Results
291 patients with AS were registered at the first visit, 218 on biological drugs, mean age was 44.3 years, mean time from diagnosis was 13.6 years, 26.1% were female. With higher functional impairment (ASDAS-ESR) and higher costs (in biologic treated patients) the costs of biologics (in biologic cohort) make almost the equal costs which without biologics. There is a trend of decreasing number of work active patients who are not biologics. For patients treated with biologics BASFI is a relatively good predictor, there has been observed substantial changes in ASDAS-ESR and EQ-SD in the follow-up period, probably due to relatively short period (18 months) with respect to the disease natural progression. The findings attributed to higher BASFI improvement (BASFI > 6.0) and to patient not treated with biologics should be interpreted with caution because of lower number of patients in these categories.

We consider our findings highly helpful to decision-makers in the reimbursement process/optimization of particular interventions. This information is important by adequately describing the burden of each particular health care problem with respect to QoL and other patients reported outcomes in relationship to clinical parameters, functional impairment and costs. The costs data and productivity are rather Czech specific, in contrast to relationship with QoL data, functional and clinical impairment that could be transferred also into other countries.