1.78*; home care, 2.02*; surgery, 1.56*; specialist visits, 1.23; prescription drugs, 1.27. CONCLUSION: Heavy menstrual flow occurs in 13% of women over age 18, and is associated with increased use of emergency room visits and surgery, but not OB/GYN or other specialist visits or prescription drugs. The results may be interpreted to mean that many women seek temporary solutions (ER visits) and may avoid certain types of care, including drugs.

PWM2
COST ANALYSIS OF IVF TREATMENT WITH INJECTION DEVICE VS THE TRADITIONAL SYRINGE AND NEEDLE
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The Puregon Pen is a patented medical precision device to administer follitropin beta solution—recombinant FSH—for infertility treatment. The Pen can be used for multiple treatment cycles and requires less RecFSH per cycle than the traditional syringe and needle. OBJECTIVE: Evaluate the cost consequences of the Puregon Pen on the total direct medical costs of an IVF cycle. METHOD: A Markov model in Excel is used to calculate the total direct medical costs per patient per IVF cycle using the Pen with follitropin beta solution in a cartridge versus a traditional syringe and needle with follitropin alpha powder and solvent for solution. Treatment transition probabilities and total volume of RecFSH use per IVF cycle are obtained from published data. Costs are based on average European prices. RESULTS: The published data showed an average reduction in RecFSH use per IVF cycle with the Pen of 15.5% (345IU, p < 0.001) compared to the traditional syringe and needle. Treatment duration was shorter with the Pen (10.8 vs. 12 days, p = 0.001). No differences in medical treatment and follow-up or in the vital pregnancy rate per embryo transfer were identified. Using an average European price of €0.55/IU for both RecFSH products and €100 for the device, the average total direct medical costs when using the Pen may be reduced by €90 in the first IVF cycle. Every additional IVF cycle using the Pen may generate an average cost offset of €190. CONCLUSION: Costs associated with purchasing the Puregon Pen can be offset through shorter infertility treatment time and less RecFSH use per cycle.

PWM3
SECOND-GENERATION VERSUS FIRST-GENERATION ENDOMETRIAL ABLATION TECHNIQUES IN THE TREATMENT OF DYSFUNCTIONAL UTERINE BLEEDING (DUB): A REVIEW OF THE LITERATURE
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OBJECTIVES: Traditional hysteroscopic endometrial ablation techniques are safe and effective though underutilized, mainly because of the procedures required specialized training and had perceived risks. Several new technologies have been developed; most of which are blind techniques. A review of the literature was undertaken to compare the efficacy, safety and acceptability of second- versus first-generation endometrial ablation techniques in DUB. METHODS: Medline, Current Contents, Cochrane Library, NHS Centre for Reviews and Dissemination and FDA Center for Devices and Radiological Health were searched from 1981 to March 2002. Bibliographies of relevant articles were screened. Industries and authors were contacted for information on published or unpublished data. Experts in the field were consulted. RCTs comparing endometrial ablation techniques in DUB were eligible for inclusion. Trials of techniques abandoned at the time of the review or not published in English or French were excluded. Outcomes were menstrual blood loss, satisfaction, quality of life, operative details, complications, and requirement for further surgery. RESULTS: Five RCTs were included. They evaluated five new technologies and assessed outcomes one year after surgery. One trial had long-term follow-up. Compared to first-generation techniques, new technologies had consistently shorter durations of surgery (11–27 min vs 15–40 min), more surgeries performed under local anesthesia (45–73% vs 8–24%), and fewer intraoperative complications (0–1.1% vs 2.4–5.8%). At 12 months, clinical outcomes results were similar between the 2 generations. Results remained similar, with little difference at three years compared with results at one year. CONCLUSION: There was no clear difference in clinical outcomes between second- and first-generation techniques. Advantages include ease of use, short operative time, choice of anesthesia and reduced risk of intraoperative complications. Risk of inadvertent perforation and subsequent injury to bowel exists. Long-term safety and efficacy, cost-effectiveness and safety in use by the general gynecologist remain to be studied.

PWM4
INFLUENCE OF ERECTILE DYSFUNCTION ON HEALTH RELATED QUALITY OF LIFE OF MALE KIDNEY TRANSPLANT PATIENTS ACCORDING TO AGE
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OBJECTIVE: There is some evidence that aging deteriorates the Health Related Quality of Life (HRQOL) in physical area, although mental area remains stable, even suffering chronic diseases, because of adaptation mecha-