maceutical form. As the medication is mostly a long-term regimen these resource uses were valued using biggest available packages. Prices were taken from the German “Rote Liste” with 2006 as price year. In addition, cost-influencing factors were analysed via correlation analyses. RESULTS: A total of 3150 pharmaceutical records from 301 CF patients were collected. Annual and daily medication costs were analysed for different age groups. Mean annual costs for medication are €21,603 per patient (range: €69; €86,790). Correlation analyses showed significant correlations ($p = 0.01$) between costs of medication and age, co-morbidities (like pancreatic insufficiency and diabetes mellitus and clinical parameters like the colonization of the lung with germs) as well as functional parameters (% of vital capacity, FEV$_1$, MEF$_25$). E.g. mean annual costs for medication are €14,884 (€23,815) for patients without (with) colonization of the lung with germs. Other correlation factors yielded similar cost dispersions in (un)affected patients. CONCLUSIONS: CF patients need specialized medication depending on age, co-morbidities and other clinical parameters. Non-optimal treatment leads to significantly higher costs for the health care system.

### THE INDIRECT COST BURDEN OF EPILEPSY IN THE UNITED STATES

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OBJECTIVES: Compare annual indirect costs between privately insured employees with epilepsy and matched employee controls. METHODS: Employees with greater than or equal to 1 epilepsy diagnosis (ICD-9-CM: 345.x) in 2004, ages 18–64 years, were selected from a privately insured claims database containing disability data from 17 U.S. companies. A random sample of age and gender matched employees without epilepsy was selected as a control group. All were required to have continuous health coverage during 2004 (baseline) and 2005 (study period). Chi-squared tests were used to compare baseline comorbidities and differences in indirect resource use (disability and medically-related absenteeism). Wilcoxon rank-sum tests were used for univariate comparisons of mean disability and medically-related absenteeism days and associated annual indirect costs during the study period. Two-part models were used to compare indirect costs adjusting for differences in demographic/clinical characteristics. RESULTS: Employees with epilepsy ($n = 1,866$) averaged 48.4 years old (SD $= 10.4$), and 55% were male. Compared with controls, employees with epilepsy had significantly higher rates of mental disorders, substance abuse, other neurological disorders and physical disorders measured by the Charlson Comorbidity Index. Employees with epilepsy were more likely to have a short- or long-term disability claim compared with controls (16.5% vs 5.6%, respectively; $P < 0.0001$), resulting in higher mean number of annual disability days (38.6 vs 6.6, respectively, $P < 0.0001$) and higher annual disability costs ($1836 vs $338$, respectively; $P < 0.0001$). Medically-related absenteeism costs were also higher for employees with epilepsy compared with controls ($1356 vs $904$, respectively; $P < 0.0001$). Average total indirect costs for employees with epilepsy were $3912 vs $1242 for controls ($P < 0.0001$) and remained significantly higher after adjusting for patient characteristics ($2793 vs $1578$, respectively; $P < 0.0001$). CONCLUSIONS: Employees with epilepsy were three times more likely to have disability workloss, had six times the number of disability days, and three times higher indirect costs compared with matched employee controls.

### ONE-YEAR EXPENSES FOR THE PHARMACOLOGICAL MANAGEMENT OF EPILEPSY WITHIN OUTPATIENT SETTING OF MONTENEGRO: RATIONAL OR NOT?

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OBJECTIVES: Our recent study has found that pharmacological management of epilepsy within outpatient setting of Montenegro has been slightly different in comparison to developed countries. This was probably the consequence of many medical and non-medical influences, whose separate contribution to prescribing cannot be fully explained. In this study we investigated the one-year expenses for the outpatient pharmacological management of epilepsy in our country, with particular highlight on potential cost-saving. METHODS: Data about antiepileptics (ATC code N03) which were prescribed for the treatment of epilepsy (G40 code according to ICD-X revision) during 2005 were extracted from the National database which was set up within Republic Health Insurance Fund of Montenegro since 2003. Standard DDD/ATC (defined daily dose/anatomic-therapeutic-chemical) methodology for the outpatient drug utilization was used. Then we multiplied the number of prescribed DDDs per 1000 inhabitants per day (DTIDs) with the average price of one DDD for each drug. Our country has a population of approximately 660,000 people and currency is...