nists were used more often as first-line medical therapy. The probability of first-line success has been estimated at 71.2% for common practice and 72.3% for best practice. CONCLUSION: Despite higher surgical costs and improved outcomes associated with best practice management of POAG as compared with common practice, total, drug, and medical care costs of best practice were comparable to those of common practice.

PEES

FOUR YEAR COST-EFFECTIVENESS OF INITIAL TRABECULECTOMY VERSUS CONVENTIONAL THERAPY IN PRIMARY OPEN-ANGLE GLAUCOMA (POAG)
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OBJECTIVES: To determine the cost-effectiveness of the primary treatment of primary open-angle glaucoma (POAG) with trabeculectomy versus conventional therapy. METHODS: A four-year incremental cost/quality-adjusted life year (QALY) model (year 2000 US dollars) of POAG using a societal perspective; including direct and indirect costs with a 3% annual discount rate for the base case. In the Glasgow trial, patients newly diagnosed with POAG with an intraocular pressure of 26mmHg and/or with glaucomatous field defects were randomized to trabeculectomy or conventional therapy (up to three medications). In the trabeculectomy branch, patients would either be 1) controlled without extra medication, 2) controlled with extra medication or 3) die from natural causes. Annual chance nodes for the conventional were 1) controlled by medication, 2) surgery or 3) death from natural causes. QALYs were calculated assuming a decline in utility would accompany loss in visual field. A 63-year old patient with a 5% rate of decline in utility was used as the base case. Sensitivity analyses were performed on the rate of utility decline, cost of medications, trabeculectomy cost, and discount rate. RESULTS: For the base case, the cost of initial trabeculectomy was $8316 versus $6339 for conventional therapy. The incremental cost was $1977 and the incremental QALY was 0.08, with ICE ratio of $24,830/QALY. CONCLUSIONS: Initial trabeculectomy is cost-effective for POAG. The model was most sensitive to the rate of decline in utility (<2%) and robust to changes in the costs of medications and trabeculectomy. Limitations include the lack of long-term clinical and QALY data on glaucoma patients with different treatments. Currently the standard of practice in the US is to start with conventional therapy for patients with moderate or severe glaucoma. Our results indicate that trabeculectomy may be a cost-effective option for these patients.

GASTROINTESTINAL DISORDERS

EFFECTS ON HEALTH CARE CONTACTS AND DAYS ABSENT FROM WORK WITH BUDENOSIDE CIR CAPSULES IN THE MAINTENANCE TREATMENT OF CROHN'S DISEASE IN A US SETTING
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INTRODUCTION: Crohn’s disease (CD) is a debilitating chronic disease. It also has economic implications (both for patient and society). Reduced work (or school) attendance and continuous need for health care contacts are two important aspects. Data comparing the impact of different treatment approaches are scarce. OBJECTIVE: To assess health care utilisation and absence for work (or school) in a US setting of patients treated with budesonide CIR maintenance therapy compared to patients with no maintenance treatment (placebo). A societal perspective was adopted. METHODS: Data was collected in a double-blind randomised clinical trial comparing budesonide CIR 6 mg daily with placebo for a one year period. Patients, 55 in each group, had CD localised to the distal ileum and/or the ascending colon and were between the ages of 18 and 73 (mean 40.3 and 40.5 years). The collected data included physician visits, different minor procedures (e.g., radiographic, endoscopic), medications, hospitalisations and surgical procedures. Number of days of absence due to symptoms or treatment of the disease was also collected. All resource utilisation related to the design of the clinical trial was excluded in order not to overestimate real health care use and productivity losses. RESULTS: The budesonide CIR treatment group had 26.3% fewer physician visits (87.14 vs. 118.27 ns) and 27% fewer days absent from work or school (311.73 vs. 427.23 days ns). Numerical differences in other variables were smaller but in favour of budesonide CIR. CONCLUSION: Treatment with budesonide CIR capsules suggests benefits in terms of reduced health care resource utilisation and absence from work (school), that also could represent favourable cost implications in the delivery of health care.

ALTERNATIVE MANAGEMENT STRATEGIES FOR DYSPESIA
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OBJECTIVE: To compare the cost-effectiveness of alternative dyspepsia management strategies: (1) H. pylori testing; if seropositive, providing H. pylori eradication treatment using oral omeprazole, clarithromycin, and amoxicillin; (2) empiric antiscratory therapy using omeprazole. METHODS: Decision analytical models compared cost/QALY for alternative strategies in patients