the IPSS score was respectively 14.3 (6.6) and 11.9 (5.7) upon patient inclusion and after 6 months. The noted difference is statistically significant (p < 0.0001). CONCLUSION: Patients suffering from a recently diagnosed BPH and treated with Serenoa Repens thus showed a statistically significant improvement as demonstrated by the IPSS score.

APPLYING CONJOINT ANALYSIS TO THE VALUATION OF OVERACTIVE BLADDER DRUG-EFFICACY VARIABLES AND SIDE EFFECTS

Brown MC1, Rohr C2, Sheldon R3
1Pfizer Limited, Sandwich, Kent, United Kingdom; 2RAND Europe, Cambridge, United Kingdom; 3Accent Marketing & Research, Chiswick, London, United Kingdom

OBJECTIVES: The objective of this study was to use conjoint analysis (CA) to measure patients’ valuations of the characteristics of drugs used to treat overactive bladder (OAB) in monetary terms. METHODS: A CA survey using a discrete choice method was administered in interviews with OAB patients in three clinics in the UK between July 1999 and April 2000. The survey consisted of a series of pairs of hypothetical OAB drug profiles described in terms of treatment attributes with varying levels. For each pair the patients were asked to select the drug profile they preferred. The drug profiles included efficacy attributes (e.g. reduction in urinary incontinence) and side-effect attributes (e.g. incidence of dry mouth). A cost attribute was included to allow the calculation of patients’ valuations of the different attributes in monetary terms. RESULTS: One thousand five hundred twenty discrete choice comparisons of hypothetical OAB drug treatments were obtained from 95 patients. Based on these responses, a logit model was estimated that attempted to explain the reasons why the respondents made the choices they did. From this model, it is possible to derive estimates of the implied willingness-to-pay (WTP) of patients for improvements in OAB drug efficacy rates and for the incidence of OAB drug-related side effects. Improvements in efficacy attributes have positive WTP estimates (from £2.20 to £11.22 per day) and the WTP estimates are negative for the incidence of side-effect attributes (from −£2.79 to −£9.83 per day). CONCLUSIONS: This study demonstrates the capability of the CA technique to measure valuations of varying drug profiles in monetary terms. The results of this study could be used to estimate the WTP of patients for different OAB drug treatments.

REGIONAL SIMILARITIES IN IMPROVEMENT AND PERSISTENCE OF SHORT-TERM HEALTH-RELATED QUALITY OF LIFE EFFECT OF TOLTERODINE ON OVERACTIVE BLADDER PATIENTS

Pleil AM1, Burgess SM2, Reese PR3, Kelleher CJ4
1Pharmacia Limited, High Wycombe, Bucks, United Kingdom; 2CareScience, Inc, Research Triangle Park, NC, USA; 3Guys and St.Thomas’ NHS Trust, London, United Kingdom

OBJECTIVES: Overactive Bladder (OAB) patients with symptoms of frequency, urgency, and urge incontinence treated with tolterodine showed significant improvement over placebo on 6 (4mg ER) or seven (2mg IR) of 10 King’s Health Questionnaire (KHQ) domains in a 12-week randomized, double-blind trial (Phase A). Patients were permitted to continue in a 12-month open-label study (Phase B) to assess long-term effects of tolterodine ER. Regional differences in treatment effects on health-related quality of life (HRQoL) were assessed. METHODS: The KHQ was administered at baseline, end of Phase A, and after 3 and 12 months in Phase B. An intent-to-treat population for whom KHQ translations were available (n = 858) was used in ANCOVA models with baseline score, age, and gender as covariates. Region and placebo effects were measured using a model with treatment, region, and treatment by region as factors. RESULTS: Change from baseline to end of Phase B analysis showed no significant differences in KHQ scores between patients in North America (US = 439, Canada = 67) and the rest of the world (Europe plus Australia and New Zealand [EU+; n = 332]). Only the Personal Relationships domain showed evidence of a region interaction effect. Change from rollover analysis of a subgroup of U.S. patients (n = 305) showed that treatment effects persisted (8 domains) or improved (2 domains) after 12 months of additional treatment. These results are generally consistent with the pooled analysis. CONCLUSIONS: Treatment with tolterodine improves HRQoL and improvements observed after initial treatment persist in the longer term. In general, physical and symptom domains improved quickly and changes in social and psychological domains became evident after longer treatment. There does not appear to be a difference in these effects by region.

URINARY & KIDNEY DISEASES/DISORDERS—Healthcare Policy

PREVALENCE OF APPROPRIATE URINARY INCONTINENCE EVALUATIONS IN TEXAS NURSING HOME FACILITIES

Monroe DM1, Rascati KL2
1Texas Department of Human Services, Austin, TX, USA; 2The University of Texas, Austin, TX, USA