tory concentration (MIC) distribution of moxifloxacin and levofloxacin in *S. pneumoniae* isolates remained stable during 2004-2009 and resistance to moxifloxacin and levofloxacin was low (≤1%). Moxifloxacin was the most potent fluoroquinolone available for treatment of *S. pneumoniae* infections in Belgium with MIC90 of 0.19 mg/L. **CONCLUSIONS:** The volume of fluoroquinolone use remains well controlled and fluoroquinolones were primarily used in those indications where they have been shown to yield clinical benefit. The use of fluoroquinolones has not led, to date, to an increase in the rate of pneumococcal resistance to fluoroquinolones.

PRS68

A SYSTEMATIC REVIEW OF CHRONIC RHINOSINUSITIS IN ASIA-PACFIC AND THE ROLE OF BALLOON SINUPLASTY

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OBJECTIVES: Chronic rhinosinusitis (CRS) is a debilitating chronic condition with substantial burden of illness. The purpose of this study was to obtain information to inform a budget impact model for balloon sinuplasty (BSP) in CRS in Asia Pacific (Australia, China, India, Japan, South Korea). **METHODS:** Three systematic reviews of the literature were undertaken (October 2010 – February 2011) using Medline, Embase and Cochrane to identify prevalence of CRS in the region, clinical evidence for BSP and economic evidence for CRS. Manual searching, including HTA databases and interviews with clinicians in each country, supplemented the review. **RESULTS:** A total of 171 epidemiological, 50 clinical and 95 economic articles were identified. After title/abstract and full text review, 14 epidemiological, 14 clinical and 6 economic articles remained. However, population-based prevalence of CRS was only reported for Japan (0.05%) and Korea (1% to 7%), with the remainder of the articles discussing risk factors or subcategories of the disease. Manual searching of key country specific journals, published articles and guidelines, the internet (including Mandarin search) and secondary data sources identified prevalence of CRS for Australia (9%) and India (8%), but not China. Two comparative (non-randomised) studies of BSP and nine case-series (n≥10 patients) were identified. BSP was reported to be favourable in terms of safety and efficacy with high ostia patency, shorter recovery time, improved symptoms and patient satisfaction. Economic studies confirmed the high economic burden of CRS. One economic study on BSP was identified which, from a USA payer perspective, demonstrated lower cost than conventional endoscopic sinus surgery predominantly due to the lower cost of revision surgery and associated shorter surgical time. **CONCLUSIONS:** Traditional data sources provide limited information on prevalence of CRS in Asia-Pacific. BSP appears to have value both clinically and economically, however further research is required to accurately quantify these benefits.

PRS69

SOCIOECONOMIC DETERMINANTS OF SMOKING STATUS IN GREECE

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OBJECTIVES: To identify factors that affect smoking status in Greece. **METHODS:** A strictly-structured questionnaire-based telephone survey was conducted to a sample of 6559 individuals, >18 years, representative of the Greek population and stratified according to age, sex and place of residence. Participants were requested to answer to questions, regarding, among others, smoking status, family/marital status, self-reported quality-of-life, presence of a health problem, level of education, family income and type of occupancy. The survey took place from January to March 2011. A logistic regression analysis was conducted to identify the factors that influence smoking status (non-smokers vs. smokers, ex- vs. current smokers). **RESULTS:** Distinguishing between non-smokers vs. smokers, higher income (Odds Ratio: 1.08, 95% Confidence Interval: 1.03-1.13), absence of a health problem (OR: 1.31, 95%CI: 1.14-1.50) and living single (ORs: 1.46, 1.18 and 2.25 for singles, widows/widowers and divorcees, respectively) were associated with a greater risk of smoking. Female gender, enhanced quality-of-life status, and higher levels of education had a protective influence on the probability of smoking (ORs: 0.69, 0.79, 0.91). Comparing ex- and current smokers, the regression showed that the probability of quitting was associated with higher levels of education (OR: 0.91, 95%CI: 0.88-0.95), increasing age (OR: 0.97, 95%CI: 0.95-0.97) and enhanced quality-of-life (OR: 0.88, 95%CI: 0.80-0.98), whereas, women (OR: 1.81, 95%CI: 1.46-2.24), people without health-related problems (OR: 1.62, 95%CI: 1.32-1.99) and those with a higher income (OR: 1.05, 95%CI: 1.01-1.13) had increased probability of being current smokers. Pensioners and students were more likely to have quitted smoking than other occupational groups. All reported values are statistically significant (p<0.05). **CONCLUSIONS:** Socioeconomic factors significantly influence smoking status and the decision to quit. In Greece, as in other countries with a high prevalence of smoking, evidence like the aforementioned can serve as important inputs in the health policy decision-making process.

PRS70

REAL WORLD EVALUATION OF DIFFERENT SMOKING CESSATION SERVICE MODELS IN ENGLAND

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OBJECTIVES: NHS Stop Smoking Services provide various options for support and counselling. Most services have evolved to suit local needs without any retrospective evaluation of their efficiency. Objective was to describe the structure and outcomes associated with different services. **METHODS:** Local service evaluations were done in three primary Care Trusts (PCTs) by conducting standardised interviews with key personnel in addition to extraction and analysis of data from 400 clients accessing the service after 1st April 2008 in each PCT. **RESULTS:** The PCTs varied in geography, population size and quit rate (47%-63%). Services were delivered by PCT-led specialist teams (PCT1), community-based health care providers (PCT3) and a combination of the two (PCT2) with varying resources and interventions in each. Group support resulted in the highest quit rates (64.3% for closed groups v 42.6% for one-to-one support (PCT1)). Quit rates were higher for PCT (75%) versus GP (60%) and pharmacist-delivered care (40%) where all existed in the same model (PCT2). The most-prescribed therapy was NRT (56%-65%), followed by varenicline (25%-34%), counselling alone (6%-8%) and bupropion (2%-4%). Quit rates for NRT at 4 weeks were 43%-55% across the 3 PCTs; 60% -81% for varenicline and 38%-91% for bupropion. **CONCLUSIONS:** The results suggest that service structure, method of support, healthcare professional involved and pharmacotherapy all play a role in a successful quit. Services must be tailored to support individual needs with patient choice and access to varied services being key factors.

PRS71

EVALUATION OF THE GETQUIT CLINICS FOR SMOKING CESSATION

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OBJECTIVES: GETQUIT clinics (GQCs) are free, US-based, 1-hour workshops sponsored by Pfizer, and designed to support smokers planning to quit. The clinics are hosted by physicians and tobacco-treatment specialists. We evaluated the impact of the GQCs on attendees' knowledge around developing a quit plan, readiness to change, and intent-to-act regarding smoking cessation. **METHODS:** Subjects pre-enrolled at GQCs between March-November 2010 were invited to a pre-clinic telephone interview and, within 7 days of attendance, to a post-clinic telephone interview. A survey was administered at both interviews to compare changes in responses. Incentives were offered to subjects completing both interviews. Change in subject knowledge was assessed by comparing pre- vs. post-clinic level of agreement with seven statements on developing a quit plan. Readiness-to-change was based on the proportion of subjects progressing ≥1 stage on the Transtheoretical Model Stages of Change-Short Form. Intent to act was assessed post-clinic only. Subject demographics, smoking history and nicotine dependence were also obtained. **RESULTS:** Of 3147 persons contacted, 369 completed both interviews. Mean age was 51.4y, 69% were female. All knowledge endpoints showed significant improvement post-clinic (p<0.0001 for all). Although there was no significant improvement in readiness-to-change overall, there were larger improvements among those in earlier stages of change pre-clinic (Contemplators 25% improvement vs. Preparation 5%). Post-clinic, 38% of attendees had contacted their doctor about quitting smoking and 44% of the remainder intended to do so within the next 2 weeks. Approximately 90% agreed or strongly agreed that they viewed their health care provider as a partner in managing their overall health since attending the GETQUIT clinic. **CONCLUSIONS:** Effecting successful behavior change requires sustained effort and multiple techniques. The GQCs, although brief, significantly improved attendees' knowledge on how to quit successfully. Additionally, more than a third of attendees reported engaging with their doctors about quitting after attending.

PRS72

HOW MUCH WOULD THE UNIVERSAL UPTAKE OF GOLD RECOMMENDATIONS FOR ITALIAN COPD PATIENTS COST?

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OBJECTIVES: To estimate the economic consequences of an ameliorated adherence to GOLD guidelines recommendations for Chronic Obstructive Pulmonary Disease (COPD) management in the Italian clinical practice. **METHODS:** A Markov model compares the current approach for COPD treatment (CURRENT strategy) with a strategy of care (GOLD GL strategy) mainly consisting of universal spirometry-based staging, alignment of the pharmacological therapy to guideline recommendations implemented by expert opinion. Drug consumption of the CURRENT strategy is based on data of 3113 patients collected by three Local Health Units. The consumption of other health resources, i.e. medical visits and inpatient care, is estimated from a multicentre observational Italian study, from which also their variation as a consequence of the improved adherence to GOLD is derived. Costs are calculated from the National Health Service perspective, based on published analyses and current prices and tariffs. **RESULTS:** The adoption of the GOLD GL strategy for the treatment of the over 1250,000 prevalent Italian COPD patients results in a cost increase of 19 million Euros for the restaging and of 100 million Euros for the redefinition of the clinical management strategy, compared to the CURRENT strategy. Furthermore, the adaptation of the pharmacological therapy to GOLD recommendations, (essentially a higher usage of long-acting beta agonist/corticosteroid combinations), increases costs by more than 320 million Euros. On the other side, the consumption of other health care resources is reduced by 44%, an estimated cost saving of more than 850 million Euros. The net cost saving associated with the improved GOLD guideline adoption results in 410 million Euros. **CONCLUSIONS:** The model estimates that the adoption of GOLD guidelines in the Italian clinical practice is associated to an increase of expenses for pharmaceuti-