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IRRITABLE BOWEL SYNDROME (IBS) SIGNIFICANTLY AFFECTS PATIENT QUALITY OF LIFE (QOL) AND IS RESPONSIBLE FOR HIGH COSTS IN FRANCE: THE ENCOLI STUDYBrun-Strang C¹, Lafuma A², Dapoigny M³, Wainsten JP⁴¹Novartis-Pharma, Rueil-Malmaison, France; ²CEMKA-EVAL, Bourg La Reine, France; ³Hotel Dieu, Clermont-Ferrand, France; ⁴Université Paris XII, Paris, France

OBJECTIVE: To describe the manage care in patients presenting IBS and to evaluate, according to the severity of the disease, the impact of the pathology in terms of quality of life (QOL) and resources used (RU). **METHODS:** This is a 3-month transversal study of IBS patients with a retrospective collection of information covering the previous year. Socio-demographic characteristics, clinical profile, digestive symptoms, and treatment information were collected. Patients were classified according to the Rome I, II, and Mannings criteria. Patients completed questionnaires to describe their level of pain and discomfort (SGA), their RU (hospitalisations, consultations, medications, tests), and work loss over the last year. A generic QoL questionnaire, the Short Form 36 (SF-36), and a disease-specific QoL questionnaire (IBS-QOL) were administered as well as a validated anxiety and depression scale (HAD). A descriptive comparison of groups of patients responding to the different IBS classification criteria was performed. IBS-related costs during the previous one-year period were estimated, following a societal perspective. **RESULTS:** Of the 445 patients who had completed all questionnaires, there were 76% of females; the mean age of the population was 54 ± 15 years. IBS patients had a markedly lower QoL than the French general population. Nearly 23% of the patients diagnosed with IBS did not meet any of currently accepted diagnosis criteria, whereas 38% met all of the diagnostic classification criteria. About 10% of IBS patients were hospitalized for their IBS during the past year. The total annual direct cost per patient was €773. **CONCLUSIONS:** These results confirm that IBS exacts large direct medical costs in France and that IBS patients experience a lower QoL than the general population. Total direct costs per patient were €773, which is equivalent to average treatment costs of a French DNID patient (diabetic complications excluded).

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HEALTH STATE UTILITIES AND WILLINGNESS TO PAY IN GERD PATIENTS WITH HEARTBURN

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OBJECTIVES: To estimate health state utilities and willingness to pay (WTP) for symptom relief in patients with gastroesophageal reflux disease (GERD), and to examine the impact of frequency and severity of heartburn on utilities and WTP. **METHODS:** Five hundred four

Swedish GERD patients with heartburn as the predominant symptom were recruited by physicians. Data on utilities, WTP, annual number of days with heartburn (frequency) and severity of heartburn (mild, moderate, severe) were collected. Utilities were assessed using the EuroQol and rating scale (RS). Another RS was used to assess the utility as patients thought it would be without heartburn. Annual WTP was assessed for a 25% and 50% reduction in frequency, using a binary question (BQ-WTP) and a bidding game (BG-WTP). Linear regression analysis was used to examine the impact of symptoms on utilities and WTP, and to predict quality adjusted life-years (QALYs) gained from reduced symptoms. **RESULTS:** Average RS and EuroQol utilities were 0.72 and 0.69. Average RS utility as it would be without heartburn was 0.85. Frequency and severity had a significant and negative impact on utilities. RS (EuroQol) utilities by severity were 0.78, 0.70, 0.62 (0.78, 0.67, 0.51). Average annual BQ-WTP for the 25% (50%) reduction was 6200 (8200) Swedish kronor. Average annual BQ-WTP for the 25% (50%) reduction was 5100 (6300). Frequency and severity had a significant and positive impact on WTP. Implied BQ-WTP (BG WTP) per symptom free day gained was 119 (95). Implied BQ-WTP (BG-WTP) per QALY gained was 328000 (263000) based on the EuroQol and 661000 (530000) based on the RS. **CONCLUSIONS:** The significant impact of heartburn on utilities and WTP support the validity of the utility and WTP estimates. The results indicate that GERD patients with heartburn assign their health states substantial disutility and are willing to pay considerable amounts for symptom relief.

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CORRELATION BETWEEN DIFFERENT PRODUCTIVITY VARIABLES OBTAINED FROM THE WPAI-GERD QUESTIONNAIRE

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A validation analysis of the Work Productivity and Activity Impairment questionnaire (WPAI) for assessing lost productivity due to symptoms of gastroesophageal reflux disease (GERD) has previously been reported, based on results from a cross-sectional study of a Swedish working population (N = 136) visiting a general practitioner due to GERD. The construct validity of the WPAI-GERD was found to be high, and patients with symptoms of GERD (heartburn) reported an average of 2.5 hours absence from work (AW), 23% reduced productivity while at work (PW) and 30% reduced productivity while doing regular daily activities (PA) during the week preceding the consultation. **OBJECTIVES:** To carry out a further validation analysis of the WPAI-GERD by investigating the relationship between the different productivity variables obtained (AW, PW, PA). **METHODS:** Pearson correlation coefficients (PCC) between each productivity variable were calculated based on results from the original study