esomeprazole. METHODS: The number of patients with GERD was derived from epidemiological studies. The number of proton pump inhibitor (PPI) users was calculated from IMS publications and reimbursement data provided by sick-funds. According to clinical practice, in future, the number of patients taking a PPI will be the number of weekly GERD sufferers. Alternatively, future PPI users will comprise patients currently receiving a PPI plus those currently using H2-receptor antagonists, plus a large part of current antacids users. Results of on-demand treatment come from the ONE study (2-arm parallel study over a 6-month maintenance period, on-demand versus continuous therapy with esomeprazole 20mg). RESULTS: A total of 28% of the Belgian adult population (n = 10 million) have GERD symptom(s), 11% weekly, 4% daily. Assuming stable prevalence of GERD over the next decade, the number of PPI-treated patients could reach approximately 920,000/year from 446,000 currently. Yearly expenses would therefore increase from 149€ to 248€ million. This would be reached by 2010 with linear growth or 2005 with exponential growth. In 2652 Belgian patients with a similar profile to the screened population of the epidemiological studies, the ONE study showed on-demand treatment (mean daily intake: 0.6 tablet) was similar to continuous treatment (1 tablet/day) for patient satisfaction (92% in both groups), heartburn relapse (11.3% vs. 9.4%, respectively) and GERD-related co-medication intake (8% vs. 7.3%, respectively). Over a 7-month treatment period (4 weeks of acute treatment then 6 months’ maintenance), on-demand esomeprazole 20mg would save approximately 27.5% on medication costs compared with continuous esomeprazole therapy. CONCLUSIONS: Increasing costs due to the expected increased use of PPIs can be lowered by using an effective PPI with an on-demand approach, which maintains high patient satisfaction and efficacy.

PG16

ECONOMIC EVALUATION OF RABEPRAZOLE VS. OMEPRAZOLE IN THE CURATIVE TREATMENT OF REFLUX OESOPHAGITIS

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OBJECTIVES: Gastro Esophageal Reflux Disease (GERD) is a chronic condition that may affect patients’ quality of life. It is one of the most common complaints in primary care settings with relevant consequences on health economics in terms of increasing health costs and limiting resources. An objective of this multicentre trial was to evaluate the time of action of rabeprazole 20 mg daily (RAB) and omeprazole 20 mg daily (OME) in inducing symptom relief in patients with reflux oesophagitis in the curative phase. A prospective health economic analysis was performed to compare the costs of the 2 treatments in obtaining symptoms improvement. METHODS: A total of 484 patients, with mild to severe reflux oesophagitis (Savary-Miller grade I to III), were randomised in a double-blind, parallel group fashion, to receive RAB or OME for a period of 4 to 8 weeks with control visits every two weeks. The patients had to fill in a daily diary regarding to the number of tablets/capsules taken, and the daytime and night time heartburn intensity, using the following score: absent, mild, moderate, severe and terrible. The economic analysis was designed and carried out from a societal and National Health Service perspective. RESULTS: In the curative phase of reflux oesophagitis (4–8 weeks) treatment with RAB (20mg) resulted less expensive than OME (20mg). The estimated mean total costs were found to be lower in RAB group (58.04€) than in the OME one (64.34€; p < 0.001). With regard to numbers of symptom-free days, RAB (67.1%) was found to be more effective than OME (66.8%). CONCLUSIONS: Rabeprazole (20mg) once daily is cost effective compared with omeprazole (20mg) once daily in the curative phase of reflux oesophagitis. Rabeprazole represents good value for money and efficient use of health care resources in the treatment of reflux oesophagitis.

PG17

COST BENEFIT ANALYSIS OF TWO TREATMENTS FOR PATIENTS WITH CHOLEDOCHOLITHIASIS AND CHOLECYSTOLITHIASIS

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OBJECTIVES: Endoscopic and laparoscopic surgeries are now widely used to treat patients with stones in gallbladder and common bile duct (CBD). The objectives of this study were to compare the economic and clinical results between two methods in the treatment of stones in gallbladder and CBD. METHODS: A computer model was established to assess the cost-benefit of two types of treatment from the provider’s perspective. Treatment A provided two-stage procedure, which performs endoscopic sphincterotomy (EST) first and then followed by laparoscopic cholecystectomy (LC) (EST + LC). Treatment B is a one-stage procedure that performs laparoscopic surgery alone to remove both the gallbladder and stones in common bile duct (LCBDE + LC). Sources of parameters for the simulation model came from the results of published articles and patients received endoscopic and/or laparoscopic surgery in a medical center. RESULTS: Treatment B had a better successful rate than that of treatment A and a shorter length of hospital stay. However, treatment A had better stone removal rate. Under current insurance payment schedule, the net benefit of treatment A is NT$ 16,816 and NT$ –11,603 for treatment B. Therefore, it will be cost-beneficial to do EST + LC under current payment schedule. Sensitivity analysis showed that hospitals must reduce the cost of LCBDE + LC to NT$ 44,500 to avoid loss (currently NT$ 85,513). If the cost of LCBDE + LC can be reduced to 33,000, it can achieve the same benefit as EST + LC. CONCLUSIONS: Providers should hold the therapy of EST + LC to be the major treatment under current insurance payment schedule. LCBDE + LC is not commonly performed in Taiwan because of insufficient payment. However, it has the advantage of reducing patients’ suffering, shorter operation waiting time, and shorter hospital stay. It would be beneficial to patients if hospitals can reduce the cost of LCBDE + LC and perform the procedure when appropriate.

PG18

PHARMACOECONOMIC ASPECTS OF CROHN’S DISEASE IN SLOVAKIA

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OBJECTIVES: There have been only a few studies published in the world literature to date dealing with the pharmacoeconomics of Crohn’s disease including east and central European countries. METHODS: The retrospective cost of illness study was carried out by the analysis of all medical records and by special questionnaire of patients suffering from Crohn’s disease in 1999–2000. RESULTS: Of 54 patients, 30 women, and 24 men, with the average age of 48.8 years and with the average duration of illness of 75.8 months, were divided into 3 subgroups from the point of view of pharmacoeconomics: A,— uncomplicated, 24 persons, B,— with chronic corticosteroid treatment, 12