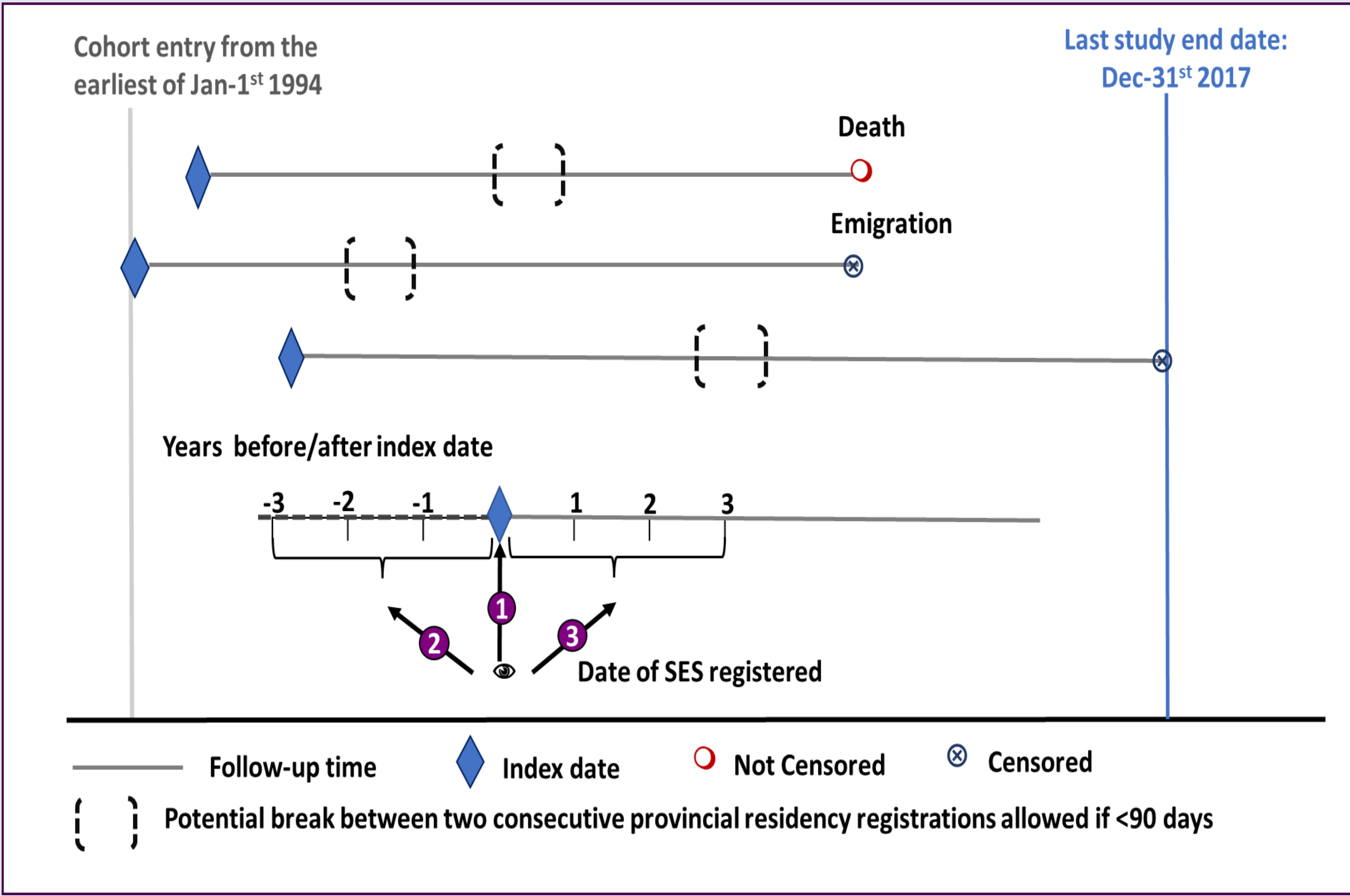


Figure 1 : Flowchart of study cohort with selection criteria.



- SES within +/-3 years of the index date using postal codes linked to census information to estimate neighbourhood-level average household income.
- Cox proportional hazards regression was used to assess the association of SES-quintiles with all-cause mortality, adjusted for: sex, age and calendar year at the index date, and the Charlson Comorbidity Index (based on the year pre-index date).

RESULTS

Table: Characteristics of the study cohort including incident onset MS cases in British Columbia, Canada (1994-2017).

	Total (N=12,126)
Sex, n (%)	
Women	8,803 (72.6)
Age at index date, years, mean (SD)	43.8 (13.8)
Index calendar year, n (%)	
1994-1999	3,252 (26.8)
2000-2005	3,235 (26.7)
2006-2011	3,064 (25.3)
2012-2017	2,575 (21.2)
Follow-up from the index date to study end, years, mean (SD)	10.8 (6.7)
Charlson comorbidities Index, n (%)	
0	9,015 (74.3)
1	2,112 (17.4)
≥2	999 (8.2)
Filled a DMT prescription (1996-2017), n (%)	3,175 (26.2)
SES at the index date, quintiles, n (%)	
1 Lowest (most deprived)	2,232 (18.4)
2	2,339 (19.3)
3	2,540 (20.9)
4	2,633 (21.7)
5 Highest (least deprived)	2,382 (19.6)

CONCLUSION

- A lower SES was associated with higher mortality risk in MS.
- The all-cause mortality hazard also exhibited a clear gradient across SES quintiles.
- Further studies are needed to understand this association including the impact of specific comorbidities and DMT exposure.

Acknowledgements: Study funding: Canadian Institutes of Health Research (PJT-156363 and FDN-159934, PI: Tremlett). Access to and use of BC data was facilitated by Population Data BC, and approved by the BC Ministry of Health, BC PharmaNet, and the BC Vital Statistics Agency. All inferences, opinions, and conclusions drawn are those of the authors, and do not reflect the opinions or policies of the Data Stewards. **Conflict of interest:** F Calocer (presenter) is funded by a Postdoctoral Fellowship from the ARSEP foundation. G Defer received personal compensation for scientific advisory boards and funding for travel and/or speaker honoraria from Biogen, BMS, Merck Serono, Novartis, Sanofi Genzyme, Teva Pharmaceuticals; institutional research grants from Biogen, Merck Serono, Novartis, Sanofi Genzyme. Ruth Ann Marrie is a co-investigator on CanProCo study funded by Biogen & Roche Canada.

Figure 3 : SES and others factors associated with mortality risk in MS.

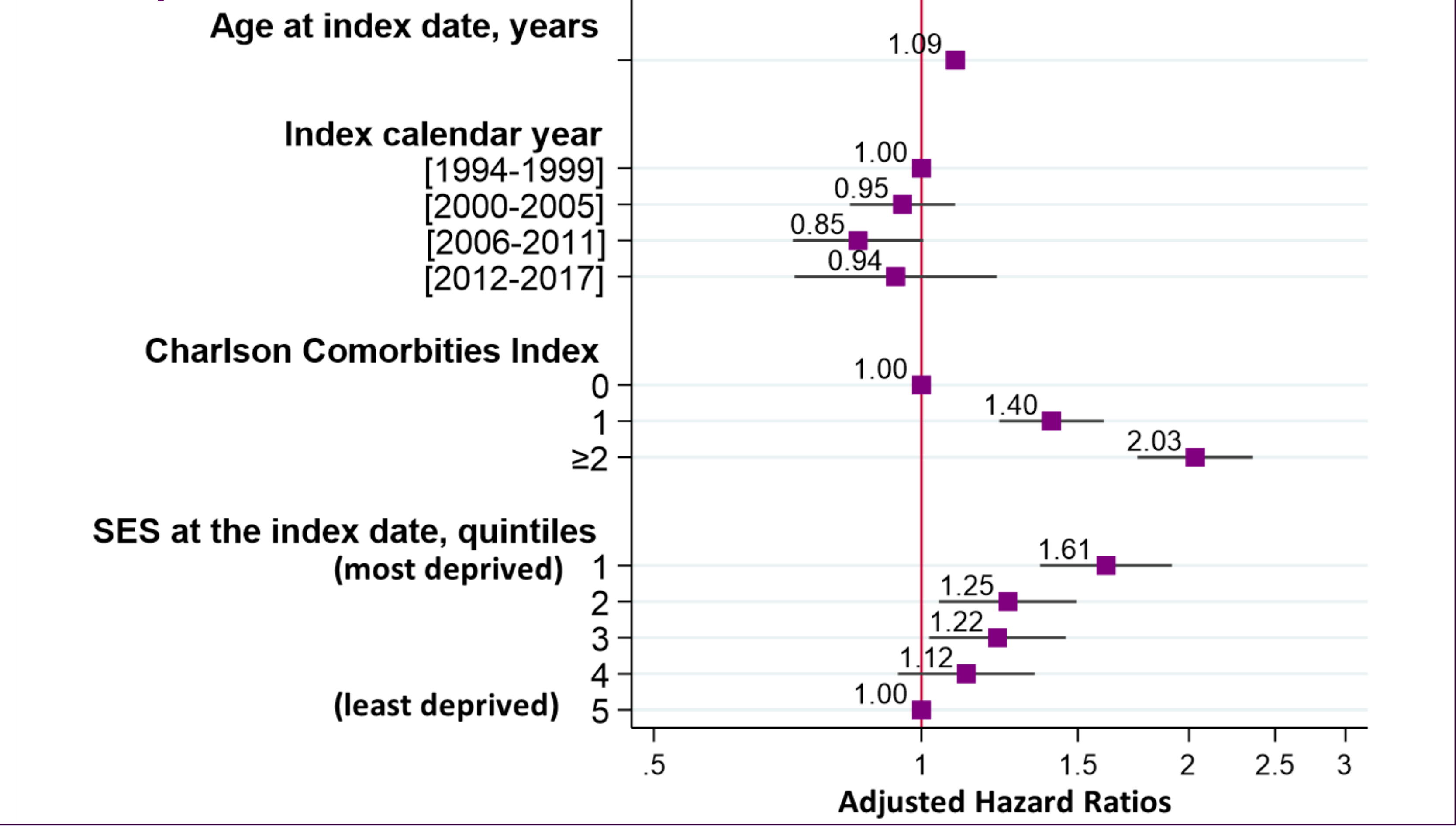


Figure 4: Kaplan-Meier curves: Association between SES and mortality risk in MS (from adjusted multivariate Cox proportional model).

