Alzheimer’s disease (AD) in patients receiving stable donepezil treatment compared with not providing memantine. METHODS: Data from a U.S. multicenter randomised clinical trial that compared memantine versus placebo in moderate to severe AD patients on stable doses of donepezil was used to evaluate the cost effectiveness of providing memantine to donepezil. Using methodology developed by Kurz et al., patients were classified at each visit as dependent or non-dependent according to their ADCS-ADL19 scores. Mean weekly costs were estimated from the National Health Service and Personal Social Services perspectives for patients with MSSM £14 that participated in a UK epidemiological study—the LASER AD study. QALYs per dependency were estimated from a Danish Study. Per week mean acquisition cost and effectiveness of treatment were £975; 0.6311 and £288; 0.3207 for dependent and non-dependent patients. Total drug costs for the 24-week period were £492 for donepezil and £937 for memantine plus donepezil. Costs, QALYs and time of non-dependence were associated with each dependency level and added to obtain total outcomes over the 24-week study period. RESULTS: Over the evaluation period, memantine added to patients stabilised on donepezil was associated with an additional 0.0112 QALYs, an additional 1.77 weeks of independence and a £771 cost reduction compared with donepezil alone. The cost reduction is not statistically significant but suggests that clinical advantages offset some of the cost of adding memantine. CONCLUSION: This analysis suggests that memantine treatment provided to patients receiving stable donepezil treatment is cost-effective compared with not adding memantine. As costs and QALYs were assessed retrospectively, further prospective studies are required to support this finding.

PNL3

RETROSPECTIVE COMPARATIVE ANALYSIS OF ANTIDEMENTIA MEDICATION PERSISTENCE PATTERNS AT 3 YEARS IN SPANISH ALZHEIMER DISEASE PATIENTS TREATED WITH DONEPEZIL, RIVASTIGMINE, GALANTAMINE AND MEMANTINE

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OBJECTIVE: To determine persistence of treatment with donepezil (DON), rivastigmine (RIV), galantamine (GAL) and memantine (MEM) in patients with Alzheimer Dementia (AD) in a Spanish population setting. METHODS: Retrospective AD cohort study performed in nine Primary Care Health Centers from four different Autonomous Communities (Andalucía, Cantabria, Cataluña & Valencia) in Spain. Descriptive standard analyses were performed. ANOVA and Chi-square tests were used to show the differences among mean duration therapy and treatment adherence after 52 weeks. A Kaplan-Meier survival analysis was applied to assess overall pattern persistence after three-year of follow up, and the log rank test was used for testing significance. RESULTS: A total of 299 patients (44.8% female), mean age 77.88 years (SD: 6.32), were included; 101 DON (34%), 103 RIV (35%), 51 GAL (17%) and 42 MEM (14%). Mean treatment duration was slightly longer and significant for DON patients 83.3 weeks (95% CI: 77.2–89.3) than for the other drugs: RIV [56.6 weeks (60.0–87.3)], GAL [65.8 weeks (55.3–76.3)], MEM [60.9 weeks (48.8–73.1)], p = 0.049. Treatment adherence after 52 weeks was numerically higher with DON (63%) than with the other medications: RIV, 55%; GAL, 55%, and MEM, 52%, p = 0.525. Overall persistence of treatment was significantly higher with DON [median time; 70.3 weeks (95% CI: 49.8–90.7)] than for the others drugs: RIV [56.1 weeks (36.1–76.2)], GAL [56.7 weeks (41.1–72.3)] and MEM [52.1 weeks (35.2–69.1)]. Log Rank = 10.16, p = 0.017. CONCLUSION: This retrospective study including Spanish AD patients showed numerically differences on treatment adherence after one year of therapy among the four antidementia medications commercially available. The global treatment persistence during the three-year follow up was значительно higher in patients treated with donepezil compared to those who received rivastigmine, galantamine or memantine.

PNL4

THE SOCIAL AND ECONOMIC BURDEN OF PAEDIATRIC EPILEPSY IN IRELAND: A PROSPECTIVE STUDY

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OBJECTIVE: To estimate the overall burden of pediatric epilepsy on the family and Irish health care system and to establish whether there is a relationship between epilepsy profile and this burden. METHOD: The sample was drawn from a population of children with epilepsy attending a tertiary pediatric neurology clinic in Dublin. Data was collected prospectively on health care resource use and time lost from school and work. Diary cards were completed at three monthly intervals. RESULTS: Complete data was available on 127 children aged 15 months to 16.7 years (median 8.8), 54% were male and 52% lived in a rural setting. A total of 61% had cryptogenic or symptomatic epilepsy, 63% had partial seizures and 53% had frequent seizures (>10 seizures/month). The annual cost of epilepsy was significantly higher for those with cryptogenic/symptomatic epilepsy (€9248) and frequent seizures (€9145) relative to idiopathic epilepsy (€2600) and no/infrequent seizures (€3951) (P < 0.0001). Children with frequent seizures had a higher risk of being hospitalised (P = 0.03) and lost more days at school (P < 0.0005). 50% of families contacted the pediatric liaison nurse, and 12% made more than 3 contacts. Five percent of children attended their GP while 37% of families had independently sought complementary medicine. CONCLUSIONS: The economic and social burden of pediatric epilepsy is substantial and relates to the epilepsy syndrome and frequency of seizures. In this prospective study a large dependence on epilepsy liaison nurse support was found, an area that requires extra resources. A large number of families also sought advice from non medical sources.

PNL5

A PROSPECTIVE STUDY ON THE IMPACT OF A CHILD’S EPILEPSY ON THEIR QUALITY OF LIFE AND THEIR FAMILY

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OBJECTIVES: The aim of this prospective study was to determine the relationship between seizure type, seizure frequency and epilepsy syndrome on the quality of life of both the child and family over a one year period. METHOD: The sample was drawn from a population of children with epilepsy attending a tertiary Paediatric Neurology service in Dublin. Data was collected on seizure type and frequency, epilepsy syndrome, physi-