GASTROINTESTINAL DISORDERS – Patient-Reported Outcomes Studies

PGI12 THE EFFECT OF A PRIOR AUTHORIZATION PROGRAM FOR PROTON-PUMP INHIBITORS ON MEDICATION PERSISTENCE AMONG THE ELDERLY

**Objective:** To evaluate the effect of a prior authorization (PA) requirement on medication persistence in the elderly following implementation of a step therapy protocol using proton pump inhibitors (PPI) in the Military Health System. METHODS: Our study population comprised 33,226 TRICARE beneficiaries ≥ 65 years old with a PPI prescription between October 24, 2007 and January 31, 2008. The PA required patients without a PPI prescription in the last 180 days to receive a trial of the preferred treatment (omeprazole or esomeprazole) before receiving another PPI. The study cohort (n = 15,294) included patients affected by the PA requirement; the reference cohort (n = 17,932) was not affected because patients received an initial fill for the preferred product. Medication persistence was measured as 1) proportion of days covered (PDC) with persistence defined as ≥ 80% of days covered, and 2) time to first gap > 30 days following initiation. Differences in medication persistence between cohorts were detected using logistic regression and a proportional hazards model, adjusted for age, gender, and type of pharmacy (community vs. mail order). RESULTS: In the 6 months following initiation of the PA, 48% of study subjects were not persistently adherent (< 80% PDC), while 77% experienced a gap in treatment > 30 days. Exposure to the PA requirement decreased the odds of being persistent with treatment at 6 months by 39% (OR 0.61; 95% CI 0.58-0.64) and increased the risk of experiencing a ≥ 30-day gap in treatment by 17% (HR 1.17; 95% CI 1.14-1.20). CONCLUSIONS: The PA for authorization program was associated with lower rates of medication persistence. Further study should evaluate whether the reduction in persistence had an effect on patient clinical outcomes.

**Reference:**

PGI13 RESPONSIVENESS TO CHANGE AND CLINICALLY RELEVANT IMPROVEMENTS OF THE SF-36 QUESTIONNAIRE IN SWEDISH PATIENTS WITH GASTROESOPHAGEAL REFUX DISEASE

**Objective:** To assess responsiveness to change of the Short-Form 36 (SF-36) questionnaire in patients with gastroesophageal reflux disease (GERD), and whether clinical improvement in symptoms correlated with changes in SF-36 scores. METHODS: The SF-36 (acute version, 1-week recall, score: 0-100) was used in a methodological study in 205 Swedish GERD patients before and after 4 weeks’ proton pump inhibitor (PPI) treatment. After treatment, patients completed a 7-graded Overall Treatment Evaluation (OTE) questionnaire with regard to GERD symptoms, from which three main OTE response groups were identified (no or small improvement, moderate improvement, large improvement). Responsiveness was assessed by calculating effect sizes (ES) for all patients and by OTE response group. Clinically relevant improvements were assessed by comparing SF-36 changes to Swedish population norm values and by investigating SF-36 changes by OTE response group. RESULTS: The mean overall before-after PPI treatment change for the Physical Component (PC) and Mental Component (MC) scores of the SF-36 were 4.6 and 4.4, respectively, and for the eight individual SF-36 dimensions (all p < 0.001). However, SF-36 scores after treatment were similar to Swedish population norm values only in those who reported a large improvement in treatment effect on symptoms, according to the OTE. Mean OTE changes and ES consistently increased with degree of improvement for all eight SF-36 dimensions and the PC and MC scores, demonstrating an association between clinically relevant improvements in symptoms and improvements in SF-36. Overall, ES were moderate to high in patients experiencing a large improvement according to the OTE. CONCLUSIONS: Successful GERD treatment, as reported by patients, resulted in both statistically significant and clinically relevant improvements in SF-36 scores. The SF-36 was found to be responsive to change. Given the methodology used, results should be regarded as applicable only in a GERD population.

**Reference:**
AstraZeneca R&D Mölndal, Mölndal, Sweden

PGI14 RESPONSIVENESS TO CHANGE AND CONSTRUCT VALIDITY OF THE WORK PRODUCTIVITY AND ACTIVITY IMPAIRMENT QUESTIONNAIRE FOR GASTROESOPHAGEAL REFUX DISEASE (WPAI:GERD) IN SWEDISH PATIENTS

**Objective:** To assess responsiveness to change and construct validity of the Work Productivity and Activity Impairment questionnaire for gastroesophageal reflux disease (WPAI:GERD), a GERD-specific adaptation of the Specific Health Problem version of the WPAI:METHODS: The WPAI:GERD measures GERD-specific work absenteeism, presenteeism (reduced productivity while at work) and impairment in regular daily activities other than work during the preceding week. It was completed by 205 employed Swedish patients before and after 4 weeks’ proton pump inhibitor treatment for GERD. Responsiveness was assessed by calculating effect sizes (ES) for all patients and by response group according to a 7-graded Overall Treatment Evaluation (OTE) questionnaire. Construct validity was assessed by investigating the relationship between WPAI measures and symptoms, as well as health-related quality of life (HRQoL). RESULTS: Absenteeism was not included in the analyses due to very low variability in the results and the relatively low mean baseline scores (0.04 hours; 95% CI: -2.4, 3.1). The mean overall before-after treatment change in percent reduced productivity was 15.3% for presenteeism from (25.5% to 10.2%; p < 0.001) and 18.3% for impairment in daily activities from (31.3% to 13.2%; p < 0.001). ES were moderate for the whole study population. With regard to activity impairment: 0.79 and were large in patients experiencing a large improvement according to the OTE (presenteeism: 0.9/ activity impairment: 1.22). Cross-sectional Pearson correlation coefficients between WPAI variables and symptoms (range: 0.06-0.67), as well as WPAI:GERD and HRQoL (range: 0.16-0.79), supported the cross-sectional construct validity of the WPAI:GERD. Corresponding change score correlations (range for symptoms: 0.17–0.36, range for HRQoL: 0.15–0.61) and a descriptive analysis of change in productivity by change in hearlburn severity also supported longitudinal construct validity.

**Reference:**
NearAD, Canada

GASTROINTESTINAL DISORDERS – Health Care Use & Policy Studies

PGI16 FACTORS INFLUENCING GASTROESOPHAGEAL REFUX DISEASE OUTPATIENTS’ CHOICES TO ACCESS DIFFERENT TIER OF MEDICAL FACILITIES. THE PRELIMINARY STUDY OF A DISCRETE CHOICE EXPERIMENT

**Objective:** Taiwan’s single payer national health insurance system provides generous coverage and patients’ full freedom to access different tiers of medical facilities. Government’s attempt to divert outpatient care utilisation into primary care by largely increasing co-payment only showed limited effects. To determine the relative importance of factors (attributes) associated with patients’ choices of accessing different tiers of medical facilities, we conducted a qualitative study on outpatients with gastro-esophageal reflux disease (GERD), who generally do not need aggressive treatment.

METHODS: Focus groups were conducted on outpatients with GERD from different tiers of medical facilities in Southern Taiwan. RESULTS: Seven focus groups were held in medical centers (2), regional hospitals (2), physician clinics (2), and local community (1), recruiting 35 participants from cities and an offshore island. Reputations of doctors and scale of medical facilities are the highest priorities and unanimous considerations of all participants. Distance (transportation convenience) is also an important attribute for accessing medical care. Information sources for making decision includes consultation with relatives and friends, searching internet information, or rank of hospitals and doctors from media. Participants generally thought the current out-of-pocket payment (OPP) is expensive, especially when accessing medical centers, but they still preferred and felt worthy to visit higher tiers of medical facilities due to

**Reference:**
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A60