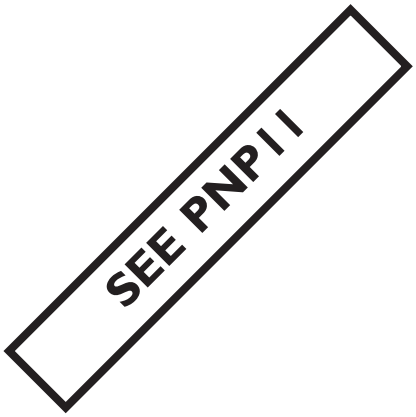
aspects. The purpose of the study was to evaluate the QOL in 223 patients (age 18–70 years old) with SLE and to estimate the cost-effectiveness of the optimization of treatment (OT). **METHODS:** After appropriate investigation, patients received the optimized treatment with adequate carbamazepine or valproate monotherapy. (Previously 139 patients were on inadequate treatment with low-dose polytherapy, 84 patients were untreated). Frequency, severity (NHS3 scale, M.F. Donoghue et al., 1996) of seizures and QOL (QOLIE-31 scale, J. Cramer 1998) were analyzed as effectiveness parameters before and 1 year after the OT. **RESULTS:** After OT complete control of seizures (CCS) was achieved in 122 patients (54.7%). Before OT the significant ($p < 0,01$) negative correlation was found between the QOLIE-31 overall score (OS) and the duration of disease ($r = -0,34$), severity ($r = -0,33$) and frequency of seizure. In patients with CCS the improvement of QOL was the most significant. QOL in patients with remaining rare seizures was significantly lower than in CCS group. Clinical efficacy/tolerability, QOL improvement, cost-effectiveness parameters were similar on carbamazepine or valproate, that supports the use of valproate as adequate first-line drugs in patients with SLE. In patients with initial inadequate polytherapy the cost of 100% remission (CCS) after OT (valproate monotherapy) was 125 USD per year. **CONCLUSIONS:** Duration of epilepsy, severity, frequency of seizures have the main impact on QOL. Complete control of seizures is essential for improvement of QOL. Results of pharmacoeconomical analysis support the necessity of OT in epilepsy patients.

PNP14



PNP15

EVALUATION OF THE RELATIONSHIP BETWEEN EPILEPSY SEVERITY AND UTILITY

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OBJECTIVES: Epilepsy has a significant impact on the patient, with higher frequency of seizures being associated with lower quality of life. The association between utility and epilepsy clinical status is less well defined. In this analysis, we present utility values that were collected during a prospective study of patients with intractable epilepsy and describe the association between utility scores and clinical status. **METHODS:** One hundred twenty-five patients with intractable epilepsy were recruited at a tertiary referral centre in London, UK. At recruitment, each patient was about to start treatment with a new adjunctive anti-epileptic drug (AEDs). Patients were interviewed at baseline, three months and six months. At each visit patients completed a semi-structured interview, the National Hospital seizure severity and frequency scale and the EuroQol EQ-5D. Results are presented for both the EQ-5D tariff and VAS (visual analogue) scores. Clinical response was determined as a 50% or greater reduction in baseline median seizure frequency. **RESULTS:** At baseline, mean EQ utility score was 0.850, (VAS = 65.08). Mean values were lower in patients with higher seizure frequency, with utility scores of 0.798, 0.902 and 0.934 in patients with >10, 2–9 and ≤1 seizure per month, respectively. VAS scores were 62.85, 66.96 and 70.71 for these groups. At 6 months, 20/125 patients had become seizure-free, with a mean utility value of 0.923 (VAS = 77.63), compared with 0.824 (VAS = 66.56) in patients who did not achieve a

50% reduction in seizures. The mean utility value of patients who prematurely discontinued treatment (n = 50) was 0.846 (VAS = 64.89). **CONCLUSIONS:** More frequent epilepsy seizures were associated with lower utility values in this prospective study of patients with active epilepsy. In addition, patients who became seizure-free on treatment reported higher utility gains than those who failed to respond. Better seizure control may result in utility gains in epilepsy patients.

NEUROLOGICAL DIESEASES/DISORDERS & PAIN—Healthcare Policy

PNP16

MEDICATION USE IN PATIENTS WITH LOW BACK PAIN: DATA FROM MANAGED CARE

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OBJECTIVES: Low back pain is a serious problem that results in lost time from work and reduced quality of life. The annual cost of low back pain in the United States is estimated to be billions of dollars. The primary objective of this study was to characterize the most commonly used drug therapies for treatment of low back pain in a managed care organization (MCO). **METHODS:** We performed a retrospective analysis on enrollment, medical, and pharmacy claims data from 19 discounted, fee-for-service, independent practice association model plans affiliated with a large MCO. Commercial members with a claim for low back pain identified by appropriate ICD-9 codes during a specified 6-month period were included for analysis. Results were stratified based on the following treatment patterns: new treatment, ongoing treatment, and no treatment. **RESULTS:** About half of the 96,024 diagnosed patients did not fill a prescription, and the new and ongoing treatment groups were about evenly split. Mean age was 42 years, with 46.7% male. About half of subjects received >1 drug. In both the new and ongoing groups hydrocodone/acetaminophen was the most common pain medication for both groups, prescribed in 27.7% and 41.2% of cases, respectively. Naproxen was the second most prescribed drug for newly treated patients (25.8%) and cyclopbenzaprine (21%) the second most prescribed drug in the ongoing group. Oxycodone/acetaminophen was used in 7.6% of the newly treated patients and in 13% of the ongoing group. Oxycodone was used in 8.1% of the ongoing group, but was not among the top 20 drugs prescribed in the newly treated group. **CONCLUSIONS:** We observed titration in treatment for pain in the ongoing users who switched to more potent, long-acting medications to control their low back pain. The increased utilization of narcotic analgesics could have significant quality of care, productivity, disability, and cost implications.

PNP17

COMPLIANCE OF TWO TREATMENTS OF ALZHEIMER'S DISEASE

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OBJECTIVE: Compliance with Alzheimer's Disease (AD) medication is an important determinant of their effectiveness. This study tests whether differences in compliance were observed with two AD medications that have different administration schedules (od versus bid). **METHOD:** Data for first-time users of donepezil and rivastigmine between October 1, 2000 and March 31, 2002 were extracted from the Quebec Health Insurance Board database. Two cohorts were identified: rivastigmine and donepezil. Information on sex, age and compliance was gathered at 3, 6, 9 and 12 month following their first prescription. Compliance was measured by using the total number of days covered by patients' prescriptions within the 3, 6, 9 or 12 month period. If patients consumed at least 80% of their medication they were assumed to be compliant. Statistical difference at 95% between the proportions in each group was assessed. **RESULTS:** A total of 6267 patients (69% of women) with a mean age of 78.6 in the donepezil cohort and 773 (48% of women) with a mean age of 77.3 in the rivastigmine group were identified. At month 3, no statistical difference (CI: –0.82–0.88) in compliance between donepezil (77.6%) and rivastigmine (74.6%) was detected. The same conclusion was reached for the analysis at month 6, 9 and 12. Of note, a large decrease in the compliance in both groups was observed from month 3 to month 12. However, the trend is very similar in both groups. **CONCLUSION:** No statistically significant difference in compliance was observed between patients on rivastigmine and donepezil. Furthermore, no difference in the compliance trend (from month 3 to 12) in both groups was observed. Finally, compliance with AD medication did not seem to differ depending of the administration schedules (od versus bid).

PNP18

FORMULARY DECISION SUPPORT FOR INTERFERON-BETA-1A USING ANALYSIS OF CARE-SEEKING BEHAVIOR FOR MULTIPLE SCLEROSIS

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OBJECTIVE: To estimate the incremental pharmacy PMPM change according to various formulary designs for interferon-beta-1a using administrative claims data **METHODS:** Cross-sectional sex- and age-specific disease prevalence and treatment rates for multiple sclerosis (MS) patients were measured using integrated medical and pharmacy claims data from a 508,066-member employer