mented relapse, 3 additional for relapse requiring IV corticosteroids, and 7 hospitalization). Standard costs were assigned as follows: m ($1000/cycle); IV corticosteroids used to treat relapses ($1250/occurrence); antibiotics used to treat infections ($300/occurrence); hospitalizations ($1850/day); physician visits ($100/occurrence); wages ($160/day).

RESULTS: A cost-minimization analysis was done and the cost per patient per year was found to be as follows: m therapy (m = $4000, p = $0); IV corticosteroid therapy (m = $250, p = $750); antibiotic therapy (m = $96, p = $39); hospitalization (m = $1850, p = $3145); physician visits (m = $40, p = $100); lost wages (m = $448, p = $989). The total annual cost per patient was $6684 in the m group and $5023 in the p group. The annual cost of m ($4000) was substantially offset by a reduction in other costs associated with p for a total annual incremental m cost of $1661. CONCLUSIONS: MS is a chronic, debilitating disease associated with considerable costs. Pharmacoeconomic analyses suggest that m compares favorably with other disease-modifying therapies for MS. Additional data will be presented using remaining direct and indirect cost drivers. The results of cost-effectiveness analyses incorporating patient outcome measures will also be presented.

MIGRAINE IN FRANCE IN 2000: THERAPEUTICAL DATA
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OBJECTIVE: GRIM 200 is an epidemiology survey on migraine that was performed in France in 2000, ten years after the first one (GRIM). The goal of this study was to estimate the evolution of epidemiological data since ten years, and to assess the impact of triptans on the disease management and social repercussions of migraine.

METHODS: The survey was carried out by I.S.I.L, a national institute, on a representative sample of 10,585 subjects in France aged 15 years and older according to the quota method. There were 2 successive home interviews. Persons suffering from headache were selected during the first interview, or screening. They were then contacted for a second interview with a validated questionnaire for diagnosis of migraine. This questionnaire was the same used in 1989 with supplementary questions concerning triptans. RESULTS: We found a 8.2% prevalence of certain migraines (1-1 and 1-2 IHS) and a 17.3% prevalence of certain migraines and migraine disorder (1-7 IHS). Only 5.65% of headache sufferers (n = 1486) were treated by triptans. Of the 5.65% of patients using triptans, we found 4.23% were migraine sufferers, 0.2% had tension-type headache and 1.2% had chronic daily headache. We found that 2.96% of the general population were chronic daily headache patients (n = 152). Of these, 18 patients were triptans abusers (11.8%). CONCLUSION: This study confirmed that triptans use by migraine patients is very low in France in general population. Overuse of triptans seems to be low in comparison with other drugs.

PPN21

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