lated for paired observations between IBDQ and EQ-5D (n = 3320) and IBDQ and SF-6D (n = 3230). Least square regression models were investigated. RESULTS: The decile analysis demonstrated a consistent positive relationship with both utility scores. The correlations between the IBDQ and both the EQ-5D and SF-6D were statistically highly significant (p < 0.0001). The correlation coefficients for IBDQ with SF-6D and with EQ-5D were 0.85 and 0.76 respectively. A simple linear least square regression model of the relationship between EQ-5D and IBDQ explained 46% of the variance. A visual inspection of the residuals plot for the IBDQ/SF-6D model suggested some non-linearity and an improved non-linear model explained 72% of the variance. The comparison of the two sets of values demonstrated the commonly observed ceiling effect for the EQ-5D and floor effect for the SF-6D and provided added face validity for the transformations. CONCLUSIONS: Given the strength, consistency, and predictable characteristics of the relationships, the algorithms appear to provide valuable and valid methods to estimate utilities from IBDQ scores in trials of Crohn’s disease patients that have collected IBDQ scores but not utilities. The generalisability of this relationship to other groups of patients, for which the IBDQ is appropriate, should be investigated.

UB2

QUANTIFYING THE RELATIONSHIP BETWEEN DISEASE SEVERITY, UTILITY AND HEALTH CARE RESOURCE USE IN CROHN’S DISEASE

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OBJECTIVES: To assess the relationship between (i) disease severity and quality of life and (ii) disease severity and health care resource use, in patients with Crohn’s disease. METHODS: A prospective, cross sectional, pharmacoeconomic study was conducted in five centres in Australia, with patients recruited by specialist gastroenterologists. Each patient completed questionnaires comprising demographic, disease and health care utilisation questions, together with the disease-specific Inflammatory Bowel Disease Questionnaire (IBDQ) and the Assessment of Quality of Life (AQoL). RESULTS: Of the 154 patients recruited, 11 were excluded due to incomplete datasets or significant co-morbidity. The 143 patients analysed had a broad range of disease severity (CDAI 34-446), and included 23% with enterocutaneous fistulae. Stepwise regression analyses showed a negative relationship between disease severity and quality of life—irrespective of whether the latter was measured by the IBDQ (p < 0.0001) or the AQoL utility instrument (p < 0.0001). Age, gender and years since diagnosis did not significantly impact upon either of the quality of life outcomes. Health care resource utilisation increased with increasing CDAI (p < 0.001), with hospital admissions being the largest component cost. Even when patients with fistulae were excluded, the mean treatment cost for the most severe group (CDAI ≥ 220) was AUD$7852 annually, excluding medications. Finally, despite their young age (mean = 38 yrs), 27% of patients received a Government benefit; with the majority of these stating that this was primarily due to their Crohn’s disease. CONCLUSIONS: More severe Crohn’s disease is associated with poor quality of life for patients and places considerable burden upon health care and social welfare resources.

UB3

A COMPARISON OF THE EQ-5D AND THE SF-6D IN PATIENTS WITH PULMONARY ARTERIAL HYPERTENSION

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OBJECTIVES: To compare 2 preference-based measures of health, the EQ-5D and the SF-6D, in patients with pulmonary arterial hypertension (PAH). METHODS: PAH patients (n = 278) were administered the EQ-5D and SF-36 questionnaires in a sildenafil clinical study. Comparisons of the utility indices of the EQ-5D and the SF-36 (the SF-6D) were conducted using the study baseline data. Comparisons were made using the total group of patients, and a sub-group analysis by functional class was also conducted. Functional class was assessed using the WHO criteria for functional capacity and therapeutic class in patients with PAH; there are 4 WHO functional classes (FC I–IV), with higher classes associated with greater limitations in physical activity. RESULTS: In the total group of patients, the mean (SD) utility index scores of the EQ-5D and the SF-36 were similar (0.632 [0.254] vs. 0.627 [0.116]), and the single-measure intra-class correlation coefficient between them was 0.51. Baseline FC for treated patients was distributed as follows: FC I, 0.4%; FC II, 38.6%; FC III, 57.6%; FC IV, 3.2%. Given the low proportions of subjects in FC I and FC IV, analyses were performed on the combined groups of FC I/II and FC III/IV. The mean (SD) utility index score of the EQ-5D exceeded the SF-6D score in FC I/II patients (0.720 [0.205] vs. 0.672 [0.122]), but was lower than the SF-6D score in FC III/IV patients (0.574 [0.266] vs. 0.597 [0.102]). CONCLUSIONS: The EQ-5D and the SF-36 utility indices provide similar estimates for PAH patients overall. However, the agreement between the instruments is not consistent over the range of functional classes seen in PAH patients.

UB4

DETERMINANTS OF HEALTH STATE UTILITY IN PATIENTS WITH PSORIATIC ARTHRITIS

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OBJECTIVES: Currently, there is only limited research into the main determinants of QoL in patients with psoriatic arthropathy (PsA). With a number of novel treatments for PsA emerging, we examined the associations between clinical outcomes and health utilities for the purposes of economic evaluation. METHODS: Patient-level data from a pivotal, Phase III, randomized controlled trial of the fully human, anti-tumor necrosis factor monoclonal antibody, adalimumab, vs. placebo in the treatment of PsA were analyzed. All potentially relevant outcomes were included: patient-reported functional loss measured by the Health Assessment Questionnaire Disability Index (HAQ-DI), physician’s assessment of psoriasis severity from the Psoriasis Area Severity Index (PASI), tender and swollen joint counts (TJC, SJC), age, sex, and disease duration. All measurements were collected for patients at baseline and Weeks 12 and 24. The health utility measurement, the SF-6D was derived from responses to the Short Form-36, a generic QoL questionnaire. Multiple linear regressions using generalized estimating equations were employed to identify significant predictors of the SF-6D. RESULTS: Mean baseline characteristics for 313 patients...
included age = 49 years, disease duration = 9.5 years, TJC = 24, SJC = 14, HAQ-DI = 1.0, and PASI = 7.9. Forty-four percent of patients were female. Pearson correlation coefficients between variables were –0.6 (HAQ-DI and SF-6D; p < 0.05), –0.2 (PASI and SF-6D; p < 0.05) and 0.1 (HAQ-DI and PASI; p = 0.2). As determined by multiple linear regression, significant independent predictors of PsA-related QoL (in descending order of importance) were: functional loss (HAQ-DI), severity of psoriasis (PASI), and TJC (all p < 0.05). SJC was not a significant predictor of QoL in PsA. CONCLUSIONS: In patients with PsA, the main determinants of QoL measured were degree of disease-related functional loss and severity of skin disease. In contrast to findings in rheumatoid arthritis, joint counts were of secondary importance. These findings have important implications for economic evaluations of new treatments for PsA.

Cost Evaluation Studies In Urologic and Hematologic Diseases

**COST AND QUALITY OF LIFE OF HEMOPHILIA: COMPARISON BETWEEN PATIENTS WITH AND PATIENTS WITHOUT INHIBITORS**

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OBJECTIVE: the management of hemophilic patients is very expensive. This situation becomes extreme when patients develop inhibitors, which comprises the effectiveness of treatment, with potential increase of morbidity and mortality. We compared cost of care and Health-Related Quality-of-Life (HRQoL) between hemophilic patients with (INHIB+) and those without (INHIB-) inhibitors. METHODS: INHIB+ was enrolled in the Cost Of Care Inhibitors Study (COCIS) [Gringeri et al, Blood 2003]; INHIB− was enrolled in the Cost Of Care Of HEmophilia (COCHE) study; naturalistic, multicentre, longitudinal studies involving patients enrolled at the Italian Hemo-philia Centres. Results are reported on: cost with clotting factor concentrates evaluated from the Italian National Health Service’s point of view, HRQoL evaluated with the EuroQol and Short Form-36. The bootstrap resampling method (5000 samples) was applied as a statistical approach to compare the two groups. RESULTS: INHIB+ was 52: median age 35 years (15–64), 100% with hemophilia A, 94.2% with severe hemophilia, 98% high responders. INHIB− was 232: median age 34.3 years (18–74), 86.6% with hemophilia A, 72.4% with severe hemophilia. Patients with inhibitors bled significantly less frequently than patients without inhibitors (p < 0.0001): INHIB+ reported on average 0.59 hemorrhages/patient/month to joints and muscles (median = 0.33, 0–2.61), INHIB− had 2.10 hemorrhages/patient/month (median = 1.44, 0–26.0). On average 0.16 chururgical interventions/patient/year were performed to INHIB+ (19.2% patients involved), 0.35 interventions/patient/year were performed to INHIB− (16.4% patients involved). Overall, cost of care for INHIB+ was 17,725 €/patient/month; cost for INHIB− was 8,341 €/patient/month, 16,473 €/patient/month to treat patients on prophylaxis and 4.2 to treat those on demand regimen. In the two groups HRQoL was similar, concerning both the physical and mental components. CONCLUSION: treatment for INHIB+ patients is much more costly than that for INHIB− patients, is effective and allows reaching good levels of HRQoL, similar to those perceived by INHIB− patients.

**OVERACTIVE BLADDER IN MALES: A GROWING HEALTH AND ECONOMIC BURDEN**

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OBJECTIVE: To estimate the current and future economic burden of Overactive Bladder (OAB) in males in five European countries. METHOD: A cost of illness model estimated the annual cost of managing OAB in Germany, Italy, Spain, Sweden and the UK by defining a locally relevant package of care and multiplying resources used by country-specific unit cost data. The total cost of OAB in males was calculated by multiplying the estimated prevalence of OAB in males by the estimated annual direct cost of OAB management. The model also estimated the likely economic impact of increasing numbers of elderly men. RESULTS: The prevalence of OAB is known to be highest in the elderly and is commonly perceived to affect mostly women. However, in this study, 9.6 m males aged >40 were esti-