money saved annually with the Sandimmun Neoral-based maintenance immunosuppression regimen was found to be about 776,000 roubles per transplant recipient per year. CONCLUSION: Sandimmun Neoral is the leading alternative for immunosuppression following renal transplantation, i.e. it is preferable from a clinicoeconomic perspective.

PUK7

A COST-MINIMIZATION ANALYSIS OF OXYBUTYNIN (TRANSDERMAL DELIVERY SYSTEM) COMPARED TO TOLTERODINE (TABLETS) IN THE TREATMENT OF PATIENTS WITH URGE OR MIXED URINARY INCONTINENCE IN SWEDEN

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OBJECTIVES: Standard medicinal care of patients with urge or mixed urinary incontinence is muscarinic receptor antagonists. Alternative forms of administration are available for these drugs. The objective of this analysis was to compare the cost effectiveness of the only available transdermal oxybutynin patch with oral long-acting tolterodine tablets in the treatment of patients with urge or mixed urinary incontinence in Sweden. METHODS: The efficacy of oxybutynin patches (3.9 mg/day), and tolterodine tablets (4 mg/day) was compared in a 12 weeks randomized clinical trial with 361 patients. The study demonstrated a comparable clinical efficacy between the treatment alternatives in number of daily incontinence episodes, average void volume and QoL. A cost minimization analysis (CMA) was performed based on this trial where direct medical costs related to drug treatments and the costs of treating the major adverse events (AE) (erythema, pruritus, rash, dry mouth, diarrhoea and constipation) were included. Resource utilization associated with the treatment of the adverse events in Swedish clinical practice was assessed by Swedish specialists in the field. RESULTS: The CMA shows that the total costs for 12 weeks tolterodine treatment is 1113.- SEK (~119.- €) per patient while the total costs for 12 weeks oxybutynin treatment is 1067.- SEK (~114.- €). The results also demonstrate that the cost of treating AEs compose an insignificant fraction of the total treatment costs. This is due to the low frequency of AEs requiring treatment, together with the low costs for treating each AE. A number of sensitivity analyses demonstrate the robustness of the results, including various scenarios for extrapolating the findings over 52 weeks. CONCLUSION: This CMA finds that oxybutynin patches (3.9 mg/day) is a cost-effective treatment alternative to tolterodine tablets (4 mg/day) for treating patients with urgent or mixed urinary incontinence in Sweden.

PUK9

HEALTH STATUS AND COSTS OF PATIENTS UNDERGOING HAEMODIALYSIS TREATMENT IN HUNGARY

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OBJECTIVES: The aim of our study was to assess the health status and costs of patients with renal failure undergoing haemodialysis treatment in Hungary. METHODS: A questionnaire survey was performed between November-December, year 2006 in the BBraun Dialysis Centre of Kistarcsa. All patients receiving haemodialysis were invited to participate in the study. Demographic data, health care utilisation, informal care, transportation and other disease related expenses were surveyed. A generic health status measure, the EQ-5D (range -0.5 to 1) was applied. Mobility was measured by the Timed Up and Go Test (normal <20 sec). Costing was performed using human capital approach method, productivity loss was based on average gross wage (629Euro/month). RESULTS: Seventy-one patients (35 women, 36 men) were involved, mean age 62.3(15.0) years, duration of haemodialysis was mean 3.9(4.2) years. 34 (47.8%) patients were retired as many as on maintenance of disabled, 1-1-1 was on permanent sick-leave, unemployed or student. Patients’ residence was mean 18.6(14.2) km from the dialysis centre, 23(32.4%) had a car in their household, 2(2.8%) drove on his own and 4(5.6%) were taken by a relative regularly, 57(80.3%) used the centres’ transportation network. 4(5.6%) came by ambulance as much as travelled by bus or train. 9(12.7%) patients were living alone, 24(33.8%) with spouse, 37(52.1%) with other relatives, 1 in a nursing home, 28(39.4%) received regular informal care mean 35.8(23.5) hours/week. EQ-5D score was mean 0.635(0.3) and the score was significantly lower (p<0.01) in all age-groups than in the Hungarian population. The Up and Go Test was mean 19.8(17.0) sec. Mean cost was 21 572 Euro/patient/year, direct medical costs 85.4%, direct non-medical costs 5.8%, indirect costs 8.8%. CONCLUSION: Health status loss is significant in chronic renal
failure, patients’ dependence and risk of falls is high. Direct medical costs are substantial. Our study offers baseline data for further health economic analysis in Hungary.

**PUK10**

**DIRECT COST OF URINARY INCONTINENCE OF ICELANDIC WOMEN, 16 YEARS AND OLDER IN THE YEAR 2004**

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**OBJECTIVES:** To estimate annual direct cost due to urinary incontinence (UI) of women in Iceland in 2004 and to evaluate proportion of out-of-pocket cost for different age groups and treatments.

**METHODS:** The prevalence calculations are base on published studies and a questionnaire of 10,000 women reporting prevalence, proportion seeking care and out of pocket expenditures. The direct cost estimate included cost for diagnosis, therapy and routine care. It did not include cost due to the consequences of the disease or the monetary loss as a result of seeking treatment. Cost of active treatment and routine care came from the National Insurance, University Hospital, smaller hospitals and 7 nursing homes. All cost was from the year 2004 except the cost from the questionnaire and that was adjusted to the year 2004. Three subgroups of women with UI were identified.

**RESULTS:** For the largest subgroup 16–64 yrs. old the total annual direct cost was 4,4 million $ or 132 $ per woman, 35% was due to active treatment and 70% was out of pocket cost. For the next largest subgroup 65 yrs. and older the total annual direct cost was 1,9 million $ or 284 $ per woman, 37% was due to active treatment and 46% was out of pocket cost. For the smallest subgroup 65 yrs. and older in nursing homes the total annual direct cost was 8.3 million $ or 7538 $ per woman. Seventy percent of the annual total direct cost of UI is due women 65 yrs. and older. This cost will increase substantially with aging population. Women with UI in nursing homes generate 55% of the total cost. If the proportion of active treatment is increased in the younger age group, health care authorities cost will increase but it could be more cost effective.

**PUK12**

**THE ECONOMIC BURDEN OF HAEMODIALYSIS IN GREECE DURING 2006**

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**OBJECTIVES:** At the end of the year 2006 in Greece, about 74% of patients with end-stage renal disease (ESRD) were treated with haemodialysis (HD). Although the percentage of HD is the highest among the countries of the European Union, the economic aspects have not been widely explored. Therefore, the aim of this study was to estimate the haemodialysis related costs in Greece from the perspective of the social security system.

**METHODS:** A cost analysis was performed from the perspective of the Greek social security system that covers the HD-related expenses. A decision analysis model was developed with Microsoft Excel software to simulate clinical decisions and outcomes. Only direct costs covered by the social security system were considered in the analysis including drug therapy, clinical and laboratory monitoring, treating complications, hospitalizations, HD sessions and transportations. All costs were calculated in euros, with 2006 as reference year.

**RESULTS:** The total cost per patient per year was 38,580 euros for the first year including surgical set-up and 37,378 euros thereafter. From the latter cost, more than 70% accounts for the costs of HD sessions and hospitalizations. The cost of drug treatment was 8245.07 euros per patient year, whereas the average annual cost of erythropoietin per patient was 4833.25 euros. The cost of treating vascular access infections was just 1711.62 euros per patient year. During 2006, the Greek social security system paid 322.529 million euros for the treatment of ESRD patients with HD.

**CONCLUSION:** Haemodialysis is an expensive alternative renal replacement therapy which burdened the Greek social security system with more than 320 million euros during the year 2006. To afford dialysis for those in need, smarter, more efficient use of limited funds is mandatory. Strict control of the use of some expensive drugs like erythropoietin and decrease of the hospitalizations may reduce the cost of haemodialysis.