(0.018; 90% CI). The one- and two-period lagged PAT_AP (0.451 & 0.297; 99% CI) and LIFEXP65 (0.018; 90% CI) were highly significant and PHARM_R&D (0.166; 90% CI) was marginally significant. CONCLUSIONS: In contrast to effects in HCE in previous studies there is an ageing effect (pull factor) causing rising EPD as well as for pharmaceutical innovations. Additionally, we found a push factor, namely R&D expenditures of pharmaceutical industry causing increasing EPD and innovations. Increasing doctors’ consultations lead to decreasing EPD maybe caused by successful application of lower medical therapies or by additional following non-medical therapies which are not affecting EPD.

PIH12
THE DETERMINANTS OF DRUGS PRESCRIPTION FOR CHILDREN IN GENERAL PRACTICE
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In France, 97% of children under age of 3 turn to a GP at least once a year. The GP/child encounter benefits from a particular status -no gate keeper constraint, baby extra fee- even if neither the nature nor the economic burden of this activity have been yet studied. OBJECTIVES: This study aimed to: 1/ analyse the nature of the activity for children in General Practice 2/ find out the determinants of the prescription decision. METHOD: We got data from a representative sample of 922 French GPs (BKL-Thalès panel). Information was directly collected on the basis of 60 consecutive visits per GP, through a patient management software. We only picked children visits. In addition to standard GPs and patients characteristics, other data were also collected on the child: health insurance status, status in the GP’s practice: regular / new) and on the visit (length, reasons for encounter, prescription of drugs...). We use the Hierarchical Linear Models to identify the determinants of the prescription at the respective level of children and GPs. RESULTS: Activity is highly concentrated: Upper Respiratory Tract Infections represent 54.8% of the 6652 visits. Obviously URTI favours prescription decision by 3.96(OR) [p < 0.0001] and more generally an acute pathology by 3.26(OR) [p < 0.0001]. GPs prescribe on average 2 medicines per visit (even if 25.1% did not lead to any prescription) but surprisingly male prescribe much more than female: 2.01(OR) [p < 0.0062]. Long visits (over 15 minutes) lead more often to a drugs prescription: 1.80(OR) [p < 0.0001]. Furthermore, a child under age of 6 is more likely to receive a drugs prescription 1.66(OR) [p < 0.0001]. CONCLUSION: The diagnoses and the child age clearly explain drugs prescription and unexpectedly GPs sex takes significantly part in the decision of prescription.

PIH13
PHARMACOECONOMIC ASPECTS OF REFORMS OF PHARMACEUTICAL SECTOR: MONTENEGRO EXPERIENCE
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OBJECTIVES: Montenegro Republic health fund is the only institution in Monte Negro dealing with health insurance. It covers approximately 640,000 inhabitants. As the drug expences in Monte Negro reached 30% of total health expences during 2003, informational system (IS) in outpatient health practice was introduced. This system enabled the total control and follow up in area of use of drugs covered financially by the health fund. METHODS: IS bind together pharmacies, health care institutions, databases of persons with health insurance, drugs, and health care providers. Through unique code system automatic information flow imported through bar code was enabled. RESULTS: In the first year after introduction of IS (2004) the 3.6 mil of EUR was saved, what is 30.6% less than in 2000 year. During the 2005 year €2.2 million, or 18.76% less amount of money was spent than in 2002 year. The increase of expenditure for the drugs in 2005 when compare with 2004 could be explained by better supply of pharmacies during 2005. The next reason was the increase of number of insured persons for 6.4% and the third reason was weaker control of drug use and absence of interventions after analysis of drug use. During 2005, the biggest percentage of money from the fund was spent on insured patients older than over 65 years, with group C being the first place, being 31.3% of total expences. CONCLUSIONS: Introduction of informational system rationalized outpatient drug use and enabled application of international standards. The greatest decrease of drug use was realized during the first year after the introduction of reforms. The biggest financial spenders are patients older than over 65 years, and the group C of drugs. The permanent control and intervention in the field of drug use are necessary.

PIH14
DETECTION OF SEMANTIC AMBIGUITY IN THE ITALIAN CHILD-FRIENDLY EQ-5D VERSION
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A very difficult objective to be reached in the field of outcome research is to measure Quality of Life (QoL) in paediatric populations. Non negligible semantic ambiguity has been shown to characterize health perceptions and descriptions in developmental age. OBJECTIVE: As a part of the project aimed at developing a valid and reliable Italian version of EQ-5D suitable for children—i.e. the Italian Child-Friendly EQ-5D (CF-EQ-5D) project—statistically based lexical analyses are applied. The aim of the analyses is to identify the semantic field associated to each item of the instrument, with the final purpose of formulating comprehensible, valid, unambiguous, and reliable items in Italian CF-EQ-5D. METHODS: Thirty children/adolescents (aged 8–15 years, all native speakers, resident in different parts of Italy), gave their informed consent and self-completed an Italian version of CF-EQ-5D (from a forward-backward-forward translation method). Then participants were submitted to face-to-face and tape-recorded cognitive interviews and were invited to generate word associations in response to the core words of each item. RESULTS: The resulting textual corpus (normalized and lexicalized) is submitted to descriptive and multivariate statistical analyses fit for textual data. An analysis of lexical specificity is calculated in order to illustrate the general features of the vocabulary generated by respondents. In a second step, Multiple Correspondence Analysis is performed on a words*contexts matrix, with socio-demographic characteristics of the participants as illustrative variables. CONCLUSIONS: Preliminary outcomes suggest that children and adolescents associate non-univocal semantic fields to core aspects of the health-related lexicon. Implications for the developing and improving of the Italian
Child-Friendly version of EQ-5D will be discussed to realize the final version of the questionnaire.

**DEVELOPMENT OF AN ICIQ NOCTURNAL ENURESIS QOL QUESTIONNAIRE**

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OBJECTIVES: There is a lack of a validated QoL questionnaire assessing the psychological burden and treatment benefits of bedwetting as evaluated by the child. This abstract reports the results of the initial validation tests for such a questionnaire. It is being developed in accordance with the validation standards of the ICIQ.

METHODS: A literature review was conducted and led to quantitative interviews with 28 children suffering from Nocturnal Enuresis and 28 pairs of parents. Consequently a questionnaire including 20 questions was developed and tested in a multinational Randomised Clinical Trial completed by 196 children and 196 parents in antidiuretic treatment before and during the trial.

RESULTS: Based on review and interviews, a list of issues was identified: Social isolation, emotional distress, low self-esteem, problems in parent-child relation, delayed independence, and fear of being teased at school and home. Two or more questions were developed for each of the six issues to add room for elimination of poorly performing questions. The RCT data indicated promising cluster effect, i.e. the well treated children showed a high QoL, and the questions seemed test-retest consistent. Some questions yield a high level of missing answers.

CONCLUSION: The tests led to reformulation of the questions yielding missing answers and the questionnaire is now ready for the coming validation, including sensitivity analysis and item reduction. We are convinced that future research in Nocturnal Enuresis will profit from the final questionnaire.

**TREATMENT DURATION FOR ATROPHIC VAGINITIS: CLINICAL TRIALS VERSUS “THE REAL WORLD”**

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OBJECTIVE: Duration of vaginal estrogen therapy (VET) may vary. This study sought to compare and contrast treatment duration of women prescribed vaginal tablets (VT) or vaginal creams (VC) in clinical trials with that in clinical practice. METHODS: Adults initiating VET between January and June, 2004 in 57 managed care plans (PharMetrics database) in the United States were identified and followed for up to 10 months to examine their treatment duration. A Kaplan-Meier analysis was performed to obtain average and median time to discontinuation for individuals treated with VT or VC. A weighted average of treatment duration was calculated for a total of seven clinical trials identified in the literature. These results were stratified by study inclusion criteria. Differences in average treatment duration were statistically tested using t-tests. RESULTS: Of 5599 patients undergoing VET (mean age = 54 ± 9.1 years), 4355 (77.8%) received VC and 1244 (22.2%) received VT. Patients prescribed VT had a significantly longer average (median) treatment compared to patients prescribed VC ([198.5 ± 82.4 days (221 days) vs. 177.1 ± 86.7 days (190 days)]; p < 0.01). This duration in clinical practice was significantly longer than that in seven clinical trials [165 days (240 days for three trials of both VC and VT; 90 days for two VT-only studies; and 69 days for two VC-only studies)]. CONCLUSIONS: Duration of VET was longer in a real-world clinical practice setting than in clinical trials. Moreover, subjects treated with VT exhibited significantly longer treatment duration than subjects treated with VC. Possible factors explaining longer duration with VT include ease of use, reduced messiness, accurate dosing resulting in improved effectiveness and fewer adverse events, and consequently improved quality of life. Future studies should prospectively examine factors associated with these differences.

**ASSESSING PSYCHOLOGICAL BURDEN AND TREATMENT BENEFITS IN PEDIATRIC PATIENTS WITH BEDWETTING**

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OBJECTIVES: Nocturnal enuresis (NE) can pose significant psychological burden on children's self-esteem and quality of life (QoL). Therefore, patient-reported outcome (PRO) measurement is essential to fully understand the burden posed by NE and the benefits of treating this condition. To our knowledge, it has not been investigated which instruments should be used to assess the psychological burden of NE. The aim of this study was to identify and evaluate PRO instruments used in children with NE.

METHODS: A literature search of Medline and other databases was conducted to identify publications from 1995-2006 which contained PRO instruments used in children with NE.

RESULTS: 40 studies and 32 PRO instruments were identified. Instruments were evaluated based on psychometric properties and responsiveness to change. Some studies used several PRO instruments. The Child Behavior Checklist was the most commonly used instrument (8/40 studies, 20%). Measures of self-esteem were used in 11/40 studies (28%). No generic QoL measures were used in these trials. No disease-specific PRO instruments were found to be fully validated in the NE population. Currently, a new disease-specific QoL questionnaire is in development for NE.

CONCLUSIONS: The results of this study highlight the lack of patient-reported disease-specific PRO measures to assess the burden and treatment benefits of NE. A new disease-specific instrument may be able to fill this gap.