whether this significant relation is still present after receiving treatment. If this relation is absent potential mechanisms (e.g. coping style) that could explain discrepancies will be investigated.

GI DISEASE

OBJECTIVES: To model the 1-year cost-utility of rabeprazole and esomeprazole “on demand” (prn) treatment for symptomatic gastro oesophageal reflux disease from the perspective of the UK National Health Service. METHODS: Data relating to treatment discontinuation due to inadequate heartburn control were extracted from two clinical trials; one comparing rabeprazole 10mg with placebo prn and the other comparing esomeprazole 20mg, 40mg and placebo prn. Survival data (proportion of patients continuing therapy) were fitted to Weibull functions, and adjusted for comparability according to placebo data. Data from the trials on drug intake, use of antacids as rescue medication and severity of heartburn symptoms were also used for the analysis. Health care resource utilization included annual frequency of general practitioner and gastroenterologist consultation and of upper GI endoscopy, annual number of drug prescriptions and pharmacy dispensing fees. These were priced according to the latest NHS costs. Health state utilities were derived from a study that assessed EQ-5D utilities in 1003 patients with GERD, and related utility scores to duration and severity of symptoms. A probabilistic model was employed that sampled from Weibull distributions for survival time, assigned Poisson distributions to annual number of events, Beta distributions to utilities and Dirichlet distribution to severity of heartburn. RESULTS: The mean total costs of therapy with rabeprazole 10mg, esomeprazole 20mg and 40mg were £93, £103, and £121, respectively. The associated utility scores were, respectively, 0.866, 0.861 and 0.860. CONCLUSIONS: For non-erosive reflux oesophagitis, treatment with rabeprazole 10mg prn is less expensive than with either 20mg or 40mg esomeprazole prn. All three alternatives are comparable in terms of their effectiveness.

A COST CONSEQUENCE ANALYSIS OF A NEW ENDOSCOPIC, INJECTABLE TREATMENT AND EXISTING INTERVENTIONS IN GASTRO-OESOPHAGEAL REFLUX DISEASE

Boler A1, Wenk-Lang A2, Howard P3
1Heron Evidence Development, Letchworth, Hertfordshire, United Kingdom; 2Boston Scientific International, La Garenne Colombe, France

OBJECTIVES: To compare the costs and consequences of Enteryx with Laparoscopic Nissen Fundoplication (LNF) and pharmacological therapy (PPIs) in patients with Gastro-Oesophageal Reflux Disease (GORD). The Enteryx Procedure is a new endoscopically injected polymer-based treatment for GORD. METHODS: A decision analytical approach was taken to model the ability of the three interventions to successfully treat patients with GORD. The model time horizon was one year with an additional 5-year long-term perspective. The clinical outcomes and the resource consumption data for PPIs were derived from the literature. A multicentre clinical study of Enteryx provided the clinical outcomes for Enteryx. Treatment outcomes following LNF were sourced from the literature. Experienced UK experts provided resource consumption data for the Enteryx procedure and LNF. Patients on pharmacological treatment (PPIs) with relapse followed the recommended route of moving to higher dose therapy for eight weeks and if still not responding received a further eight weeks followed by an endoscopy. RESULTS: At 1-year average costs per patient were lower with Enteryx (£2683) than with LNF (£4718). The cost of PPI treatment at 1 year amounted to £394 for all patients and to £691 for patients needing a higher dose of treatment. At 5 years, Enteryx patients had a lower cost of £3004 per patient compared to LNF (£4769) and high dose PPI users (£3457). The average cost for all PPI users at 5 years was £1970. CONCLUSIONS: For those patients suitable for surgery, Enteryx provides a less expensive option than LNF largely due to the reduced hospitalisation and procedure costs. Due to the recurrent nature of PPI treatment and cost, Enteryx is a cost saving therapy in the long-term compared to pharmacological therapy, especially for patients on high maintenance dose.

COSTS OF GASTROENTERITIS IN THE NETHERLANDS

van den Brandhof WE1, De Wit GA1, de Wit MAS2, van Duijnhoven YTHP1
1National Institute of Public Health, Bilthoven, Netherlands; 2National Institute of Public Health and the Environment, Bilthoven, Netherlands

OBJECTIVES: To estimate the cost of illness and the disease burden, in terms of disability adjusted life years (DALYs), for gastroenteritis in the Netherlands in 1999. METHODS: The study population consisted of a community-based prospective cohort study on gastroenteritis, with a nested case-control study, in cooperation with the Dutch sentinel general practice network. Cases with gastroenteritis identified in the cohorts were requested to submit stool samples, complete a questionnaire on risk factors and complete a medical diary for four weeks. In this diary, cases reported daily about symptoms, absence from work or school, use of medication and use of health services, such as GP and hospital services. Health services use and productivity losses were valued according to