Abstracts

A653

protein restriction slows the progression of kidney disease delaying the dialysis treatment. The cost of treatment of end-stage renal disease is high and increases with age. Therefore, delaying the start of renal replacement therapy with hemodialysis and improving the patient’s quality of life are two primary goals justifying the use of protein-restricted diets. The aim of the study was to evaluate the economic impact of a low-protein diet (0.6 g protein/kg, body weight/day) with the intent of delay the hemodialysis treatment in patients with advanced chronic renal failure.

METHODS: The study was a naturalistic, longitudinal retrospective Cost of Treatment study. Patients were enrolled during the 2005 and followed up until 2007 or the beginning of the observation period. RESULTS: We enrolled 30 patients (males 60%, mean age of 56.5 ± 13.9 y.o.) from the Nephrology Department of the University “Federico II” of Naples, with a mean follow-up of 12.7 ± 7.5 months. The average monthly cost of care was €1075.6 ± 925.2 per patient, mainly because of hospitalization which represented the 45.0% of the expenses. SF-36 results showed a quality of life stable during the observation period and quite similar to the general population. CONCLUSIONS: This is the first study evaluating the economic impact of low-protein diet in patients with CRF in Italy. The protein-restricted diets help to delay initiation of hemodialysis sessions, which substantially increase treatment costs and negatively impacts quality of life.

PUK11

A COST-UTILITY ANALYSIS OF SOLIFENACIN 5 MG AND SOLIFENACIN 10 MG VERSUS TOLTERODINE ER 4 MG IN THE PHARMACOLOGICAL TREATMENT OF PATIENTS WITH OVERACTIVE BLADDER (OAB)

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OBJECTIVES: The aim of this study was to assess the cost-effectiveness of solifenacin (5 mg/10 mg) relative to tolterodine ER 4 mg in the treatment of patients with overactive bladder (OAB), from the perspective of the UK (NHS) health care system. METHODS: A cost-utility analysis was undertaken using a one-year decision-tree model. Estimates for clinical effectiveness were obtained from a systematic review and meta-analysis. Treatment success was defined separately for urgency, frequency and incontinence. Definitions of treatment success were no urgency episodes, eight or fewer micturitions and no incontinence episodes per 24 hours. Incremental cost-effectiveness ratios (ICERs) were estimated separately for each symptom. Treatment persistence rates for solifenacin and the percentage of patients requiring the higher-dose formulation of solifenacin were taken from the DIN-LINK database. In the absence of these data for fesoterodine, in the base case analysis the percentage of patients requiring the higher-dose formulation of solifenacin were assumed to be equal to that for solifenacin. Utility values for the calculation of Quality Adjusted Life Years (QALYs) were taken from published sources. The analysis included costs directly associated with OAB treatment, i.e. antimuscarinic therapy, GP consultations and outpatient contacts; cost data were taken from NHS published sources (2007/2008 prices). Resource utilisation was based on expert opinion. RESULTS: ICERs fell below £15,000/QALY in all analyses: £6,406/QALY, £9,065/QALY and £14,374/QALY for urgency, frequency and incontinence outcomes, respectively. ICERs remained below the threshold of £30,000/QALY throughout univariate sensitivity analyses. CONCLUSIONS: Treatment with solifenacin 5 mg/10 mg is likely to be a cost-effective treatment strategy relative to tolterodine ER 4 mg in the UK health care setting.

PUK12

A COST-UTILITY ANALYSIS OF SOLIFENACIN 5 MG AND 10 MG VERSUS FESOTERODINE 4 MG AND 8 MG IN THE PHARMACOLOGICAL TREATMENT OF PATIENTS WITH OVERACTIVE BLADDER (OAB) IN THE UK NHS

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OBJECTIVES: The aim of this study was to assess the cost-effectiveness of solifenacin (5 mg/10 mg) relative to fesoterodine (4 mg/8 mg) for OAB, from the perspective of the UK (NHS) health care system. METHODS: A cost-utility analysis was undertaken using a one-year decision-tree model. Estimates for clinical effectiveness were obtained from a systematic review and meta-analysis. Treatment success was defined separately for urgency, frequency and incontinence. Definitions of treatment success were no urgency episodes, eight or fewer micturitions and no incontinence episodes per 24 hours. Incremental cost-effectiveness ratios (ICERs) were estimated separately for each symptom. Treatment persistence rates for solifenacin and the percentage of patients requiring the higher-dose formulation of solifenacin were assumed to be equal to that for solifenacin. Utility values for the calculation of Quality Adjusted Life Years (QALYs) were taken from published sources. The analysis included costs directly associated with OAB treatment, i.e. antimuscarinic therapy, GP consultations and outpatient contacts; cost data were taken from NHS published sources (2007/2008 prices). Resource utilisation was based on expert opinion. RESULTS: In the base-case analysis, solifenacin resulted in a cost-effective treatment strategy compared with fesoterodine for urgency and frequency outcomes being both more effective and less costly. Fesoterodine was more effective but more expensive than solifenacin for incontinence, with an ICER of £84,686/QALY. CONCLUSIONS: This analysis suggests that fesoterodine does not provide a cost-effective treatment option relative to solifenacin at a cost-effectiveness threshold of £30,000/QALY for the resolution of urgency, frequency and incontinence in patients treated for OAB.

PUK13

EXPANDED CRITERIA DONORS IN RENAL TRANSPLANTATION: RESULTS OF ECONOMIC EVALUATION

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OBJECTIVES: At present, expanded criteria donors suppose up to 40–50% of the renal transplant. The aim was to evaluate cost-utility difference between standard criteria donors (SCD) versus expanded criteria donors (ECD) at the first year of kidney transplant. METHODS: Patients were collected in the waiting-list for renal transplant in our region from January 1, 2003 to December 31, 2005. Clinical and demographic variables, transplant costs and EQ-5D tariff, as a generic perceived state of