

For the overall patient sample, no statistically significant changes across visits was observed for any SIBDQ domain or total score (all $P > 0.05$); mean change from baseline to endpoint did not exceed 3% for any SIBDQ score. At endpoint, patients exhibiting recurrent UC ($n=29$) scored significantly lower than non-recurrent patients ($n=117$) on bowel symptoms, emotional function, and social function domains and total score ($P < 0.001$ for all differences). **CONCLUSIONS:** Patients with quiescent UC receiving daily treatment with MMX mesalamine (2.4 g/day) exhibited high stability, and thus strong maintenance, in disease-specific HRQoL over the course of one year. The majority of patients remained in clinical remission following one year of this treatment regimen. Patients with clinically recurrent UC showed significantly worse HRQoL outcomes than non-recurrent patients.

PGI29

QUALITY OF LIFE IN CHRONIC LIVER DISEASE

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OBJECTIVES: Chronic liver disease is responsible for approximately 40,000 deaths annually, which corresponds to about 2% of all deaths worldwide. This study aimed to specify and understand the characteristics of patients with LC service followed in the Gastroenterology at CHCB as well as assess the severity of LC using the scale of Child-Pugh-Turcotte and the Health Related Quality Of Life. **METHODS:** This is a retrospective, observational and cross for the evaluation of QdVS a group of patients diagnosed with LC in CHCB. Direct interviews were carried out using questionnaires to a sample of 42 patients with clinical and imaging during the months of January and April 2011. Besides the descriptive analysis we tried to establish some correlations between the variables studied, considered statistically significant when p value is < 0.05 . **RESULTS:** The mean age of study participants was 62 years, and approximately 31% of patients were between 66 and 75 years. The males and ethylic etiology of cirrhosis accounted for a proportion of over 90% of all patients. The average score obtained after applying the SF-36 was around 49%. After the calculation made to stratify the severity of the disease across the range of CPT, 69% of patients were in class A, class B 21% and 10% to class C. **CONCLUSIONS:** The LC mainly affects males, and regular alcohol consumption the predominant etiology. Regarding the scale of CPT, the results indicate a good survival. We conclude that the QdVS is clearly affected in CLD associated with LC, particularly in terms of physical pain, physical performance and vitality. This study is consistent with national data, where the Liver Cirrhosis is a public health problem, for which measures must be taken concerning the excessive consumption of alcoholic beverages.

PGI30

COMPARISON OF HEALTH RELATED QUALITY OF LIFE BETWEEN HEPATITIS, CIRRHOSIS, LIVER TRANSPLANTATION AND HEPATIC CARCINOMA: RESULTS OF THE COME STUDY

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OBJECTIVES: As a result of successful treatments for chronic hepatic diseases (CHDs), patients generally live longer but often with a compromised wellbeing. We assessed Health-Related Quality-of-Life (HRQoL) of CHDs adult patients. **METHODS:** A naturalistic multicentre Cost-of-Illness study was conducted. Adult patients (age > 18 years) diagnosed with CHDs, consequently accessing at gastroenterology unit of 2 hospitals, were enrolled. Direct, indirect and intangible costs were estimated from the societal perspective. The patients were sub-grouped according to their main condition at the enrollment: hepatitis B and/or C, cirrhosis, liver transplantation, hepatic carcinoma. HRQoL was assessed with the EQ-5D 3L and 5L versions (the psychometric properties of the 5L new version was previously discussed: podium by Scalone et al, 13th ISPOR Congress 2011, Prague). The following results pertain the EQ-5D-5L results. **RESULTS:** We enrolled 1,088 valid patients, 62% male, aged 19-90 (median=60) years. Patients with hepatitis were 60.4%, 20.2% had cirrhosis, 11.9% had liver transplantation, 7.5% hepatic carcinoma. Among all the patients, the mean \pm SD VAS was 69.1 \pm 20.8. Mobility was an extreme/severe problem for 3.3% and a moderate/slight problem for 22.6% of the patients. Self-care was an extreme/severe problem for 1.2% and a moderate/slight problem for 11.5% of the patients. Usual activities was an extreme/severe problem for 4.0% and a moderate/slight problem for 25.5% of the patients. Pain/discomfort was extreme/severe for 3.2% and a moderate/slight problem for 36.1% of the patients. Anxiety/Depression was extreme/severe for 4.5% and a moderate/slight for 43.5% of the patients. Patients with cirrhosis reported the worst levels of HRQoL, those with carcinoma had a worse HRQoL than patients with transplantation, those with hepatitis reported better levels of HRQoL. **CONCLUSIONS:** Our study shows how HRQoL is negatively related with the severity and chronicity of CHDs. Health technology aimed to improve wellbeing in patients with disabling long term hepatic disease is required.

PGI31

THE MAINTENANCE OF WORK-RELATED PRODUCTIVITY DURING ONE YEAR OF MMX MESALAMINE TREATMENT FOR PATIENTS WITH QUIESCENT ULCERATIVE COLITIS

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OBJECTIVES: Ulcerative colitis (UC) impairs patients' productivity in the workplace. While studies have shown increased productivity in patients with active UC following treatment with a multi-matrix (MMX) oral formulation of mesalamine, the current analysis is the first to examine maintenance of work-related outcomes (WRO) in patients with quiescent UC who received one year of MMX mesalamine

treatment. **METHODS:** Data were from a multicenter, open-label study of patients with quiescent UC who received MMX mesalamine 2.4 g/day QD for twelve months. The Work Productivity and Activity Impairment Questionnaire: Specific Health Problem (WPAI:SHP), administered at baseline, six-month, and twelve-month visits, measured the impact of a patient's UC on 4 domains: absenteeism, presenteeism, overall productivity, and impairment in non-work activities. Repeated-measures analysis of variance assessed change in scores across visits. Analysis of covariance assessed the association between WRO and disease activity (covariates: age, gender, and BMI) by comparing WPAI:SHP scores between patients with clinically recurrent and non-recurrent UC at 12 months. **RESULTS:** WPAI:SHP scores were collected from 198 patients at baseline, 142 patients at six months, and 154 patients at 12 months/early withdrawal (endpoint). Stability of WRO across 12 months for the overall sample was evidenced by baseline-endpoint changes in mean scores of $< 2\%$ for each WPAI:SHP scale, with no statistically significant differences across visits (all $P > 0.05$). Patients with clinically recurrent UC at month 12 ($n=29$) scored significantly worse than non-recurrent UC patients ($n=113$) on presenteeism, overall productivity, and activity impairment, $P < 0.05$ for differences. **CONCLUSIONS:** Patients with quiescent UC who received MMX mesalamine 2.4 g/day QD showed stable WRO over the course of one year. Findings indicate that long-term MMX mesalamine treatment was associated with maintenance of WRO for patients with quiescent disease. This treatment regimen maintained clinical remission for the majority of patients, with recurrent patients showing worse WRO than non-recurrent patients.

Gastrointestinal Disorders – Health Care Use & Policy Studies

PGI32

AN INVESTIGATION INTO THE EXTENSIVE SPECTRUM OF AGENTS USED FOR THE MANAGEMENT OF POST-OPERATIVE ILEUS

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OBJECTIVES: Regardless of the wide variation in estimated incidence rates for post-operative ileus (POI), it is widely understood that gastrointestinal complications represent the most common post-operative morbidity type. In addition to the patient burden, the extension of hospital stay caused by POI (estimated to be between 3.2 and 8 days) can have an enormous economic impact, making this an important area of research. The objective of this literature review was to explore the various interventions investigated for the acceleration of gastrointestinal recovery after surgery and reduction of POI. **METHODS:** Comprehensive literature searches across online databases and horizon scanning were used to identify relevant literature. Literature was gathered on any intervention that had been assessed in a randomised clinical trial for the treatment of POI following abdominal surgery. **RESULTS:** Over 600 studies were identified as potentially relevant. Approximately one quarter of these assessed the broad spectrum of prokinetic pharmacological agents for the treatment of POI, as well as antiemetics, antibiotics and anaesthetics. In particular, research into new ghrelin agonists is underway. Next to this, the unfavourable effects of opioid analgesics on GI recovery were studied in numerous trials. Non-pharmacological methods to enhance recovery after surgery such as gum chewing, acupuncture and early feeding have also been investigated with mixed success. Many of the trials identified were dated, illustrating how long POI has remained an unresolved issue for clinicians and patients. **CONCLUSIONS:** Many different types of treatment, with varying mechanisms of action, have been clinically studied for the prevention or treatment of POI over the past 40 years. However, there is still no standard management paradigm to accelerate post-operative bowel recovery. The absence of an effective pharmacological agent licensed for this indication in Europe and significant variance in practice suggest an unmet clinical need, which should shape future research in this area.

PGI33

PREDICTORS OF DIRECT MEDICAL COSTS OF CROHN'S DISEASE AND ULCERATIVE COLITIS

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OBJECTIVES: Cost predictions are useful to identify patients with special needs early. Crohn's disease (CD) and ulcerative colitis (UC) are complex conditions which are classified as Inflammatory Bowel Diseases (IBD). Disease onset in early adulthood leads to a long period of healthcare utilisation. The goal of this study was to determine the effect of disease activity and disease history on overall medical costs and to determine whether additional factors predict costs for CD and UC. **METHODS:** Medical history, demographic information and healthcare use (4 weeks) were reported by German IBD-Association members. Healthcare costs were calculated using national sources. Disease activity was determined using a German IBD Index. Patients classified their disease history as constantly-active, intermittently-active or in remission. Other factors evaluated were education, marital status, health insurance, an IBD-related operation (at least 3 months ago), smoking status and employment status. Missing values for determinants were imputed using the Markov-chain-Monte-Carlo method. Cost determinants were analysed using a gamma regression model, adjusting for age, sex, disease duration and for previous colectomy in UC patients. Costs of CD and UC were analysed separately. **RESULTS:** The 4-week mean direct medical costs were 424.44€ for CD ($n=241$) and 365.79€ for UC ($n=238$). Mean disease activity (CD: 3.3 UC: 3.2) was similar between the groups and 46% of both CD and UC subjects reported disease history as in