CONCLUSIONS: Given that ChHD affects almost one in five MCO members, its negative impact on members’ QoL, work and activity impairment measures is significant and should be considered by MCOs and employers.

THE NEGATIVE IMPACT OF PSORIASIS ON WORK PRODUCTIVITY

Pace DJ, Kulkarni AS, Wallace K, Feldman SR, Balkrishnan R
1Wake Forest University School of Medicine, Winston-Salem, NC, USA; 2Ohio State University, Columbus, OH, USA; 3Abbott Laboratories, Abbott Park, IL, USA

OBJECTIVE: Psoriasis is a common disease with profound impact on many facets of life; there is physical impairment as well as reductions in quality of life defined by psychological, social, sexual and financial parameters. Work productivity, another important component of patients’ overall well-being, has also been reported to be impacted by psoriasis. The objective of this study was to determine whether there exists a relationship between clinical severity of psoriasis and work productivity.

METHODS: To quantify the impact of psoriasis on work productivity, 90 patients were surveyed in a clinic setting. Three severity groups were created based on Psoriasis Area and Severity Index (PASI) scores: mild <10, moderate = 10–20, and severe >20. Work impairment was measured using the Work Productivity Assessment Index (WPAI); physical and mental health statuses were assessed using the SF-8; Anxiety/Depression was assessed using the HADS; other health and employment information were also collected. RESULTS: One-third of all subjects were unemployed at the time of the study with 16.7% of these subjects (5.5% of all 90 subjects) reporting that they were unemployed because of their psoriasis. A greater percentage of patients in the moderate and severe groups attributed their unemployment to psoriasis (33% for each), compared with the mild group (9.5%). There was a trend toward increasing impairment while at work with increasing psoriasis severity (severe 24.4%, moderate 17.7% and mild 13.5%). With respect to the percent with activity impairment, there was a statistically significant difference between the severe group (42%) and the mild group (20.2%) [all p < 0.05]. CONCLUSIONS: Psoriasis is associated with work productivity impairment, and the degree of work impact, missed work, physical and mental health condition and anxiety/depression status tends to be greater in patients with more severe skin involvement. These findings support the need for aggressive but appropriate treatment of moderate-to-severe psoriasis.

SMOKING

DEVELOPING MARKOV-MODEL INCLUDING TOBACCO-ASSOCIATED DISEASES TO EVALUATE SMOKING CESSATION THERAPY IN JAPAN

Igarashi A, Takuma H, Fukuda T, Tsutani K
Tokyo University, Bunkyo, Tokyo, Japan

Up to now, there are few economic analyses which construct models taking account of tobacco-associated diseases in Japan.

OBJECTIVES: To develop Markov-model, including various tobacco-associated diseases to evaluate effects of nicotine-replacement therapy (NRT) and smoking cessation guidance therapy. METHODS: To identify various tobacco-associated diseases and markov transition probabilities, we organized a committee including expert physicians. With expert interview, we developed a Markov-model. RESULTS: We identified 19 tobacco-associated diseases as major results of smoking, according to “Health Risk Appraisal”. The 19 diseases are as follows: 10 cancers—opharynx, larynx, esophageal, gastric, colorectal, prostate, lung, bladder, cervix, renal; 4 cardiovascular diseases—hypertensive disease, ischemic heart disease, aneurysm and apoplexy; and 5 other diseases—pneumonia, chronic bronchitis, asthma, gastric ulcer and cirrhosis. Tobacco is thought to increase incidence rate of those 19 diseases. We constructed four node Markov model, “Success (of smoking cessation)” “Failure” “Death” and “Sick”. “Sick” node consists of 19 diseases. We also considered a combination of major diseases. In order to avoid many branches, we settled the transition probabilities of diseases as a cumulative function of incidence of each disease. The main assumptions are as follows: 1) Only one disease occurs during each cycle; 2) The risk of each disease increases as cumulative tobacco consumption increases; and 3) Smoking affects the incidence rate of the 19 diseases but does not affect mortality rate from those diseases. One cycle in Markov chain is set to 5 year. For future cost-effectiveness analysis of smoking cessation therapy, we set cost as well as transition probability on each branch. CONCLUSIONS: We developed Markov-model, including various tobacco-associated disease. In the future, we will take cost-effectiveness analysis to evaluate smoking cessation therapy using this model.
To assess the cost-effectiveness of 18-month treatment with clopidogrel versus aspirin in high-risk patients with a recent history of Ischemic Stroke (IS) or Transient Ischemic Attack (TIA) in four European countries: Belgium, France, Switzerland, and UK. METHODS: We developed a Markov model based on patients with IS or TIA in the previous 90 days (median 15 days) who were treated with clopidogrel in the MATCH trial and followed prospectively for the occurrence of recurrent IS or TIA, myocardial infarction (MI), other cardiovascular death, life threatening bleeding, or major bleeding. The event rates for IS and TIA patients treated with aspirin were derived from a Cochrane review comparing clopidogrel and aspirin by using a relative risk increase (RRI) of 1.11 for serious vascular events (all strokes, MI, cardiovascular deaths). For major bleedings with aspirin vs. clopidogrel, we used a RRI of 1.12 (CAPRIE trial). Death rates for other causes were country specific and adjusted for this population. Lifetime perspective was chosen and discount rates were applied according to the local guidelines. RESULTS: Eighteen-month treatment with clopidogrel compared to aspirin was associated with a gain in quality adjusted life years (QALY) ranging from 31 years/1000 patients in the UK to 36 years/1000 patients in Belgium. The incremental cost per patient varied from 487€ in UK to 724€ in Belgium and the cost per QALY was 20,111€ in Belgium, 18,882€ in France, 15,620€ in Switzerland, and 15,713€ in UK. Sensitivity analyses showed that all results were robust under various assumptions. CONCLUSION: Consistent results are found across the four countries with incremental cost-effectiveness ratio below the acceptable thresholds, demonstrating that clopidogrel compared to aspirin is always cost-effective in the studied population.

**STROKE**

**PSR1**

**COST-EFFECTIVENESS OF CLOPIDOGREL VERSUS ASPIRIN IN THE PREVENTION OF ISCHEMIC EVENTS IN STROKE AND TIA PATIENTS: A FOUR-EUROPEAN COUNTRY ANALYSIS**

Palmer AJ1, Roze S2, Hankey G3, Hakimi Z4, Spiesser J5, Carita P6, Gabriel S7

1CORE-Center for Outcomes Research, Binningen, Basel, Switzerland; 2Royal Perth Hospital, Perth, Australia; 3Sanofi-Aventis, Bagneux, France

OBJECTIVES: To assess the cost-effectiveness of 18-month treatment with clopidogrel versus aspirin in high-risk patients with a recent history of Ischemic Stroke (IS) or Transient Ischemic Attack (TIA) in four European countries: Belgium, France, Switzerland, and UK. METHODS: We developed a Markov model based on patients with IS or TIA in the previous 90 days (median 15 days) who were treated with clopidogrel in the MATCH trial and followed prospectively for the occurrence of recurrent IS or TIA, myocardial infarction (MI), other cardiovascular death, life threatening bleeding, or major bleeding. The event rates for IS and TIA patients treated with aspirin were derived from a Cochrane review comparing clopidogrel and aspirin by using a relative risk increase (RRI) of 1.11 for serious vascular events (all strokes, MI, cardiovascular deaths). For major bleedings with aspirin vs. clopidogrel, we used a RRI of 1.12 (CAPRIE trial). Death rates for other causes were country specific and adjusted for this population. Lifetime perspective was chosen and discount rates were applied according to the local guidelines. RESULTS: Eighteen-month treatment with clopidogrel compared to aspirin was associated with a gain in quality adjusted life years (QALY) ranging from 31 years/1000 patients in the UK to 36 years/1000 patients in Belgium. The incremental cost per patient varied from 487€ in UK to 724€ in Belgium and the cost per QALY was 20,111€ in Belgium, 18,882€ in France, 15,620€ in Switzerland, and 15,713€ in UK. Sensitivity analyses showed that all results were robust under various assumptions. CONCLUSION: Consistent results are found across the four countries with incremental cost-effectiveness ratio below the acceptable thresholds, demonstrating that clopidogrel compared to aspirin is always cost-effective in the studied population.