medication of all patients and 1 hour after that echocardiographic parameters was measured again, and the results were compared.

RESULTS: Peak pulmonary artery pressure and pulmonary acceleration time (PAT) significantly improved 1 hour after 100 mg oral single dose of Sildenafil (p < 0.005, 95% CI 5.41–22.93 and p = 0.005 95% CI –12.89 to 2.95 respectively). In addition although the right heart dimensions (right atrium & ventricle) showed a trend toward improvement, but were not statistically significant (p = 0.135, p = 0.08 respectively). CONCLUSION: These results suggest that Sildenafil has an acute significant improvement effect on PAP and PAT in patients with PPH.

RESPIRATORY DISORDERS—Cost Studies

A COST-MINIMIZATION ANALYSIS COMPARING MOXIFLOXACIN VERSUS LEVOFLOXACIN AND CEFTRIAZONE FOR THE TREATMENT OF PATIENTS HOSPITALIZED WITH COMMUNITY-ACQUIRED PNEUMONIA: RESULTS FROM THE MOTIV TRIAL

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OBJECTIVES: Community Acquired Pneumonia (CAP) is a leading cause of hospitalisation and mortality in industrialised countries. This study was an economic evaluation comparing moxifloxacin with a combination of levofloxacin plus ceftriaxone in patients hospitalised with CAP in Germany. METHODS: The MOTIV trial was a multinational, prospective, randomized, double-blind study in adults with CAP requiring hospitalisation and parenteral antibiotic therapy. Patients were randomised to either moxifloxacin (N = 368), or levofloxacin plus ceftriaxone (N = 365) and received sequential treatment with intravenous followed by oral antibiotics for 7–14 days. The primary effectiveness endpoint was clinical response 5–7 days after completion of treatment. Resource use recorded included length of stay, ward type, investigations and procedures performed and dose and frequency of study drug used. Costs were calculated from a German hospital perspective, drug costs were taken from the Rote Liste and other costs from a recent publication. A stochastic sensitivity analysis was performed. RESULTS: Mean age was 65 years (range 18–101) and 58% of patients had severe CAP. The percentage of patients reporting clinical response (moxifloxacin: 80%, comparator: 84%) met criteria for clinical equivalence so a cost-minimisation analysis was performed. Mean per patient cost was €2190 (95% CI: €1954, €2463) for the moxifloxacin group, and €2619 (95% CI: €2422, €2832) for the comparator group, difference (–€€430, 95% CI: –€740, –€138). Medication costs were significantly lower for moxifloxacin than comparator (–€470, 95% CI: –€522, –€421) but accounted for only 15–30% of total costs. Subgroup analysis of patients with COPD, cardiovascular disease, microbiologically proven pneumonia, or severe CAP at baseline produced consistent findings. Average cost was sensitive to price paid for study drugs and the daily cost of hospital stay. CONCLUSION: Treatment with moxifloxacin was significantly less costly than treatment with levofloxacin plus ceftriaxone, with no clinically significant difference in outcomes achieved.

RELATIONSHIP BETWEEN TIME OF DURATION OF COPD AND FREQUENCY OF DISEASE EXACERBATIONS

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OBJECTIVES: Assessment of the influence of nicotine addiction, time of duration and severity of COPD on the frequency of exacerbations. METHODS: 71 patients with moderate-to-severe COPD (30 with moderate and 41 with severe) were enrolled to the study. The smoking status, FEV1 value, time of duration of COPD, and a one-year history of incidence of exacerbations were assessed in all the subjects. The relationship between the number of exacerbations and the studied features was evaluated with the regression model. RESULTS: Thirteen (18.3%) subjects were current smokers, 9 (12.7%) had never smoked and 50 (70%) had smoked in the past. The mean intensity of cigarette smoking amounted to 34.7 pack-years [CI: 28.7–40.7]. The mean time of COPD duration was 9.2 [CI: 7.7–10.8] years, the mean frequency of exacerbation—3.1 [CI: 2.5–3.6] per year, and the mean % value of FEV1 was 48.1% [CI: 43.7–52.5]. There was no significant relationship between the frequency of exacerbations and the number of pack-years, smoking status, % value of FEV1 and severity of COPD. A significant correlation was observed between the time of duration of COPD and average number of exacerbations (r = 0.31, p = 0.009). It was calculated that each successive year of COPD duration is associated with 3% accumulation of exacerbation risk (determination coefficient—R² = 0.03). CONCLUSION: Long-time duration of COPD is related to a significant increase of the risk of COPD exacerbations—the key drivers in the overall costs of the disease.