acute OM. Although, considered a minor condition, OM often disrupts the daily routine, forcing parents to stay at home. This study was designed to investigate the productivity loss and societal burden of OM in several European countries. **METHODS:** An internet-survey was conducted in 7 EU-countries: France(F), Great Britain(GB), Germany(D), Spain(E), Italy(I), The Netherlands(NL), Belgium(B). Questions regarding the most recent childhood-illness-episode included: symptoms, medical diagnosis if medical help was sought, time taken off work, leisure time loss and diminished productivity at work. Data were analyzed for OM-episodes. **RESULTS:** 14916 parents of children (<5-years) reported a child-illness-episode in the previous year, completing an e-mailed 17-question-survey. A total of 1479 OM-episodes were reported (65%–75% occurring in the previous month). The proportion of parents seeking medical help ranged from 47%(NL) to 88.7%(E). In E, 27.9% of parents went to the Emergency Room, 10–15% (D,I,GB); 2–4% (NL,B,F). Hospitalisation was required for 3.6–7.7% for an average 1.4–6.8 days. 12.8% (F,B)–21.7% (NL) parents took a median of 10–16 hours off work. A further 23.4% (NL) to 82.4% (UK) parents reported being less productive at work. In addition, 47.5% (D) to 68.1% (B) said they had to take time out of their leisure time to visit the doctor or the pharmacist. Children had an average of 2.2–2.7 episodes in the previous year; 28–57% had had ≥3 episodes in the previous year. Indirect costs amounted to a total of €115.36 (NL) to €300.41 (UK) per episode. **CONCLUSIONS:** Indirect costs due to lost productivity, either due to time taken off work, reduced productivity at work or leisure time loss represents a significant proportion of the costs associated with OM. An intervention that would reduce the incidence, prevalence or duration of OM would have a major impact on the societal burden.

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COST-EFFECTIVENESS ANALYSIS OF THE FIXED COMBINATION GLAUCOMA MEDICATIONS BRIMONIDINE/TIMOLOL AND DORZOLAMIDE/TIMOLOL IN 10 EUROPEAN COUNTRIES

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OBJECTIVES: Several studies have shown that reducing the intraocular pressure (IOP) of patients with glaucoma to a target level ≤18 mmHg prevents further visual field deterioration. The objective of this analysis was to compare the IOP-lowering efficacy and the cost-effectiveness of fixed combinations of brimonidine/timolol and dorzolamide/timolol in 10 European countries. **METHODS:** Efficacy and safety of the two fixed combination products were based on pooled data from two head-to-head trials. Efficacy was measured as the percentage of patients reaching an IOP level ≤18 mmHg or ≤13 mmHg after 3 months of treatment. Discontinuation rates due to adverse events were also included in the model, and it was assumed that patients discontinuing treatment had an extra ophthalmologist visit. All drug costs were market prices inclusive of VAT, and ophthalmologist visit costs were priced using official tariffs. **RESULTS:** Clinical efficacy data showed that brimonidine/timolol was more effective than dorzolamide/timolol in terms of lowering patients' IOP. The percentage of patients reaching IOP ≤13 mmHg was 32.65% for brimonidine/timolol and 13.95% for dorzolamide/timolol ($p = 0.0359$). 77.55% of brimonidine/timolol patients reached a target IOP ≤ 18 mmHg, and 60.47% of dorzolamide/timolol patients did ($p = 0.0756$). Three months' health care costs for patients treated with brimonidine/timolol were comparable to those of dorzolamide/timolol treatment in the 10 studied countries. Brimonidine/timolol was less costly and more effective in Italy, Spain, and Norway, whereas it was more effective and slightly more costly in Germany, the UK, Denmark, Sweden, the The Netherlands, Portugal and France. In these countries, the incremental cost per patient reaching a target IOP ≤ 18 mmHg ranged from £0.32 (UK) to €26.66 (The Netherlands). For IOP ≤ 13 mm Hg the range was £0.29 (UK) to €24.36 (The Netherlands). **CONCLUSIONS:** Brimonidine/timolol is effective in terms of lowering IOP and is a cost-effective treatment strategy for patients with glaucoma.

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THE COST OF UVEITIS TREATMENT IN FRANCE: A ONE-YEAR RETROSPECTIVE ANALYSIS

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OBJECTIVES: To determine current treatment strategies and evaluate one year consumption of health care resources for patients with uveitis in France. **METHODS:** Data abstracted from charts of consecutive patients (N = 100) from 4 French referral centers with 12 months follow-up after the first visit included basic demographic data, clinical parameters, and all disease- or treatment-related resource consumption. Direct health care costs were estimated using publicly available standard unit costs. Indirect costs were based on standard sick leave for each type of inpatient admission or outpatient intervention and a gender-specific cost of employment. **RESULTS:** Most patients (82%) were below age 60 (retirement age). Patients had posterior uveitis (36%), panuveitis (33%), chronic anterior (24%) and intermediate uveitis (7%). Patients received drug treatments (91%), triamcinolone or dexamethasone injections (8%), and laser treatment (2%). Mean direct costs per patient were €3403 ($5045). Inpatient stays accounted for the largest proportion, with a mean cost of €2889 ($4283) per year. For patients below 60 years with an admission or intervention, the estimated average productivity loss was €1750 ($2594), leading to a mean indirect cost of €830 ($1230) per patient. The estimated total minimum annual costs per patient were €4230 ($6271). **CONCLUSIONS:** Annual treatment costs in this sample were driven by frequent, extended inpatient stays. This may be due to the more severely diseased patients who are treated in these specialized centers. In the current sample, most patients were of working age, suggesting a substantial amount of indirect costs arising from sick leave.

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MODELLING THE LONG-TERM CLINICAL OUTCOMES OF MEDICAL MANAGEMENT OF PRIMARY OPEN ANGLE GLAUCOMA AND OCULAR HYPERTENSION

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OBJECTIVES: Models have previously focused on short-term costs and effectiveness measured in terms of intraocular (IOP) control. This model will assess the long-term effects of continued medical treatment in terms of glaucoma progression, low vision and quality-of-life. **METHODS:** A cost-utility analysis using a ten-year Markov model of first-line latanoprost, bimatoprost, travoprost or timolol, followed by second / third-line. Transition probabilities for this model were from a systematic review and