prophylaxis with fondaparinux is cost-effective was addressed in this study. METHODS: A decision analytic model was developed to compare a four-week fondaparinux regimen with a one-week regimen. Clinical input parameters were derived from clinical trials and other published sources. Cost data for Swiss university hospitals were obtained from the single service tariffs database (Tarmed), the Swiss Drugs Compendium and the diagnosis related groups database (AP-DRG) and were expressed in 2004 Swiss francs (CHF). The model simulates a cohort of HFS and THR patients over 30 days and 5 years. Outcomes were measured in life-years gained (LYG). Future costs and outcomes were discounted with an annual rate of four percent. RESULTS: In a hypothetical cohort of 1000 HFS patients, extended prophylaxis avoids 10 fatal events and 9 VTEs over a time horizon of 30 days. The corresponding ICER is CHF2801 per LYG. With a lower baseline risk for VTE in THR patients, extended fondaparinux prophylaxis prevents one fatal event in 1000 patients over a time horizon of 30 days, yielding an ICER of CHF220,294 per LYG. After five years, extended prophylaxis is cost saving in both HFS and THR patients. The model results were robust to variations of major clinical and cost parameters. CONCLUSIONS: Extended prophylaxis with fondaparinux in THR and HFS patients is cost-effective from a Swiss health care perspective using a time horizon of 30 days. With a longer time horizon of five years, extended prophylaxis with fondaparinux is cost-saving.

PCV90
COST EFFECTIVENESS OF FONDAPARINUX COMPARED WITH ENOXAPARIN FOR EXTENDED PROPHYLAXIS AGAINST VENOUS THROMBOEMBOLISM IN PATIENTS UNDERGOING HIP FRACTURE SURGERY USING DUTCH ESTIMATES OF COSTS
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OBJECTIVE: To determine the cost-effectiveness of fondaparinux compared with enoxaparin for extended prophylaxis against venous thromboembolism in patients undergoing hip fracture surgery using Dutch estimates of costs. METHODS: Costs and effects are modeled using a cohort simulation model. Short-term transition probabilities (until day 30) are obtained from a separate costing study concerning bleedings and symptomatic events. Outcome measures are rates of symptomatic thromboembolic events, deaths avoided and health care costs. Costs were in 2004 values. “Confidence intervals” (CI) were obtained by probabilistic sensitivity analysis. RESULTS: At one year extending prophylaxis with fondaparinux after major orthopaedic surgery from 7 to 22 days was estimated to prevent 343 symptomatic venous thromboembolic events (per 10,000 patients) (95% CI:283–391). The additional cost (per patient) of extending the prophylactic period is estimated at £164 (£117–£212) in the UK and at £666 in The Netherlands. The number of deaths avoided (per 10,000 patients) is estimated at 138 (89–192). Costs per symptomatic VTE avoided are estimated at £4,788 (£3,528–£6,906) in the UK and at £1915 (£392–£4021) in The Netherlands. Costs per death avoided are estimated at £11,932 (£7,220–£20,480) and £4773 (£892–£11,629). When assuming the average survival after surgery at 6 years, costs per life year gained are estimated at under £3,000 for the UK and at under £900 for The Netherlands. CONCLUSION: Our estimates indicate that extending the prophylaxis with fondaparinux from 7 to 21 days has an acceptable balance between cost and outcomes both in the UK and The Netherlands.

PCV91
COST EFFECTIVENESS OF EXTENDED PROPHYLAXIS WITH FONDAPARINUX TO PREVENT VENOUS THROMBOEMBOLISM IN PATIENTS UNDERGOING HIP FRACTURE SURGERY USING UK AND DUTCH ESTIMATES OF COSTS
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OBJECTIVE: To determine the cost effectiveness of extended prophylaxis with fondaparinux to prevent venous thromboembolism in patients undergoing hip fracture surgery compared to short term using UK and Dutch estimates of costs. METHODS: Costs and effects are modeled using a cohort simulation model. Short term transition probabilities (until day 30) are obtained from placebo controlled trials. Long term probabilities are obtained from the literature. UK resource use and costs were obtained from a published analysis concerning short term prophylaxis. Dutch resource use and costs were estimated in a separate costing study concerning bleedings and symptomatic events. Outcome measures are rates of symptomatic thromboembolic events, deaths avoided and health care costs. Costs were in 2004 values. “Confidence intervals” (CI) were obtained by probabilistic sensitivity analysis. RESULTS: At one year extending prophylaxis with fondaparinux after major orthopaedic surgery from 7 to 22 days was estimated to prevent 343 symptomatic venous thromboembolic events (per 10,000 patients) (95% CI:283–391). The additional cost (per patient) of extending the prophylactic period is estimated at £164 (£117–£212) in the UK and at £666 in The Netherlands. The number of deaths avoided (per 10,000 patients) is estimated at 138 (89–192). Costs per symptomatic VTE avoided are estimated at £4,788 (£3,528–£6,906) in the UK and at £1915 (£392–£4021) in The Netherlands. Costs per death avoided are estimated at £11,932 (£7,220–£20,480) and £4773 (£892–£11,629). When assuming the average survival after surgery at 6 years, costs per life year gained are estimated at under £3,000 for the UK and at under £900 for The Netherlands. CONCLUSION: Our estimates indicate that extending the prophylaxis with fondaparinux from 7 to 21 days has an acceptable balance between cost and outcomes both in the UK and The Netherlands.

PCV92
HEALTH RELATED QUALITY OF LIFE (QOL) IN PATIENTS RECEIVING VITAMIN K ANTAGONISTS (VKA): A STUDY USING EQ-5D QUESTIONNAIRE
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Oral anticoagulation is indicated for a number of conditions, including prevention of systemic embolism in patients with mechanical heart valves, valvular heart disease, myocardial infarction and atrial fibrillation. VKA are frequently prescribed as long term treatment. Due to the features of treatment, VKA have the potential to cause dissatisfaction and reduce QoL. OBJECTIVES: To assess Health-Related Quality of life (HRQOL) in patients receiving VKA comparing their health status with matched controls. METHODS: Ninety-two consecutive patients receiving VKA (53 male; age range 37–81 years) were enrolled among those followed by our anticoagulation clinic. The more frequent indications for VKA treatment were atrial fibrillation and venous thromboembolism. Each patient was matched by age and sex with one control from a database of a population based naturalistic prospective survey. The EuroQoL, completed during the enrolment visit, was used to evaluate HRQOL. To evaluate differences in the five dimensions.
between the two groups was used Chi Square Test. To evaluate differences in EQ VAS was used both Paired sample T test and a regression analysis using bootstrap estimated of standard error.

RESULTS: No statistically significant differences were reported in all dimensions between the two groups: mobility (P = 1.000), self-care (P = 0.064), usual activities (P = 0.213), pain/discomfort (P = 0.213) and anxiety/depression (P = 0.512). The figures obtained using VAS to assess the global health status was: 72.8 (SD, ± 19.7) in patients treated with VKA and 73.9 (SD, ± 16.0) in matched controls; this difference was not statistically significant (P = 0.708 Paired sample T); also bootstrap confident intervals indicated that there was no statistically significant differences between the two groups. CONCLUSIONS: Even if it is conceivable that different settings would give different results, our study show that in patients on oral anticoagulant treatment the overall perception of health status was not significantly different from that of matched controls.

ENDOCRINE DISORDERS

LONG-TERM QUALITY OF LIFE (QOL) OUTCOMES IN THE TREATMENT OF ADULTS WITH GROWTH HORMONE DEFICIENCY (GHD)—A 5 YEAR STUDY

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Although the beneficial effect of growth hormone replacement on QoL in adults with GHD is well recognized, the long-term effect of this therapy on QoL remains uncertain. OBJECTIVES: To determine the effect of long term GH replacement on QoL in patients compared with country-specific normative data for the general population (GP). METHODS: QoL was measured using Quality of Life Assessment for Growth Hormone Deficiency in Adults (QoL-AGHDA) in patients and GP in Sweden and England & Wales (E&W). QoL-AGHDA is a 25-item questionnaire that elicits yes/no responses that are used to compute a summary score. GP data were obtained from 1682 randomly selected individuals from Sweden and 892 from E&W. These data were compared with KIMS (Pfizer International Metabolic Database) data for 121 patients from Sweden and 77 from E&W with 5 years of complete follow-up. Age-range was 20–79 years. Linear regression methods were used to estimate age- and gender-adjusted differences between patients and the GP at one-year intervals. The significance level was set at 5%. RESULTS: The (adjusted to age 50) mean QoL-AGHDA score at baseline were 8.21 and 15.2 (SEM 0.44 and 0.68) for the Swedish and E&W patients, respectively. For the GP samples the corresponding mean scores were 3.80 and 6.6 (SEM 0.12 and 0.20). The mean difference between patient scores at baseline and GP scores were −4.4 for Sweden and −8.6 for E&W (p < 0.0001). However, these differences reduced markedly over the first year of treatment and were subsequently maintained at statistically non-significant differences compared to the general populations. CONCLUSIONS: This study shows that adults with GHD who receive long-term GH replacement benefit most with respect to QoL during the first 12 months of therapy and that this improvement was maintained at levels close to normalization in QoL over 5 years of follow up.

A PROSPECTIVE REAL-LIFE STUDY OF QUALITY OF LIFE IN PATIENTS WITH ACROMEGALY

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OBJECTIVES: To evaluate the impact of acromegaly on health-related quality of life (HRQOL) in European patients treated with Sandostatin® LAR®. The secondary objectives were to investigate the correlation between HRQOL and subpopulations based on exploratory variables [sociodemographic and disease-