

on September 2006 wholesale acquisition costs (EPO: \$0.01217/Unit, DARB: \$4.446/mcg). **RESULTS:** 439 patients (296 EPO, 143 DARB) met the entry criteria and formed the study population. The two groups of patients had similar mean age (years; EPO 74.9 vs. DARB 74.3) and gender distribution (female; EPO 51.0% vs. DARB 51.8%). Use of extended dosing regimens ( $\geq$ every two weeks [ $\geq$ Q2W]) was observed in the majority of patients in both groups (EPO: 71%; DARB: 92%). The mean (SD) dose per injection was 25,987 (19,298) Units for EPO and 114.9 (131.1) mcg for DARB. The weighted average (SD) weekly dose was 13,879 (12,121) Units for EPO and 54.5 (50.2) mcg for DARB, corresponding to an average weekly erythropoietic drug cost of \$169 for EPO and \$242 for DARB ( $P < 0.0001$ ). **CONCLUSION:** This retrospective claims analysis reported use of extended dosing ( $\geq$ Q2W) of both EPO and DARB in CKD patients aged  $\geq 65$  years. Weekly DARB costs were 43% higher than EPO.

#### URINARY/KIDNEY—Patient-Reported Outcomes

PUK16

##### ASSESSMENT OF ADHERENCE WITH IMMUNOSUPPRESSANT MEDICATIONS IN TRANSPLANT PATIENTS AND THE POTENTIAL COST SAVINGS ASSOCIATED WITH INCREASED ADHERENCE

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**OBJECTIVES:** To estimate adherence with immunosuppressant medications in transplant patients served by a group of five specialty pharmacies and to assess the medical cost avoidance associated with improved adherence, where possible. **METHODS:** Prescription fill data were obtained from five specialty pharmacies for Medicare patients who had prescriptions filled from January 2005 to June 2005 for one of the following medications: azathioprine, mycophenolate mofetil, mycophenolic acid, and sirolimus. Patients were eligible for analysis if they had a prescription filled in both January and June. Medication possession ratios (MPRs) were calculated for each medication over the study period. Patients with MPRs  $> 0.8$  were classified as adherent. Literature-based adherence estimates were obtained for comparison. The 2005 US Renal Data System Annual Data Report was used to gather clinical and economic outcome data for a decision analysis to determine whether differences in adherence resulted in potential cost avoidance associated with a rejected renal graft. **RESULTS:** In the 1599 eligible patients, the estimated adherence rate was 84.2%, which was significantly higher than the literature-based estimate of 65% ( $p < 0.01$ ). After applying the adherence estimates to current Medicare cost estimates for functioning renal grafts and failed renal grafts, the estimated yearly cost in study pharmacy patients was \$27,853 versus \$32,003 using literature-based adherence estimates—a potential cost savings of \$4150 per patient per year. **CONCLUSION:** These findings suggest that the reduced risk of rejection associated with increased adherence with immunosuppressant agents translates into avoidance of significant costs associated with failed renal grafts. Compared to traditional mail-order or retail pharmacies, the service model used by the study pharmacies involves high levels of patient contact to promote adherence. Policies to ensure appropriate reimbursement, such as CMS's proposed pay-for-performance framework, would be an important step to support and promote optimal patient care.

PUK17

##### STRESS URINARY INCONTINENCE: EFFECT OF OBESITY IN PATIENTS' PERCEPTION OF HEALTH RELATED QUALITY OF LIFE

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**OBJECTIVES:** Stress urinary incontinence (SUI) is a common condition in women, caused by anatomical problems related to factors such as age, parity, white race, hormonal state, higher educational attainment, pregnancy related factor and higher body mass index. Several studies indicate obesity as an important SUI related factor. This study was conducted to investigate the impact of obesity in the quality of life of women with urinary incontinence. **METHODS:** Women with the symptom of SUI were recruited prospectively over a 3-months period from a tertiary referral urogynaecology center in a teaching hospital. A group of 86 women complaining of SUI and confirmed as having SUI on urodynamic assessment agreed to participate. The King's Health Questionnaire (KHQ) was applied before any treatment to assess the impact of SUI in the quality of life. We then divided the patients in two groups, obese and non obese women, according to their BMI ( $>30$  BMI and  $<30$  BMI) and compared them using Student t test. **RESULTS:** There were 25 patients in the obese group and 61 in the non obese group. There were no statistical differences between the groups concerning, age, number of pregnancies, height and daytime frequency. The obese patient group was heavier ( $p < 0.0000$ ), with greater BMI ( $p < 0.0000$ ) with an also statistically greater nighttime frequency ( $p = 0.0147$ ). The obese group had more time of SUI symptoms complain ( $p = 0.0268$ ). Of the evaluated domains of the KHQ (general health perception, incontinence impact, role limitations, physical limitations, social limitations, personal relationships, emotions, sleep/energy, severity measures) only the severity measures were statistically different among these two groups ( $p = 0.0093$ ). **CONCLUSION:** Obesity seems to aggravate the perception of the severity of the urinary incontinence problem in women.

PUK18

##### LINGUISTIC VALIDATION OF THE NOCTURIA QUALITY OF LIFE (N-QOL) QUESTIONNAIRE IN 10 LANGUAGES

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**OBJECTIVES:** The objective of this study was to evaluate the linguistic validity of 10 translations of the Nocturia Quality of Life (N-QOL) questionnaire. This self-administered questionnaire was originally developed in English (UK) to measure the impact of nocturia on health-related quality of life in men with lower urinary tract symptoms (LUTS), and has since been validated for use in women. **METHODS:** Harmonized translations of the questionnaires were created through an internationally accepted reiterative process of forward and back translations and review by a survey research expert and local study users for the following languages: Afrikaans (South Africa), Chinese (Taiwan), English (Canada), English (South Africa), English (USA), French (Canada), Korean (Korea), Spanish (Mexico), Swedish (Sweden), and Turkish (Turkey). All translators were native speakers of the target language and fluent in English (UK). A diverse sample of 5 subjects in each language reviewed the harmonized translations and was subsequently debriefed by trained bilingual interviewers, fluent in both English (UK) and the target language. A team consisting of the original translators, back