RESULTS: The average VAS value at baseline was 0.65 (SD = 0.19), 0.83 (SD = 0.14) at the end of the study and the average change score from baseline to end of study for the VAS was 0.17 (SD = 0.20). The differences between the VAS value and the derived preferences ranged from –0.07 to 0.02 at baseline. Three of the five 95% confidence intervals (CIs) for the difference between derived preferences and VAS values at baseline included zero. At the end of the study the mean of the VAS was higher than the means for all of the derived preference methods. The difference between the averages for the VAS and the derived preferences ranged from 0.01 to 0.11 and only one of the 95% CIs for the difference included zero. The change scores for the VAS preferences were greater than the derived preferences (Differences from 0.07 to 0.13). None of the 95% CIs for the difference in change scores between VAS preferences and derived preferences crosses zero.

CONCLUSIONS: The derivation methods produce valid and responsive measures of patient preference. However, the derived preference values differ from each other and directly elicited preference values. Differences in the distributions of the directly elicited and derived preferences will affect inferences and can lead to differing conclusions in a cost-utility analysis.

across countries, resource data from all 10 countries were pooled and valued using German and French unit prices to estimate the CAP-related cost to the German Sickness Funds and French public healthcare sector.

RESULTS: Compared to AMC ± CLA, treatment with MXF resulted in 5.3% more patients having clinical cure 5–7 days post-therapy (95% CI –0.1%, 12.3%), a statistically significant faster response (return to apyrexia 1 day sooner), and reduction in LOS by 0.81 days within the 21-day period. Treatment with MXF resulted in per patient savings of €266 (Germany) and €381 (France) compared to AMC ± CLA, primarily due to a shorter LOS. Sensitivity analyses found these results to be robust to several costing scenarios. Using bootstrap analysis of the trial data, the probability of MXF being cost saving in both countries was estimated to be 95% or greater, while the probability of MXF being cost-effective was commensurately higher for acceptability thresholds up to €2,000 per additional patient cured.

CONCLUSION: MXF shows clinical benefits and is less costly versus AMC ± CLA in the treatment of CAP. Treatment with MXF is likely to result in cost savings to the German and French public healthcare systems.

AR3

MOXIFLOXACIN IV/PO MONOTHERAPY IS COST-EFFECTIVE TO THE GERMAN AND FRENCH HEALTHCARE SYSTEMS WHEN COMPARED TO IV/PO AMOXICILLIN/CLAVULANATE ± CLARITHROMYCIN IN THE TREATMENT OF COMMUNITY-ACQUIRED PNEUMONIA

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OBJECTIVE: To conduct a cost-effectiveness analysis, from the perspectives of the German and French healthcare systems, of sequential IV/PO moxifloxacin (MXF) monotherapy versus standard comparators in hospitalized patients with community-acquired pneumonia (CAP) requiring parenteral treatment.

METHODS: Costs and consequences over 21 days were evaluated based on clinical cure rates 5–7 days post-treatment and resource use reported for the intention-to-treat population of the TARGET multinational, prospective, randomized, open-label trial. This trial compared sequential IV/PO MXF (400 mg OD) to IV/PO amoxicillin/clavulanate (AMC) (1.2 g IV/625 mg PO TID) ± clarithromycin (CLA) (500 mg BID) for 7–14 days in CAP patients. Since the treatment effect on resource use (hospital length of stay [LOS]) was similar

AR4

PSYCHOMETRIC PROPERTIES OF THE ACUTE BRONCHITIS SYMPTOM SEVERITY SCALE IN AN INTERNATIONAL SAMPLE

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OBJECTIVES: To evaluate the psychometric characteristics of the Acute Bronchitis Symptom Severity (ABSS) Scale, a new 7-item bronchitis-specific instrument designed to measure outcomes in chronic bronchitis (CB) patients.

METHODS: Data were obtained from the screening phase of an international clinical trial comparing the effectiveness of moxifloxacin to a standard oral antibiotic treatment in treating an acute exacerbation of CB. Subjects had a primary diagnosis of CB (having presented with ≥2 episodes of exacerbation in the preceding year, $FEV_1 < 85\%$ of predicted value, and history of smoking), but were not currently experiencing an acute exacerbation. Patients from 19 countries completed the ABSS (14 languages) for 8 consecutive evenings. Psychometric characteristics evaluated were item performance, internal consistency reliability (Cronbach's alpha), day-to-day reproducibility (intraclass correlation coefficient (ICC)), construct validity (based on correlation with the St. George's Respiratory Questionnaire (SGRQ)), and discriminant validity (based on stratification by pulmonary function (FEV_1 % predicted)).

RESULTS: 1935 patients were enrolled. Mean age was 63.4 years (± 9.7) and 68% were male. Mean CB duration was 11.7 (± 9.6) years, with a mean of 2.9 (± 1.3)