were 178. The key cost driver for inpatients was daycare (hospitalization, medical and nursing care, therapy). CONCLUSIONS: The annual cost of treating patients with paraplegia in the private health care sector in Greece is high. This study is the first cost study in this disease area and additional studies should be undertaken in order to acquire a more complete picture of the cost of managing disease, in both the private and public health care sectors.

**PND22**

BURLINGTON-OF-L-DOPA-INDUCED DYSPSOSIS PATIENT (PD-LD) IN FRANCE – THE LIDIA STUDY, ECONOMIC ANALYSIS (LEVDOPA INDUCED DYSPSOSIS IMPACT EVALUATION)

Etsokpong P1, Viallat P1, Brefel-Courbon C1, Durfl P1, Ory-Magne F2, Tison F1, Bourdreux P1, Révay C3, Wallini1,2

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OBJECTIVES: PD-LD, a complication of L-Dopa treatment, is associated with inability to perform daily living activities, reduction in quality of life and increase in health care costs. Limited data are currently available on the burden of this disease and the source utilization and economic impact of PD-LD patients from payer and society perspective according to LID severity: mild (mAIMS score <8), moderate (mAIMS [8-12]) and severe (mAIMS ≥12) patients. METHODS: This observational, prospective, longitudinal, multicentre 6-month study was conducted by French neurologists specialized in Parkinson’s disease (PD). PD patients taking L-Dopa for at least 3 years were included, with PD-LD present for more than 3 months and for more than 25% of the time. RESULTS: Thirty-three neurologists included 186 patients (mean 68 years old, 51% women) with mean mAIMS score at 10. PD-LD patients were mainly followed by their neurologists (96%) and general practitioner (GP) (84%) with more non-medical follow-up for severe patients. Almost 60% had at least one biological or radiological examination, only 31% received the GP home visits. All patients received L-Dopa (including 32% long-acting), and 69% dopaminergic agonists. Only 21% had at least one hospitalization. The average home layout and mobility equipment. Most patients (70%) were assisted by a carer (24/week), 43% required external assistance (6h/week). 22% received an allowance. Total costs represent €19,751 (CI: 15,049-27,196) per patient per year in the base case analysis. These societal costs exist of: mean health care costs (€4,458), mean patient and family costs (€ i.e. informal care and out of pocket expenses) (€10,526), direct non-medical costs (i.e. productivity and daily routine losses) (€5,761). Examining the different categories of side-effects separately, ranging from the most to the least expensive category, the cost estimates were as follows: other side-effects (€13,228), behavioural side-effects (€9,454), motor side-effects (€7,454), cognitive side-effects (€7,285) and cosmetic side-effects (€2,845) per patient per year. Subgroup analyses showed significant differences in costs between patients using monotherapy and those using polytherapy (when looking at standard deviation). Familiar costs: These estimates should be considered in the overall assessment of the economic impact of a pharmacotherapy.

**PND23**

HERPES ZOSTER IN EUROPE: A REVIEW OF EVIDENCE DOCUMENTING HUMANISTIC, ECONOMIC AND SOCIETAL BURDEN

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OBJECTIVES: To assess resource utilization and before and after the development of Alzheimer’s disease cognitive impairment (AD) and the economic impact of the first AD diagnosis in the Netherlands from a societal perspective.

**PND24**

SIDE-EFFECTS OF ANTIEPITHELIC DRUGS: THE ECONOMIC BURDEN of Kinderen R.J.A.1,2, Postulart D3, Préaud E.1, Lambert-Obry V2

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OBJECTIVES: Eilepsy is a brain disorder which is characterized by recurrent wild trashing movement or as mild as a brief loss of awareness. To reduce frequency and severity of seizures, antiepileptic drugs are potentially necessary treatment for patients with epilepsy. However, side-effects are common. The negative consequences of side-effects can lead to treatment ranging from minor care to very expensive hospitalization. This cost analysis has been conducted to provide insight into the costs of side-effects due to antiepileptic drugs in The Netherlands from a societal perspective. METHODS: Health care, patient and family and other use of resources for five different categories of side-effects were measured by means of a questionnaire. Respondents were patients with epilepsy who experienced at least one side-effect due to antiepileptic treatment in the last 12 months. RESULTS: Based on data from 203 chronic epilepsy patients, the overall societal costs of common side-effects in 2012 are estimated to be €20,751 (CI: 15,049-27,196) per patient per year in the base case analysis. These societal costs exist of: mean health care costs (€4,458), mean patient and family costs (€ i.e. informal care and out of pocket expenses) (€10,526), direct non-medical costs (i.e. productivity and daily routine losses) (€5,761). Examining the different categories of side-effects separately, ranging from the most to the least expensive category, the cost estimates were as follows: other side-effects (€13,228), behavioural side-effects (€9,454), motor side-effects (€7,454), cognitive side-effects (€7,285) and cosmetic side-effects (€2,845) per patient per year. Subgroup analyses showed significant differences in costs between patients using monotherapy and those using polytherapy (when looking at standard deviation). Familiar costs: These estimates should be considered in the overall assessment of the economic impact of a pharmacotherapy.

**PND25**

HEALTH CARE RESOURCES UTILIZATION IN ALZHEIMER’S DISEASE: AN ANALYSIS WITH THE QUEBEC PROVINCIAL DRUG REIMBURSEMENT PROGRAM DATABASE

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OBJECTIVES: To assess resource utilization and before and after the development of Alzheimer’s disease cognitive impairment (AD) and the economic impact of the first AD diagnosis in the Netherlands from a societal perspective.

**PND26**

COST EFFECTIVENESS OF APOMORPHINE IN THE TREATMENT OF ADVANCED PARKINSON DISEASE IN THE UK AND GERMANY: RESULTS FROM A MULTI-COUNTRY DECISION ANALYTIC MODEL

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Methods: The objective of this study was to assess the cost-effectiveness of apomorphine (APM) compared to levodopa (LDO), and a combination of the two drugs (APM+LDO) in a multi-country setting to reflect the second commonest cause of neurological disability and affected approximately 5.2 million men and women worldwide. Continuous subcutaneous apomorphine (CSAI) represents an alternative treatment option of advanced PD with motor fluctuation. The purpose of this analysis was to estimate the cost-effectiveness of CSAI compared with Levodopa/ carbidopa intestinal gel (LCIG), Deep-Brain-Stimulation (DBS) and Standard-of-care (SOC). METHODS: We developed a multicountry Markov-Model to simulate the long-term consequences, disease progression (Hoehn&Yahr-stages 3-5, percentage of waking-time in the OFF-state), complications and adverse-events. Completions are different for the alternatives (e.g. pump problems in case of LCIG, temporary/ permanent complications in case of DBS). We include moderate and severe adverse events and death. Monte-Carlo-simulation accounted for uncertainty. The model includes 25 health-states. Probabilities were derived from RCT and open-label studies; direct costs (2012) from published sources from the payer’s perspective (NHS and German health care systems). QALYs, life-years (LYs) and costs were projected over a life-time horizon and discounted according the national guidelines. RESULTS: UK- life-time costs associated with CSAI amounts to 70,258 £ and generates 2.85 QALYs and 6.28 LYs (106,530 £, 2.92 QALYs and 6.49 LYs for Germany). Costs associated with LCIG is 117,121 £, achieves 3.06 QALYs and 6.91 LYs (178,405 £, 3.18 QALYs and 7.18 LYs for Germany). The incremental cost-per QALY gained (ICER) was 223,052 £ (281,089 £). Costs for DBS are 88,362 £, 2.62 QALYs and 5.76 LYs were reached (91,588 £ for DBS and 83,864 £ for control group (mean difference of CD$35,500, p<0.001). CONCLUSIONS: ADA significantly increases health care resource costs, including medical resources and medical costs. Costs generated by AD patients cumulate over time leading to a major difference in long-term costs compared to non-AD patients.