were estimated by expert opinion. If two or more studies estimated utility for a similar disease state then a meta-analysis was carried out to pool the variance weighted mean estimates. **RESULTS:** Twenty-eight studies measured utilities of liver diseases or disease states. Only nine of these studies were eligible for meta-analysis for four health states in chronic liver disease patients (compensated cirrhosis, decompensated cirrhosis, pre-liver transplant and post-liver transplant) and three in Hepatitis C patients (compensated cirrhosis, decompensated cirrhosis and post-liver transplant). The pooled mean estimates in chronic liver disease and hepatitis C patients with compensated cirrhosis were 0.87 (95% CI 0.62 to 1.12) and 0.83 (95% CI 0.68 to 0.99) respectively. For decompensated cirrhosis they were 0.68 (95% CI 0.40 to 0.95) and 0.73 (95% CI 0.50 to 0.97). For post-liver transplant, the estimates were 0.70 (95% CI 0.40 to 1.01) and 0.76 (95% CI 0.52 to 1.01) respectively. Pre-liver transplant patients with chronic liver disease had a utility estimate of 0.57 (95% CI 0.28 to 0.87). **CONCLUSIONS:** We have estimated summaries of patient utilities for the major states of chronic liver disease and hepatitis C, and created a valuable liver disease-based utility resource for researchers and policy makers.

PGI16

ARE ADULTS MORE AVERSE TO TREATMENT RISKS FOR THEIR CHILDREN THAN THEY ARE FOR THEMSELVES?

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OBJECTIVE: Compare maximum acceptable risk (MAR) of treatment-related serious adverse events (SAE) between adult Crohn's disease (CD) patients and parents of children with CD. Information on benefit-risk tradeoffs may aid clinicians and regulatory agencies in their decision-making. **METHODS:** An online panel of adult CD patients and parents of children with CD completed a series of choice-format conjoint tradeoff tasks. The treatment attributes included daily symptom severity and activity limitations, the potential for serious disease complications, the time between flare-ups, oral steroid use, and varying levels of three SAE mortality risks: serious infection, progressive multifocal leukoencephalopathy (PML) and lymphoma. The annual MAR was calculated for 15 SAE-clinical benefit combinations (3 SAEs X 5 levels of clinical improvement from a severe or moderate CD state). **RESULTS:** A total of 357 adult patients and 105 parents completed the survey. Improvements in daily symptom severity were the most important factor in treatment preferences. Higher MAR (greater risk acceptance) was observed for tradeoff tasks involving higher levels of clinical benefit. Compared to adult patients, parents were willing to accept a greater SAE risk for alleviation of severe CD symptoms (for 7 of 9 SAE vs. clinical benefit combinations), but were less willing to accept SAE risk for improvement of moderate CD symptoms (for 6 of 6 combinations). **CONCLUSIONS:** Medical interventions carry risks of adverse outcomes that must be evaluated against their clinical benefits. Adult patients and parents of children with CD indicated they are willing to accept defined mortality risks in exchange for clinical efficacy. While parents were more willing to accept higher SAE risks for improvement of severe CD symptoms, patients were willing to accept higher risks for improvement of moderate CD symptoms.

PGI17

DEPICTION OF GASTROESOPHAGEAL REFLUX DISEASE (GERD) PREVALENCE IN PRIMARY CARE IN GREECE

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OBJECTIVES: GERD is a frequent condition among the general population, which is not often properly diagnosed or treated. The study aimed to depict the prevalence of GERD within a primary care setting, assess symptoms severity and frequency in GERD patients, and to examine the association between GERD and aspirin/NSAIDs use. **METHODS:** A total of 2878 individuals (M/F: 1411/1467, mean age 55, 19 ± 14,5 years, BMI 26, 7 ± 3, 9 Kg/m^2) visiting 300 Primary Care Practitioners (PCP) between November-December 2005 were included. Demographic and medical history data including aspirin/NSAID use, the presence and severity-frequency of GERD and dyspepsia symptoms were recorded, using a structured questionnaire. GERD (heartburn, regurgitation) and dyspepsia (epigastric pain, early satiety, postprandial fullness) diagnoses were based on widely accepted epidemiological criteria. **RESULTS:** The main reasons for patients visiting PCPs were prescription renewal (32.9%) and consultation for upper GI symptoms (28.6%). GERD symptoms were reported by 57.4% and dyspepsia by 67.6% of the 2878 patients during the last week before visiting their PCP. Among patients with upper GI symptoms, GERD or dyspepsia was reported almost equally as predominant symptom by 34.2% and 35.6% of patients respectively, while another 4.9% reported symptoms of both diagnoses as predominant. GERD symptoms were mild in 33%, moderate in 40% and severe in 12% of the patients, while present for 2 days/week in 29%, 3–5 days/week in 39% and 6–7 days/week in 17% of cases. GERD and/or dyspepsia symptoms were reported by 81.7% of users and as opposed to 62.5% of non-aspirin/NSAID users during the last two weeks before visiting their PCP ($P = 0.043$). **CONCLUSIONS:** In patients who use primary care health resources, GERD symptoms are highly prevalent (57%), being present for at least 2 days/week in 85% and of moderate/severe intensity in more than 50% of symptomatic patients. Aspirin/NSAID use substantially increases prevalence of GERD and dyspepsia symptoms.

PGI18

DISCRIMINANT VALIDITY OF THE WORK PRODUCTIVITY AND ACTIVITY IMPAIRMENT QUESTIONNAIRE IN PATIENTS WITH CROHN'S DISEASE

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The validity of the work productivity and activity impairment (WPAI) questionnaire in the measurement of health-related productivity was demonstrated in gastroesophageal reflux disease and irritable bowel syndrome. The Crohn's disease (CD) specific WPAI (WPAI:CD) was administered in two large clinical trials PRECiSE 1 and PRECiSE 2 that demonstrated the efficacy and tolerability of Certolizumab Pegol subcutaneous once monthly, vs. placebo, in patients with moderate to severe CD. **OBJECTIVES:** The objective was to compare the WPAI : CD scores of patients categorized by baseline disease severity and health-related quality of life (HRQoL) level, with the *a priori* assumption that more severe health conditions are associated with higher impairments in work productivity and daily activities. **METHODS:** The 1330 randomized patients were divided into "best" and "worst" subgroups determined by the CD Activity

Index (CDAI), SF-36, and EQ-5D. "Best" health was identified by CDAI scores < median, SF-36 Physical and Mental Component Scores (PCS and MCS) ≥ median, and modality "1" responses to the EQ-5D dimensions. The non-parametric Wilcoxon test was used to compare the WPAI : CD scores between the subgroups. **RESULTS:** CD patients with the "worst" disease severity (CDAI > 288.1) showed higher impairment in work (+8.9%) and activities (+10.0%) vs. patients with "best" health. Similarly patients with "worst" HRQoL, as demonstrated by SF-36 PCS < 37.5 and MCS < 37.4, showed higher impairments in work (+20.0% by PCS, +18.5% by MCS) and activities (+22.2% by PCS, +15.5% by MCS) vs. "best" HRQoL. Patients with the "worst" EQ-5D states reported more impairment in work (+15.2% averaged over the 5 dimensions) and activities (+17.3%) vs. patients with the "best" states. All p-values were <0.001. **CONCLUSION:** The measurement of expected differences in work and activity impairment by disease severity and HRQoL levels supports the discriminant validity of the WPAI : CD.

PGI19

A COMMUNITY PERSPECTIVE ON THE EFFECT OF GASTROESOPHAGEAL REFLUX DISEASE ON PRODUCTIVITY WHILE AT WORK IN FRANCE

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OBJECTIVES: Gastroesophageal reflux disease (GERD) interferes with work productivity through two main mechanisms. Nighttime symptoms disturb sleep and cause daytime tiredness, while daytime symptoms affect work productivity by interrupting physical and social activities. A recent systematic review using data in general working populations from three separate studies indicated that GERD causes a reduction in productivity while at work of around 10%. The level of work productivity is strongly associated with symptom severity, symptom frequency, and the occurrence of nighttime symptoms. Hence, levels considerably higher than 10% have been observed in untreated patients with troublesome symptoms, e.g. up to 40% in patients with GERD-related sleep disturbances. The objective of this study was to estimate the effects of GERD on productivity while at work in France. **METHODS:** Work productivity data from two international studies in general working populations (n = 1111 and 1516, respectively) were used to compare results from the French sub-populations with overall results. Based on the results of these French sub-populations, estimation was made of the total work time lost because of GERD-related reduced work productivity. **RESULTS:** Findings from the French sub-populations were consistent with overall findings from the total samples, which indicated that GERD causes an average reduction in at-work productivity of around 10%. Assuming a French population of 36 million in working age, a prevalence of diagnosed GERD of approximately 10% and that 63% of GERD patients are employed and work around 36 hours per week, then it can be estimated that GERD causes an at-work productivity loss corresponding to around 380 million work hours per year in France. **CONCLUSIONS:** Intermediated through reduced productivity while at work, GERD symptoms have implications well beyond the individual patient perspective in terms of number of work hours lost for the French community.

PGI20

THE ASSOCIATION BETWEEN WORK PRODUCTIVITY AND RESPONSE TO PROTON PUMP INHIBITOR THERAPY IN PATIENTS WITH GASTROESOPHAGEAL REFLUX DISEASE

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OBJECTIVES: To explore the association between work productivity and response to treatment with proton pump inhibitors (PPIs) in patients with gastroesophageal reflux disease (GERD). **METHODS:** Interviews were conducted with 1908 patients with symptoms of GERD in the USA, UK, Germany and France. Patients diagnosed with GERD who were receiving PPIs were classified as complete responders (no symptoms), well-controlled (used a PPI compliantly, experienced an improvement in or decrease in frequency of symptoms, and suffered key GERD symptoms on ≤1 of the past seven days), incomplete responders (the same definition as well-controlled but with symptoms on ≥2 of the past seven days), or non-responders (no improvement or symptoms worsened). Information obtained included GERD-related absence from work and reduced productivity while at work because of GERD during the past seven days. **RESULTS:** The analysis included 237 employed patients on PPI treatment. The mean number of hours absent from work because of GERD was 0.1 for complete responders (n = 57), 0.1 for well-controlled (n = 32), 0.5 for incomplete responders (n = 128), and 1.3 for non-responders (n = 20). The mean percentage reduced productivity while at work was 4.3% for complete responders, 7.8% for well-controlled, 14.9% for incomplete responders, and 17.6% for non-responders. When pooling results for complete responders and well-controlled vs. incomplete responders and non-responders, mean differences between these two groups were 0.5 hours absence (0.1 vs. 0.6, $p < 0.05$) and a 9.7% reduction in work productivity (5.6% vs. 15.3%, $p < 0.0001$). The 9.7% difference in reduced productivity while at work corresponds to an equivalent of 3.9 work hours lost (% reduced productivity x hours worked) per patient, based on a 40-hour working week. **CONCLUSIONS:** There are significant differences in GERD-related work productivity depending on response to medical treatment, which suggests that strategies for improving management of GERD may be warranted.

HEMATOLOGICAL DISORDERS

PHM1

COST-EFFECTIVENESS OF REGULAR CONTINUOUS PROPHYLACTIC TREATMENT IN ADULT PATIENTS WITH SEVERE HEMOPHILIA A

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OBJECTIVES: To explore cost-effectiveness of prophylaxis with Refacto® (B-domain-deleted recombinant FVIII) in adults with hemophilia A. **METHODS:** A prospective, open, uncontrolled study was designed. Patients with hemophilia A aged 18 years or more, with frequent bleeding episodes, switching from on-demand treatment (ODT) to prophylaxis (PT), have been enrolled. All patients were treated with 25 IU/Kg of Refacto® 3 times-a-week for all the 6-month study period. Bleeding event rate and FVIII concentrate consumption have been evaluated over on-demand treatment time period (ODP), 6 months before enrolment, and the prophylaxis time period (PP), 6 months after enrolment. Medical costs (that represent 99% of total costs) have