amount of 340,000 € could have been saved. CONCLUSIONS: Adherence to principles of good antibiotic policies leads to fundamental short and long term financial savings within the budget of a health insurance fund.

INFECTION - Patient-Reported Outcomes & Patient Preference Studies

PIN75

HEALTH-RELATED QUALITY OF LIFE OF CLOSTROIDIUM DIFFICILE INFECTION: A METHODOLOGICAL CONTRIBUTION TO DIRECT UTILITY ELICITATION BY TTO

OBJECTIVES: Closidiotium difficile infection (CDI) can lead to several complications from mild diarrhea to toxic megacolon. The objectives of this study were to: 1) evaluate standard Time trade-off (TTO) and chain TTO techniques for eliciting utility values for selected states and temporary and permanent health state, and compare trade-off responses with those from Healthcare Professional (HC) EQ-5D valuation; 2) evaluate methods of calculating utilities for health states worse than death (WTD). METHODS: Ten health state vignettes were developed from literature with input from HCPs. Patients and caregivers were interviewed to gather data from EQ-5D utility questionnaires. The preference weights for each sample were based on the absolute value of the marginal utility of life extension.

RESULTS: Time trade-off responses were significantly correlated with TTO utility values (325/350±0.55). Mean physical component score (PCS) was 53.91, and mental component score (MCS) was 43.40. Role physical function was the lowest mean at 28.07, and was significantly correlated with anxiety (spearman’s correlation 0.319, significant at 0.01 level, 2-tailed). Depression was the most significant component (spearman’s correlation 0.319, significant at 0.01 level, 2-tailed).

CONCLUSIONS: HRQoL was severely reduced in this non-engaging HIV infected CDI patient population. While HIV co-infection and substance misuse did not affect the HRQOL, anxiety and depression had a significant impact upon it.

INFECTION - Health Care Use & Policy Studies

PIN76

HEPATITIS C VIRUS INFECTION INCREASES THE RISK OF ALZHEIMER’S DISEASE

OBJECTIVES: Hepatitis C virus (HCV) infection may cause cognitive impairment, but no studies have focused specifically on cognitive impairment stemming from Alzheimer’s disease. The purpose of this study was to investigate the potential increased risk for Alzheimer’s disease in HCV-infected patients. METHODS: We conducted a population-based cohort study from the Taiwan National Health Insurance Research Database. From all potential participants aged fifty years or more, a total of 117,098 matched (1:1) pairs of HCV-infected patients and non-HCV-infected patients were included. Each subject was individually tracked from 1997 to 2009 to identify incident cases of Alzheimer’s disease (onset in 1999 or later). Cox proportional hazard regressions were employed to calculate the hazard ratios (HRs) and 95% confidence intervals (CIs) for the association between HCV infection and Alzheimer’s disease in the HCV-infected cohort. RESULTS: There were 830 cases of Alzheimer’s disease reported in the HCV cohort during 1,122,436 person-years, with incidence rates of 73.9 cases per 100,000 person-years (95% CI, 69.1–79.2). The multivariate-adjusted HR for Alzheimer’s disease was 1.14 (95% CI, 1.01–1.26) for HCV-infected patients was included. Each subject was individually tracked from 1980 to 1997 to identify incident cases of Alzheimer’s disease (onset in 1999 or later). Cox proportional hazard regressions were employed to calculate the hazard ratios (HRs) and 95% confidence intervals (CIs) for the association between HCV infection and Alzheimer’s disease in the HCV-infected cohort. RESULTS: There were 830 cases of Alzheimer’s disease reported in the HCV cohort during 1,122,436 person-years, with incidence rates of 73.9 cases per 100,000 person-years (95% CI, 69.1–79.2). The multivariate-adjusted HR for Alzheimer’s disease was 1.14 (95% CI, 1.01–1.26) for HCV-infected patients was included. Each subject was individually tracked from 1997 to 2009 to identify incident cases of Alzheimer’s disease (onset in 1999 or later). Cox proportional hazard regressions were employed to calculate the hazard ratios (HRs) and 95% confidence intervals (CIs) for the association between HCV infection and Alzheimer’s disease in the HCV-infected cohort. RESULTS: There were 830 cases of Alzheimer’s disease reported in the HCV cohort during 1,122,436 person-years, with incidence rates of 73.9 cases per 100,000 person-years (95% CI, 69.1–79.2). The multivariate-adjusted HR for Alzheimer’s disease was 1.14 (95% CI, 1.01–1.26) for HCV-infected patients. The HR for HCV-infected patients in their sixties (1.18, p < 0.05) was higher than for other age groups. There were 2,543 HCV-infected patients (4.48%) who completed antiviral therapy. The HR of treated patients was 0.31 (95% CI 0.15–0.67) after adjusting for age, gender, income, urbanization and the presence of other medical diseases. CONCLUSIONS: HCV infection may increase the risk for Alzheimer’s disease. HCV antiviral therapy could lower the risk of AD in HCV-infected patients.

INFECTION - Health Care Use & Policy Studies

PIN77

MULTIVARIATE COX ANALYSIS REGARDING TREATMENT SWITCH ON CHRONIC HEPATITIS B (CHB) DISEASE MANAGEMENT BASED ON A 2-YEAR PROSPECTIVE STUDY IN 5 EUROPEAN (EU) COUNTRIES

OBJECTIVES: Multivariate Cox analysis was performed to identify significant factors for determining treatment switches and response to switch in chronic hepatitis B (CHB). METHODS: We evaluated 2,685 European adult CHB patients from 2007 to 2009 in five European countries. The treatment hierarchy included IFN plus lamivudine (IFN-LV), lamivudine plus backup (LA VM), lamivudine alone (LA), adefovir (ADV), tenofovir (TDF), and adefovir plus backup (ADV-LV). RESULTS: A total of 2,685 European adult CHB patients were included. The median follow-up period was 2 years. The proportions of treatment switches were 15% in IFNLV, 10% in LA VM, 20% in LA, 10% in ADV, and 15% in ADV-LV. Multivariate Cox analysis revealed that age, gender, and baseline HBeAg levels were the factors that significantly influenced the likelihood of treatment switch. CONCLUSIONS: Age, gender, and baseline HBeAg levels are significant factors for determining treatment switches and response to switch in chronic hepatitis B (CHB) disease management. These factors should be considered when designing clinical trials and managing CHB patients.