stable, responsive to persistent toxin therapy for ≥1 year before and after drug crossover, did not receive other medications that affect neuromuscular transmission, and were not involved in another drug study. Mean per-patient, per-visit and total toxin dose, dosing ratio (Dysport: BOTOX), and frequencies of adverse drug reactions (ADRs) were computed along with break-even drug cost equivalence in 5 of 6 participating sites. **RESULTS:** One hundred fourteen screen-qualified patients (70 cervical dystonia, 44 blepharospasm) were assessed, providing 1,399 injections for evaluation. Ratios of mean dose (units) Dysport: BOTOX ranged from 2:1 to 11:1, with 88% of patients greater than 3:1, regardless of study site or direction of drug cross-over. ADRs were more frequently reported during Dysport treatment (11%) than during BOTOX treatment (4.25%). Drug unit cost equivalence (Dysport to BOTOX) based on local pricing were 2.0:1 for the Czech Republic, 3.91:1 in the UK (Hull and Essex), 4.16:1 in Slovenia, and 5.24:1 in Poland. When observed mean dose ratios were compared to cost equivalent ratios, the proportion of patients that would contribute to cost savings if BOTOX were exclusively utilized is 63%. **CONCLUSION:** BOTOX utilization likely leads to cost savings, based on utilization and current pricing compared to Dysport. When other important considerations such as ADRs are considered, overall savings may be even greater.

PNM18

COST-EFFECTIVENESS OF Z DRUGS (ZOLPIDEM, ZOPICLONE AND ZALEPLON) VERSUS BENZODIAZEPINES FOR THE SHORT—TERM MANAGEMENT OF INSOMNIA: A SYSTEMATIC LITERATURE REVIEW

Boland A, Haycox AR, Dundar Y, Dickson R, Walley T
University of Liverpool, Liverpool, United Kingdom

OBJECTIVES: To carry out a systematic review of the published literature that compares the cost-effectiveness of newer hypnotic drugs (zolpidem, zopiclone and zaleplon) with more established hypnotic drugs (benzodiazepines). The aim of this review was to identify economic evaluations that had been undertaken in the context of high quality randomised controlled trials in order to inform UK NHS decision-making. **METHODS:** The search included a number of strategies. Search terms for electronic databases (MEDLINE, EMBASE, HTA, DARE, NHSEED, OHE-EED, Cochrane Trials Register) included a combination of index terms (e.g. sleep initiation and maintenance disorders or insomnia) and free text words (e.g. insomnia or sleeplessness) combined with specific drug terms (e.g. zaleplon or sonata, zolpidem or stilnoct). Clinical terms were combined with economic terms (e.g. cost or economic). After scanning the abstracts, all papers that appeared to be of potential value to the study were obtained. Using explicit, predetermined criteria, two reviewers independently identified studies for inclusion in the cost-effectiveness review process. Disagreements were resolved through discussion. **RESULTS:** Although a large number of papers (n = 925) was identified by the cost-effectiveness search strategies, only 33 were assessed for inclusion in the review, none of which met the inclusion criteria. No full economic evaluations alongside randomised controlled trials were identified either between or across drug groups. Consequently the results of this literature search did not lead to the identification of any papers for inclusion in the review. **CONCLUSIONS:** The burden of disease associated with insomnia is significant. However, there is a paucity of published economic evidence to support NHS decision-making in this area. It is imperative that economic evaluations alongside randomised clinical trials be conducted in order to build a clinical and economic evidence base to inform decision-making not only in the UK, but also throughout the world.

PNM19

RESOURCE UTILISATION AND COSTS OF PATIENTS WITH SPINAL CORD INJURY (SCI) AFTER INITIAL REHABILITATION

Hieke K[1], Hoser H[2]
[1]NEOS Health AG, Binningen, Switzerland;
[2]Berufsgenossenschaftliche Unfallklinik Hamburg, Germany, Hamburg, Germany

OBJECTIVES: To identify and evaluate resource utilization and related costs of SCI patients after initial rehabilitation. Both direct (devices, modifications of home or workplace) and indirect (lost productivity) costs were included and evaluated. **METHODS:** This was a monocenter, retrospective chart-review study supplemented with phone interviews to collect information on home and workplace modifications. The last 200 consecutive patients from the Berufsgenossenschaftliche Unfallklinik Hamburg, Germany fulfilling in- and exclusion criteria (most importantly: age 18–35, SCI at C6 or below). Endpoints: Ability to work, actual working patterns, need and costs of home and workplace modifications, need, and costs of professional help for ADLs, costs of mobility devices. A societal perspective was adopted. **RESULTS:** Total cost from an societal perspective per person in this study was €32,517 (19% devices, 10% professional help, 22% home modifications, 49% indirect costs) in the first year and is estimated at €19,186 for the following years. This does not include cost for workplace modifications for which no reliable data could be collected. However, it may be reasonable to assume this cost to be in the same order of magnitude as the costs for home modifications. Average yearly transfer payments (rent and social welfare) were estimated at €7301 for each patient. **CONCLUSIONS:** Indirect costs are the major cost driver for SCI-patients, in particular after the first year when initial payments for devices and home modifications are done. Investments to increase the share of working persons with SCI (e.g. by improving mobility and acces-