functional symptomatology and quality of life. This involved self-questionnaires, which included the Menopause Rating Scale (MRS), the Epworth scale, the Short Form 12 (SF12) and the Centre for Epidemiologic Studies Depression Scale (CES-D), being filled out at D0 by the investigator, the patient and her spouse, then at D56 by the patient and her spouse only. RESULTS: Upon inclusion, the average age of patients was 54.8 years, with an average BMI of 24.1. Their most recent menstruations were an average of 4.1 years ago, and they complained of hot flushes, joint pain and sleep difficulties. After 56 days of treatment with Soy+Mag, a statistically significant decrease in hot flushes was observed (the most frequently found symptom upon inclusion), along with a statistically significant improvement in global, somatic and psychological symptomatology linked to menopause, and a statistically significant improvement in the patients’ quality of life from a psychological standpoint. These complaints and their improvement were also clearly identified by the investigator and the spouse, though with a differing intensity that could explain the lack of improvement in quality of life of the spouse, despite the benefits perceived by his wife. CONCLUSIONS: The interest in Soy+Mag in treating the functional symptoms of menopausal patients is confirmed by the statistically significant improvement in hot flushes and psychological symptoms. This study has shown that treatment of the functional and psychological symptoms of menopausal patients can be noticeably improved by using soy isoflavones.

INDIVIDUAL’S HEALTH—Health Care Use & Policy Studies

PRICE-ELASTICITY OF DEMAND FOR INFERTILITY SERVICES IN GERMANY
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OBJECTIVES: Assisted reproductive technologies (ART) are frequently targeted for budget cuts and rationing because infertility is often considered a low priority. Treatments options are varied where in-vitro fertilization (IVF) and intracytoplasmic sperm injection (ICSI) are some of the more interventional and expensive methods. In 2003, in an effort to control expenditure, the German health authorities decreased funding for ART which increased costs faced by consumers for IVF and ICSI from €1500 to €2000 per cycle, respectively. Based on increased costs to consumers we estimated the price-elasticity of demand for fertility services in Germany. METHODS: IVF and ICSI cycle data was obtained from the Deutches IVF Register five years prior, and one year following implementation of the funding change. Because demand surged in the year prior to the new policy, demand was based on the average five-year change in cycles as well as the demand one year prior to funding cuts. The arc-price elasticity of demand method was used to derive elasticities. The cross-price elasticity of clomifene was also evaluated to assess whether substitution with this low cost treatment occurred resulting from increased IVF and ICSI costs. RESULTS: The average annual growth rate for IVF and ICSI cycles during the five-year period prior to the policy change was 8% and 30%, respectively. Growth rates the year prior to the policy change were 17% and 36% for IVF and ICSI, respectively. Based on the averaged five-year change prior to the policy change we estimate price-elasticities one year after the policy for IVF and ICSI of 0.38 and 0.09, respectively. The price elasticity based on 1-year change in demand for IVF and ICSI was 0.41 and 0.34, respectively. The cross-price elasticity for clomifene was 0.01 suggesting demand was independent of IVF and ICSI. CONCLUSIONS: The price elasticity ratios suggest demand for IVF and ICSI in Germany is relatively inelastic i.e., demand is not associated closely with price changes. This finding may be regarded as contrary to the 50% reduction in IVF/ICSI cycles observed suggesting demand is price sensitive. This can be explained by a much larger percentage increase in price than the percentage reduction in services demanded. If demand for IVF/ICSI were elastic (i.e., elasticity >1.0) the reduction in cycles would have been much larger. The near zero cross-price elasticity for clomifene suggests demand is independent of IVF/ICSI. These findings can help policy makers estimate the consequences of increasing patient co-payments for ART in the future.

PIH22

MEDICATION COSTS IN ELDERLY PATIENTS
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OBJECTIVES: Polypharmacy in elderly patients has grown in the last decade giving place to new therapeutic and economic challenges. The aim of this study was to characterize the nature of polypharmacy and to identify associated direct drug costs. METHODS: A community pharmacy based cross-sectional study was carried out using the brown-bag review methodology. Elderly patients (≥65 years old) currently taking 4 or more drugs were invited to participate in the study. Drugs were classified using ATC codes and costs were identified as the retail prices. SAS Guide version 4.0 was used for statistical analysis, 95% confidence intervals for the average costs per patient and Mann-Whitney Wilcoxon test to identify differences between expenditure patterns were used. RESULTS: A total of 1597 patients (66% women, mean age 74.5 ± 6.4 years) were recruited in 158 pharmacies. Average medicines consumption was found to be 7.6 per patient. Mean daily cost per patient was €3.2 (CI 95%: 3.1–3.3). Differences in costs according to age, gender, educational level or residential area were not statistically significant. Simvastatin, omeprazol and clopidogrel were identified as the most costly drugs. CONCLUSIONS: Polypharmacy was found to be highly prevalent amongst Portuguese elderly population. Associated direct daily drug costs in these patients were found to be three times higher when compared to the general population.

PIH23

ASSESSMENT OF CURRENT CLINICAL PRACTICE AMONG PHYSICIANS AND SEX THERAPISTS REGARDING ERECTILE DYSFUNCTION (ED) TREATMENT INITIATION WITH PHOSPHODIESTERASE-5 INHIBITORS (PDE5I)
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OBJECTIVES: The aim of this study was to assess the self-reported clinical practice of physicians, when assessing a patient presenting with ED for the first time and to understand physician’s and sex therapist’s views on current ED management. METHODS: The study was conducted during the 2008 annual congress of the European Association of Urology (EAU). Delegates visiting the Pfizer exhibition booth were requested to complete an electronic survey consisting of six closed questions. Respondents, who were physicians/sex therapists, were selected for analysis. In addition to demographics, the questions addressed average frequency of seeing new ED patients/month, iterative actions taken when an ED patient presented for the first