

PEE8

QUALITY OF LIFE OF FRENCH PATIENTS TREATED FOR PRIMARY OPEN ANGLE GLAUCOMA AND OCULAR HYPERTENSION

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OBJECTIVE: The aim of this study was to evaluate the quality of life (QoL) of patients treated with a topical anti-glaucoma drug in usual practice.

METHODS: A mailing was sent to 20,000 homes belonging to the Sofres panel (representative to the French population according to the quota method) asking whether one member of the family was treated for glaucoma. A computer-assisted telephone interviewing system was used to confirm self-reported glaucoma treatment, to describe the disease and its treatment, as well as medical item consumption. Vision-related QoL was assessed with the NEI-VFQ-25 and local tolerance and its QoL consequences with the COMTOL.

RESULTS: 13,352 homes (66.7%) or 32,685 people answered the mail. Five hundred eighty one people declared they had glaucoma, leading to glaucoma and ocular hypertension treatment prevalence of 1.8%, increasing with age. From them, 204 people were selected at random. Their NEI-VFQ-25 global score was high (80.2) showing an overall good QoL. Two scores showed some deterioration: general health (48.8) and driving (53.9). Ninety-one (44.6%) patients changed their treatment at least once: 55% due to poor efficacy and 35% for adverse events. Being queried with the COMTOL, 62% of the patients cited at least one local adverse event: 25% had burning, 21% blurred vision, 20% tearing and 16% itching among others. Sixty percent of the patients visited their ophthalmologist twice a year and 90% of the patients declared they were satisfied or very satisfied with their treatment.

CONCLUSION: Based on a French representative sample, the overall satisfaction of patients treated with anti-glaucoma drugs is high, although half of them have changed their treatment at least once and the majority of them declared an adverse event when queried. Eye related QoL was not affected in the majority of the patients.

PEE9

THE SOCIETAL COST OF ATOPIC DERMATITIS IN GERMANY

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Atopic dermatitis (AD) is a common chronic dermatological disease affecting mainly young children. According to epidemiological studies, its prevalence has increased notably over the last two decades.

OBJECTIVE: To assess the economic burden of AD in Germany.

METHODS: A prevalence approach was adopted to evaluate the societal cost of AD comprising direct medical costs, indirect costs, and out-of-pocket expenses. Not included in this evaluation is the impact of AD on the patient and the family in terms of an impaired quality of life. Data were collected from various sources: health statistics; labor statistics; literature; surveys, and an expert panel of six dermatology specialists. All costs were adjusted to the year 1999. In order to explore the findings in light of data variations, sensitivity analyses were performed.

RESULTS: Based on an estimated base case population of 2.45 million people suffering from AD, total annual societal costs amount to DEM 1.32 billion (EUR 678 million). Of these overall costs, DEM 636 million (48%) are attributable to direct costs, DEM 428 million (32%) to productivity losses (including time expenditures of parents caring for their sick children), and DEM 257 million (20%) to out-of-pocket expenses. The most important individual cost contributor is outpatient physician care (28%), followed by time expenditure of parents (20%), and out-of-pocket expenses (19%). Drug treatment accounts for less than 10% of the overall costs. The average per-patient societal cost of AD is around DEM 540 per year. Sensitivity analysis showed a maximum variation in yearly costs ranging between DEM 1.08 billion and DEM 1.61 billion when both prevalence and utilization estimates are varied.

CONCLUSIONS: The chronic nature of AD coupled with its high frequency represents a significant economic burden to society in Germany. Based on these findings it can be concluded that AD cannot be regarded as a minor illness.

PEE10

IS NON-CONTACT NORMOTHERMIC WOUND THERAPY COST-EFFECTIVE FOR THE TREATMENT OF STAGE 3 AND 4 PRESSURE ULCERS?

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OBJECTIVES: Chronic pressure ulcers are a significant health problem for patients in long-term-care facilities. The value of restoring quality of life following a pressure ulcer injury has attracted new treatments. Non-contact normothermic wound therapy (NNWT) (Warm-Up therapy) is a semi-occlusive, moisture retentive wound cover (\$240/wound cover/ 2 days) that is warmed to 38°C to promote healing. The goal of this study was to examine the incremental cost-effectiveness of NNWT relative to the current standard of care for treatment of stage III and IV pressure ulcers.

METHODS: A Markov cost-effectiveness, computer-simulation model with hypothetical patients was created. The base case involved a 72-year-old man, living in a nursing home, with a stage III ischial pressure ulcer. Standard care was assumed to include moisture retentive