OBJECTIVES: Performing a basic evaluation of a resident’s urinary incontinence (UI) condition is needed to determine the cause of the incontinence and guide appropriate treatment. The two objectives of this study were 1) to determine the prevalence of residents with UI that received one or more of the four parts of the Agency for Health Care Policy and Research (AHCPR) basic evaluation guidelines, and 2) to compare the effectiveness of two types of oral antimuscarinic medications—tolterodine and oxybutynin. METHODS: Data were extracted from medical and Minimum Data Set records in 30 nursing homes in 5 regions of Texas. RESULTS: For Objective 1, medical charts of 255 residents were reviewed. There were 64 residents that met the study criteria for Objective 2. Regarding Objective 1, the majority (n = 179, 70.2 percent) had no documentation of any part of the basic evaluation that is recommended for patients with urinary incontinence. Fifty-seven patients (22.3 percent) had documentation of one part of the evaluation, while less than 8% (n = 19) had two or more parts of the basic evaluation documented. Female residents were more likely than male residents to have one or more parts of the basic evaluation performed. Residents residing in nursing homes located in urban areas were more likely to have one or more parts of the basic evaluation performed compared to residents residing in rural setting nursing homes. For Objective 2, results showed that residents receiving tolterodine had a greater decrease in urinary incontinence severity levels than residents receiving oxybutynin. Female residents had a greater improvement in UI levels than male residents. CONCLUSIONS: The sparse documentation of basic urinary incontinence evaluations indicates that health care providers and decision makers need to continue to focus on ways to improve the evaluation and management of urinary incontinence in elderly nursing home residents.

A SURVEY ON THE CLINICAL MANAGEMENT OF CMV RISK IN PATIENTS FOLLOWING RENAL TRANSPLANTATION IN FRANCE

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OBJECTIVES: To identify the range of clinical management strategies used to reduce CMV infection and disease following renal transplantation in France. METHODS: A questionnaire-based survey tool was developed over a three-month period, with review provided by an expert committee consisting of three clinicians and a leading health economist. The finalised questionnaire was sent out to the 35 centres for adults existing throughout France. The questionnaire requested information on the number of transplanted patients, the proportions of patients in recognised CMV risk groups based on donor and recipient CMV status, the types of risk reduction strategies adopted, the treatment protocols for CMV disease and finally the incidence of CMV disease by risk group. Respondents were asked to use actual data records wherever possible. RESULTS: Overall 31 centres completed the survey, a response rate of 89%. The centres performed 1641 adult transplantations during the year 2000. The average number of patients per centre was 53, ranging between 20 to 140 per year. Around 25% of patients were considered at low-risk of CMV (D–R–), 50% were R+ and 30% were D+R–. However, the distribution of patients varied greatly across centres. The most commonly adopted strategy in the D+R– group was prophylaxis using oral valaciclovir. In the remaining patients most centres used close monitoring with preemptive drug treatment using oral ganciclovir or valaciclovir. Altogether, there were around 250 cases of CMV, approximately 30% being tissue invasive disease and 70% general symptoms only. CONCLUSION: The survey confirms the wide variation of patient types across centres in France. The CMV incidence results also confirm the increased risk faced by the D+R– patient group, which may be enhanced further through the wide spread use of antilymphocyte therapy. Although prophylaxis treatment appears widely used in higher-risk patients, around 20% of centres currently wait until the presentation of CMV symptoms before initiating treatment.

WOMEN’S AND MEN’S HEALTH—Economic Outcomes

HEALTH CARE RESOURCE USE FOR HEAVY MENSTRUAL LOSS

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OBJECTIVES: Heavy menstrual bleeding is experienced by a large number (approx. 13%) of women and precipitates considerable use of health care. We estimate the use of resources for women with increased bleeding, using a population health survey. METHODS: The database used is the 1999 United States National Health Interview Survey (NHIS). The study population is all women age 18 and above. The dependent variables are categorical, indicating whether or not women used a series of health care services. The independent variables comprise the study variable (indicating increased menstrual flow) and demographic and socioeconomic variables. Logistic regressions were run for each type of service. RESULTS: In the sample of 2805 women, 373 (13.3 per cent) women had increased menstrual flow. The odds ratio, indicating the net impact of increased flow was estimated for the following services (* indicates significant at .05 level): general practitioners, 1.48*; emergency room,
1.78*; home care, 2.02*; surgery, 1.56*; specialist visits, 1.23; prescription drugs, 1.27. CONCLUSION: Heavy menstrual flow occurs in 13% of women over age 18, and is associated with increased use of emergency room visits and surgery, but not OB/GYN or other specialist visits or prescription drugs. The results may be interpreted to mean that many women seek temporary solutions (ER visits) and may avoid certain types of care, including drugs.

**PWM2**

COST ANALYSIS OF IVF TREATMENT WITH INJECTION DEVICE VS THE TRADITIONAL SYRINGE AND NEEDLE

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The Puregon Pen is a patented medical precision device to administer follitropin beta solution—recombinant FSH—for infertility treatment. The Pen can be used for multiple treatment cycles and requires less RecFSH per cycle than the traditional syringe and needle. OBJECTIVE: Evaluate the cost consequences of the Puregon Pen on the total direct medical costs of an IVF cycle. METHOD: A Markov model in Excel is used to calculate the total direct medical costs per patient per IVF cycle using the Pen with follitropin beta solution in a cartridge versus a traditional syringe and needle with follitropin alpha powder and solvent for solution. Treatment transition probabilities and total volume of RecFSH use per IVF cycle are obtained from published data. Costs are based on average European prices. RESULTS: The published data showed an average reduction in RecFSH use per IVF cycle of 15.5% (345IU, p < 0.001) compared to the traditional syringe and needle. Treatment duration was shorter with the Pen (10.8 vs. 12 days, p = 0.001). No differences in medical treatment and follow-up or in the vital pregnancy rate per embryo transfer were identified. Using an average European price of €0.55/IU for both RecFSH products and €100 for the device, the average total direct medical costs when using the Pen may be reduced by €90 in the first IVF cycle. Every additional IVF cycle using the Pen may generate an average cost offset of €190. CONCLUSION: Costs associated with purchasing the Puregon Pen can be offset through shorter infertility treatment time and less RecFSH use per cycle.

**PWM3**

SECOND-GENERATION VERSUS FIRST-GENERATION ENDOMETRIAL ABLATION TECHNIQUES IN THE TREATMENT OF DYSFUNCTIONAL UTERINE BLEEDING (DUB): A REVIEW OF THE LITERATURE

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OBJECTIVES: Traditional hysteroscopic endometrial ablation techniques are safe and effective though under-utilized, mainly because of the procedures required specialized training and had perceived risks. Several new technologies have been developed; most of which are blind techniques. A review of the literature was undertaken to compare the efficacy, safety and acceptability of second- versus first-generation endometrial ablation techniques in DUB. METHODS: Medline, Current Contents, Cochrane Library, NHS Centre for Reviews and Dissemination and FDA Center for Devices and Radiological Health were searched from 1981 to March 2002. Bibliographies of relevant articles were screened. Industries and authors were contacted for information on published or unpublished data. Experts in the field were consulted. RCTs comparing endometrial ablation techniques in DUB were eligible for inclusion. Trials of techniques abandoned at the time of the review or not published in English or French were excluded. Outcomes were menstrual blood loss, satisfaction, quality of life, operative details, complications, and requirement for further surgery. RESULTS: Five RCTs were included. They evaluated five new technologies and assessed outcomes one year after surgery. One trial had long-term follow-up. Compared to first-generation techniques, new technologies had consistently shorter durations of surgery (11–27 min vs 15–40 min), more surgeries performed under local anesthesia (45–73% vs 8–24%), and fewer intraoperative complications (0–1.1% vs 2.4–5.8%). At 12 months, clinical outcomes results were similar between the 2 generations. Results remained similar, with little difference at three years compared with results at one year. CONCLUSION: There was no clear difference in clinical outcomes between second- and first-generation techniques. Advantages include ease of use, short operative time, choice of anesthesia and reduced risk of intraoperative complications. Risk of inadvertent perforation and subsequent injury to bowel exists. Long-term safety and efficacy, cost-effectiveness and safety in use by the general gynecologist remain to be studied.

**PWM4**

INFLUENCE OF ERECTILE DYSFUNCTION ON HEALTH RELATED QUALITY OF LIFE OF MALE KIDNEY TRANSPLANT PATIENTS ACCORDING TO AGE

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OBJECTIVE: There is some evidence that aging deteriorates the Health Related Quality of Life (HRQOL) in physical area, although mental area remains stable, even suffering chronic diseases, because of adaptation mecha-