AN ECONOMIC MODEL OF UNSTABLE BLADDER IN BELGIUM
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OBJECTIVE: An economic model was developed to estimate the comparative cost-effectiveness of treating unstable bladder (UB) in Belgium with alternative drug treatments and no treatment. The model uses a one-year timeframe and the payer (e.g., Riziv/INAMI, Sickness funds) perspective. METHODS: The study population included patients seeking UB treatment and was divided into successfully treated patients (STP) and patients failing treatment (PFT). The percentage of STP was calculated from clinical efficacy adjusted by annual persistence. For each group of patients, direct and indirect costs were identified, including costs for drugs, incontinence pads, physician visits, laboratory tests/diagnostics, and associated comorbidities. Resource utilization and costs were obtained from literature, the National Health Insurance System, Official Public Price Ministry Economic Affairs/Pharmaceutical Tarification, clinical trials, and expert medical panels. RESULTS: The prevalence of UB sufferers in Belgium was estimated to be 3% in 2002 (approximately 303,000 people), with only 30% of those patients seeking treatment (approximately 1% of the Belgian population). STP used fewer pads per day, visited physicians less frequently, had fewer lab tests/diagnostics, and experienced fewer comorbidities than PFT. Cost drivers in the model were comorbidities and physician visits. Tolterodine sustained-release (TSR) had comparable efficacy to oxybutynin, but persistence on therapy was higher for TSR. Therefore, effectiveness was higher for TSR versus oxybutynin (37% for TSR, 10% for oxybutynin). Effectiveness was considered 0% for no treatment. Cost per STP was €1,167 for TSR and €2,181 for oxybutynin. Sensitivity analyses varying efficacy and persistence by 10% still resulted in a lower cost per STP for TSR. TSR had an incremental cost-effectiveness of €816. The “no treatment” group demonstrated the highest non-drug costs while providing no efficacy. CONCLUSION: Tolterodine sustained-release is a more cost-effective treatment than oxybutynin in treating UB as measured by cost per successfully treated patient in Belgium.

A STRAIGHTFORWARD COST-EFFECTIVENESS ANALYSIS OF LONG-ACTING TREATMENTS FOR OVERACTIVE BLADDER: CAN IT BE THIS SIMPLE?
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OBJECTIVES: Several researchers have estimated the cost-effectiveness (CE) of long-acting forms of tolterodine (TOL) and oxybutynin (OXY) in overactive bladder (OAB). Typically, it’s assumed that effectively treated patients consume fewer resources, including incontinence pads, physician visits, laboratory tests, and costs related to comorbid conditions. Claims analyses have shown a link between the presence of OAB and higher medical costs; however, no prospective studies have evaluated the effect of treatment on resource consumption, and drug acquisition cost (DAC) continues to be the focus for many decision-makers. A head-to-head patient outcome trial comparing TOL and OXY was recently completed, the Antimuscarinic Clinical Effectiveness Trial (ACET); however, resource consumption wasn’t collected. Our objective was to determine the CE of TOL 4 mg and OXY 10 mg based on DAC and effectiveness data from ACET. METHODS: The primary effectiveness endpoint in ACET was patient perception of improvement in their bladder condition after eight weeks of treatment. Results showed that 70% of TOL patients and 60% of OXY patients reported improvement in their bladder condition at 8 weeks. Dropout rates were 11.6% and 20.5% for TOL and OXY, respectively. We assumed dropouts completed four weeks of treatment. The daily AWP cost of TOL 4 mg and OXY 10 mg was $2,796.7 and $2,687.5, respectively. RESULTS: For every 100 patients treated with TOL and OXY, DAC is $14,752.98 and $13,507.38, respectively. The cost per effectively treated patient for TOL is $210.76 and $225.12 for OXY. The incremental CE for TOL is $124.56 per additional effectively treated patient. CONCLUSIONS: When only DAC is considered, TOL is more cost-effective than OXY. If effectively treated patients do consume fewer resources, then the CE of TOL should be even better. Determining
the CE of OAB treatments isn’t this simple, however, and further research is needed to assess changes in resource consumption due to treatment.

**PRK6**

EVALUATING THE COST OF LONG-ACTING TREATMENTS FOR OVERACTIVE BLADDER

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**OBJECTIVES:** To compare the estimated first-line treatment costs of extended-release tolterodine versus controlled-release oxybutynin in patients with overactive bladder patients (OAB). **METHODS:** Data from a randomized clinical trial (Curr Med Res Opin 2002; 18:177–184), showing greater improvement in bladder condition for patients taking extended-release tolterodine compared to controlled-release oxybutynin (70% vs. 60% in all patients, 75% vs. 54% in patients with prior therapy, and 69% vs. 61% in treatment naïve patients), was used to conduct the analyses. The analysis input trial outcomes into an existing decision analysis model that had shown extended-release tolterodine was 6.3% less expensive than controlled-release oxybutynin in terms of the cost of treatment. Analyses were constructed from the payer perspective; all costs are given in 2000 U.S. dollars. **RESULTS:** The decision analysis model yielded results that ranged between a 5.7% and 7.0% total cost of treatment advantage for extended-release tolterodine in the treatment of all patients. This cost advantage was 5.1%–6.3% for treatment-naïve patients and 8.9%–10.8% for previously treated patients. The variation in the results depended on the model timeframe chosen (12, 14, or 16 weeks). Sensitivity analyses showed these results to be stable. **CONCLUSIONS:** Results from these analyses confirm earlier studies that, for patients with OAB and initiating long-acting pharmacologic therapy in the primary care setting, treatment with extended-release tolterodine is less costly than treatment with controlled-release oxybutynin. Additional studies directly comparing these treatment alternatives are needed to further confirm these results.

**URINARY & KIDNEY DISEASES/DISORDERS—Quality of Life**

**PRK7**

PATIENTS ARE SATISFIED WITH TELEMEDICINE (HOME-CARE)

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**OBJECTIVES:** Since satisfaction for telemedicine is ill-defined (Mair, 2000) and no standard measurement tool is available, we developed a self-administered Questionnaire of the Satisfaction for Telemedicine (QueST). **METHODS:** Domains of satisfaction were: 1) global satisfaction; 2) user-friendliness; 3) relationship with the medical center; 4) coping; 5) everyday life; 6) expectations about telemedicine; and 7) detailed judgment. Answers were provided through a 4–5 degrees Likert scale; the overall score was standardized to a maximum value of 100. After a probe technique, the final QueST was administered to 26 patients on telemonitoring (transmission of subjective/objective data to an automatic call center or web server) for peritoneal dialysis or heart failure. **RESULTS:** Mean age of the patients was 57.3 years (range 43–74); 81% were males. Electronic devices (cellular phone or teletext) were daily used by 73% of the patients, but computer by only 34% of them. Mean satisfaction score was 72 (48–91): 29% of the patients were highly satisfied with telemedicine either by considering those with an overall score ≥ 80 or by assessing the answer in the first domain. However, a detailed elicitation of patients’ judgement on telemedicine showed that 60% of them were very satisfied with it. Some users (24%) declared to have some practical difficulties with telemedicine but 88% of them expected a future benefit from telemedicine. Both the relations with the referral center, quality of daily life and coping ability improved during the period on telemedicine in 73%, 77%, 81% of the patients, respectively. Willingness to pay for one year of telemedicine was on average €81: 22% of the patients were willing to pay for more than €90. **CONCLUSIONS:** Acceptability of telemedicine is high and its impact over the perceived quality of care is relevant. Nevertheless, patients are willing to have this service included into their usual health care with no or little extra costs. From the patients perspective, telemedicine should be implemented by the National Health Care System.

**PRK8**

HEALTH RELATED QUALITY OF LIFE (HRQOL) IN CHRONIC DIALYSIS PATIENTS: A CRITICAL COMPARISON OF CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) AND CENTRE HEMODIALYSIS (CHD)

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**OBJECTIVE:** To evaluate the role of treatment approach (CHD or CAPD) in the self-perception of QoL in uremic patients. Cross-sectional matched pair study of CHD and CAPD subjects. **METHODS:** Sixty-two matched pairs of patients (30M and 32F), median age 59 years were studied. The CHD and CAPD groups were similar for demographic and social variables. Higher percentage of patients with diuresis >500ml/die and hypertension were registered in CAPD patients. Nutritional Status was...