the first 12-month observational period. Out of 505 total subjects enrolled at (12 months) follow-up, 467 patients fully completed ICIQ-LF. The average variation observed in patients’ reported overall “impact of symptoms” was ~1.92 (SD 3.36; range –7; 10), suggesting a reported improvement in QoL from baseline. The frequency of women who complained of urine leakage shows a significant decrease from baseline to follow up (68% Vs 55.6%). Consistently, the number of patients complaining of limited activities due to urinary leakage decreased from 56.5% to 42%. The W-IPSS was compiled by 83% of all subjects. For all symptoms considered, greater improvement in QoL was observed when symptoms showed higher remission rates and lower persistency and incidence rates. An overall improvement was confirmed also by SF-36. RESULTS: 49.2% of patients at follow-up reported a good health status (to various degrees) versus 10.7% at baseline. CONCLUSION: According to ICIQ-LF and W-IPSS an overall condition improvement was registered at 12 months from baseline with respect to all LUT symptoms (storage, voiding and post-micturition categories). A correlation between increased QoL and observed symptoms remission rates was detected by all questionnaires.

QUALITY OF LIFE IN HEMOPHILIC PATIENTS WITHOUT INHIBITORS: THE COCHE STUDY
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OBJECTIVE: Hemophilia treatment has prolonged patients’ life expectancy and is now focused on improving their Health-Related Quality-of-Life (HRQoL). We evaluated HRQoL of adult hemophilic patients without inhibitors. METHODS: The Cost Of Care of HEmophilia (COCHE) study is a naturalistic, multicenter, longitudinal study. Patients without inhibitors aged >18 years were sequentially enrolled at 23 Italian Hemophilia Care Centers. Information collected was on: socio-demographic characteristics, clinical, resource absorption (direct, indirect costs), HRQoL (intangible costs) and treatment satisfaction. The following results pertain to the HRQoL evaluated with two generic instruments: EuroQol (EQ-5D) and Short Form-36 (SF-36). RESULTS: 232 patients were enrolled (median age = 34.3, ranging from 18 to 74), 86.6% with hemophilia A, 72.4% severely affected. At the time of enrollment 81.0% of patients had chronic hepatic C, 25.0% hepatitis B, 15.9% HIV infection. Most of the patients (87.8%) reported some orthopedic problems. Target joints were present in 57.0% of patients. Bleeding occurred on average 2.10 times per patient/month (median 1.44, ranging from 0 to 26). EQ-5D profile showed that 77.9% of patients complained of moderate or extreme “pain/discomfort”, 63.5% had problems with “mobility”, 48.9% were anxious or depressed, 40% had problems in doing “usual activities”, 12.2% problems with “self-care”. EQ-Visual Analogue Scale had a mean value of 66.2 (median 70.0, ranging from 9 to 100). The mean+/–SD utility score was 0.74+/–0.2 (median 0.7, ranging from –0.2 to 1). These results were confirmed by the SF-36: in particular, the mean+/–SD Physical Component Summary score was 36.9+/–10.7 (median 35.2, from 15.2 to 55.0); the mean+/–SD Mental Component Summary score was 50.2+/–11.8, (median 52.8, from 15.5 to 68.1). CONCLUSION: Hemophilic patients without inhibitors showed impaired levels of general HRQoL. In particular the physical component of HRQoL was sensitively compromised; by contrast the mental component was relatively good in comparison to the general Italian male population.

Cost Evaluation Studies in Diabetes and Neurological Disorders

ECONOMIC EVALUATION OF SPECT-DATSCAN IN THE DIAGNOSIS OF PATIENTS WITH CLINICALLY UNCERTAIN PARKINSONISM IN ITALY
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OBJECTIVES: This study assessed the economic value of using SPECT-DaTSCAN (123I-FP-CIT) in comparison with current clinical judgment, in the diagnosis of patients with clinically uncertain Parkinsonism in Italy. METHODS: A cost-effectiveness analysis was based on a Markov model, comparing a cohort of patients following a diagnostic pathway including or excluding DaTSCAN, using a time horizon of 5 years. The model was populated with direct medical costs (drugs, tests, exams, hospital admissions, management of adverse events) associated with diagnosis and treatment, diagnostic accuracy (sensitivity: 97%, specificity: 100%), the underlying prevalence of diseases in the tested population (estimated to be 49%), rates of adverse events, therapy progression and death. Effectiveness was expressed as the (gain in) number of years of appropriate therapy per patient. Model input values were estimated using a double round Delphi panel performed with 12 Italian specialists. Diagnostic accuracy, adverse event rates and mortality rates were based on published studies. RESULTS: The current diagnostic pathway produced on average 2.3 “adequately treated years” (ATYs) per patient at an estimated cost of €8893 to the health care system over 5 years. The DaTSCAN pathway generated on average 4.1 ATYs per patient at an estimated cost of €8410. Use of DaTSCAN rather than current diagnostic practice generated an additional 1.8 ATYs at a cost saving of €482 per patient over 5 years. Discounting at 5%, the cost saving became €372 per patient over 5 years. If the use of DaTSCAN decreased other diagnostic work-up costs by €450 (estimated by clinical expert), cost savings became €932 (undiscounted) per patient tested. The result is sensitive to the proportion of patients tested. CONCLUSION: The analysis suggests that using DaTSCAN in patients with clinically uncertain Parkinsonism is an economically attractive intervention. Greater amounts of time on appropriate therapy are achieved at less cost to the health care system.

COST-UTILITY ANALYSIS IN A UK SETTING OF SELF MONITORING OF BLOOD GLUCOSE IN PATIENTS WITH TYPE-2 DIABETES
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OBJECTIVES: Self monitoring of blood glucose (SMBG) has been shown to improve glycemic control of type 2 diabetes in previous studies (HbA1c improved by 0.3–0.6% with SMBG versus no SMBG, depending on treatment received) However, the cost of testing supplies is high and cost-effectiveness has not been evaluated. METHODS: A validated model (CORE Diabetes model) projected improvements in lifetime quality-adjusted life years (QALY), long-term costs, and cost-effectiveness of SMBG versus no SMBG. Markov/Monte Carlo modeling simulated progression of complications (cardiovascular, neuropathy, renal and
eye disease). Transition probabilities and HbA1c-dependent adjustments came from UKPDS and other major studies. Costs of complications came from published sources. Direct costs of diabetes complications and SMBG were projected over patients’ lifetimes from a UK National Health Service perspective. Outcomes were discounted at 3.5% annually. Sensitivity analysis was performed. RESULTS: Depending on the type of diabetes treatment (diet and exercise/oral medications/insulin), improvements in glycemic control with SMBG improved discounted QALYs by 0.12 ± 0.14 to 0.21 ± 0.14, with increased total costs of £603 ± 909 to £2240 ± 1124/patient, giving incremental cost-effectiveness ratios of £4853 to £10,670/QALY gained, well within current UK willingness-to-pay limits. At a threshold of £30,000/QALY gained, there was a 78–85% probability that SMBG would be considered cost-effective. SMBG was most cost-effective in the subgroup of patients treated with diet and exercise.

CONCLUSIONS: Improvements in glycemic control with interventions including SMBG improves patient outcomes with an acceptable cost-effectiveness ratio in the UK setting.

**DN3**

**COSTEFFECTIVENESS OF NON-INVASIVE IMAGING IN THE DIAGNOSIS OF PARKINSONISM**

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**OBJECTIVES:** Economic evaluations of diagnostic technologies are less well established than for therapeutic technologies. The objective of this study was to undertake a cost-effectiveness analysis in German office-based centres of diagnostic strategies with and without DaTSCAN (123I-FP-CIT) SPECT imaging for patients with clinically uncertain Parkinsonian syndromes (PS) to distinguish between PS and essential tremor (ET), one of the conditions most commonly misdiagnosed as Parkinson’s Disease. We report initial analytic results based on office-based expert opinion. METHODS: A Markov model was developed to simulate the progression of a cohort of patients with clinically uncertain PS who are managed in an office-based centre based on clinical judgment alone or receiving DaTSCAN. Health states were defined in terms of therapy (PS, ET, none) and underlying conditions (PS, ET). The model estimated time on potentially beneficial therapy (PBT: e.g. PS therapy for underlying PS) and patient management costs over 5 years. Model probability inputs were from published studies and treatment patterns/resource use from a panel of German neurologists. Unit costs were from official sources. The cost of a DaTSCAN test (agent plus administration) was €929. A total of 40–60% cohort members were assumed to have underlying PS. DaTSCAN sensitivity and specificity were 95%/100% (institutional read) and 93%/97% (blinded read). RESULTS: At 50% underlying prevalence and in the absence of DaTSCAN, 25% of cohort members had PBT at the outset, rising to 60% at 6 months and 62% at 5 years. Using DaTSCAN, 99% of patients had PBT at the outset reducing to 79% at 5 years. DaTSCAN use generated an incremental 1.4 PB years per patient, and 5-year costs were €79% lower for the DaTSCAN group. CONCLUSION: Adding non-invasive imaging to the management of patients with clinically uncertain PS may be considered to be a cost-saving strategy with an increase in time on potentially beneficial therapy.

**COI**

**VALIDATION OF DIAGNOSTIC PROCEDURES IN SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA.**

**CONCORDANCE BETWEEN INITIAL AND FINAL DIAGNOSIS IN DAILY CLINICAL PRACTICE**

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**OBJECTIVE:** To assess the usefulness of daily practice diagnostic methods (medical history, I-PSS questionnaire, digital rectal examination (DRE) and prostate-specific antigen (PSA)) for the diagnosis of Benign Prostatic Hyperplasia (BPH). METHODS: A total of 363 consecutive patients with suspected BPH seen at urological outpatient clinics, between April and November 2003, participated in the study. The following steps were sequentially followed to define the Initial Diagnosis: 1) medical history; 2) I-PSS questionnaire; 3) DRE; and 4) PSA. It was then compared to the Final Diagnosis (gold-standard) after step 5) urinary sediment, residual volume and prostate size by ultrasonography, and