was 29.5%. In patients with endoscopic remission at Week 10, the IBDD remission rate was 69.7% compared with 33.3% in patients not reaching endoscopic remission. Similar results were observed in Week 54.

**CONCLUSIONS:** Treatment with CZP at the recommended dose resulted in substantial improvement in HRQoL at 10 and 54 weeks of therapy, measured by the IBDD. Higher rates of IBDD remission were associated with endoscopic remission compared with nonremission, warranting further investigation of CZP in treatment-naive patients. Current trials, sensitivity and awareness programmes being carried out by local non-governmental humanitarian bodies and faith based entities, Kenyan elderly and men women lack government concern, services and new policies on especially the ageing village vulnerable ill-health policy and services in their life insurance. The aim and purpose of my paper is to highlight worthy approaches and to identify areas of need as a priority in overcoming the impasse in Kenyan policy on ageing and health.

**METHODS:** We conducted a village research on a door to door basis on policy and health development through Questionnaire as part of a research project on dimensions and actions of health in old age in rural communities in western Kenya and its policy implications.

**RESULTS:** Five very sensitive areas of evidence of lack of awareness and government lack of action to the aged and ageing groups were highlighted. And required to (1) Senate and give strength any action on old age-related health should be pursued and (2) what action be taken to bring to light the uncertainties of the aged and ageing groups in Kenyas most forgotten rural insensitive communities.

**CONCLUSIONS:** A continued formal research system on the five areas is essential to promote awareness of policies on aged and ageing groups in the insensitive villages and advocacy towards their ignorance and plight on matters related to their life insurance, policy making and advancement towards scientific debate on ageing and their health in the global community.

### Health Care Use & Policy Studies – Disease Management

**PHP2**

**DESCRIPTING TRENDS AND DETERMINANTS OF NON-OPIOID ANALGESIC (NOA) PRESCRIBING IN CHRONIC NON-CANCER PAIN PATIENTS IN THE UNITED STATES OUTPATIENT SETTINGS**

Rana R1, Dhakal B1, Vouthy KK1, Rianon N2, Agbor Bawa W1, Knell M1

1University of Missouri-Kansas City, Kansas City, MO, USA
2University of Texas Health Science Center-Houston, Houston, TX, USA

**OBJECTIVES:** Cost of prescripptions is a large portion of the nation’s health care expenditure. The Kaiser Family Foundation and Wilder Research, Washington DC, DC, USA in 2002 published that for each dollar that is spent on prescription drugs, costs to be $202 billion, demonstrating a large burden to the US economy. This study evaluates determinants of non-opioid analgesic (NOA) prescribing patterns cost to be $202 billion, demonstrating a large burden to the US economy.

**METHODS:** In the first year, the Hungarian pharmaceutical budget decreased from 388.7 billion HUF (2006) to 323.6 billion HUF (2007) by 65.1 billion HUF (16.7 %). This decrease was a bit moderate both in Euro (0.18 billion EUR, 12.4 %) and in USD dollar (0.1 billion USD, 4.7 %) due to the stronger Hungarian currency. For 2009, the pharmaceutical budget slightly increased compared to 2007 up to 343.2 billion HUF which resulted in a decrease from 206 to 2009 by 45.5 billion HUF (11.7 %). The decrease between 2006-2009 was more significant both in Euro (0.25 billion EUR, 16.8 %) and in USD dollar (0.15 billion USD, 8.1 %) due to the weakened Hungarian currency.

**CONCLUSIONS:** Due to the reform of the whole Hungarian pharmaceutical market, the Hungarian health insurance pharmaceutical budget significantly decreased between 2006-2009. This decrease was moderate in EUR or USD between 2006-2007, however between 2007-2009 it became higher as the Hungarian currency weakened compared to EUR or USD during the world economic crisis.

**PHP4**

**SIGNIFICANT DECREASE IN THE HUNGARIAN HEALTH INSURANCE PHARMACEUTICAL BUDGET BETWEEN 2006-2009**

Bence P1, Donka-Verebes E2, Oberfrank P3

1University of Pécs, Pécs, Hungary
2ITAM, México, D.F., México
3Institute of Experimental Medicine (IEM), Budapest, Hungary

**OBJECTIVES:** At the end of 2006, there was an important reform in the Hungarian pharmaceutical market, including serious changes in the health insurance reimbursement of medicines. The aim of our study is to analyze the changes in the Hungarian health insurance pharmaceutical budget between 2006 and 2009.

**METHODS:** Data were derived from the nationwide administrative dataset of the National Health Insurance Fund Administration (OEPI), the only health care financing agency in Hungary. We analyzed the changes of the pharmaceutical budget between 2006-2009. Results are given in Hungarian Forint (HUF), US dollars (USD) and Euro (EUR). The annual average currency exchange rates were applied according to the data of the Central Bank of Hungary.

**RESULTS:** In the first year, the Hungarian pharmaceutical budget decreased from 388.7 billion HUF (2006) to 323.6 billion HUF (2007) by 65.1 billion HUF (16.7 %). This decrease was a bit moderate both in Euro (0.18 billion EUR, 12.4 %) and in USD dollar (0.1 billion USD, 4.7 %) due to the stronger Hungarian currency. For 2009, the pharmaceutical budget slightly increased compared to 2007 up to 343.2 billion HUF which resulted in a decrease from 206 to 2009 by 45.5 billion HUF (11.7 %). The decrease between 2006-2009 was more significant both in Euro (0.25 billion EUR, 16.8 %) and in USD dollar (0.15 billion USD, 8.1 %) due to the weakened Hungarian currency.

**CONCLUSIONS:** Due to the reform of the whole Hungarian pharmaceutical market, the Hungarian health insurance pharmaceutical budget significantly decreased between 2006-2009. This decrease was moderate in EUR or USD between 2006-2007, however between 2007-2009 it became higher as the Hungarian currency weakened compared to EUR or USD during the world economic crisis.

### Health Care Use & Policy Studies – Disease Management

**PHP5**

**MODELO TEÓRICO DE UN CONSUMIDOR: SELECCIÓN ENTRE UN BIOMISÚY Y UN BIOTECNOLÓGICO DE PATENTE BASADO EN PREFERENCIAS**

Lozano D

ITAM, México, D.F., México

**OBJECTIVOS:** Realizar un análisis teórico de las preferencias del paciente derivado de la elección entre dos biomisúy: un medicamento biotecnológico de patente y un medicamento biosimilar. METODOLOGÍAS: Suponemos que los pacientes son tratados perfectos, pues el paciente no puede consumir los dos biomisúy al mismo tiempo, debe elegir entre uno u otro. Definimos la función de utilidad del paciente como U(PT,BT) = UBT. Entonces, el paciente elige el medicamento más eficaz y seguro. Entre más seguro y eficaz es el medicamento el paciente lo prefiere más. Entre mayor sea U de salud es mejor. Suponemos que BT tiene estudios clínicos confiables que demuestran su seguridad y eficacia y que BS no presenta estudios clínicos y no se sabe su seguridad y eficacia real, por lo tanto BT es preferido, es decir a>b. El paciente posee una restricción presupuestal determinada por la ecuación v = Pr BT + Pr BS. Derivada de las inversiones en estudios clínicos suponemos que Pr BS = Pr BS. La tasa marginal de sustitución está determinada por la pendiente -a/b, es decir que el paciente sacrificaría una unidad de BT por b unidades del bien BS. Dado la restricción presupuestal, la pendiente y tasa de sustitución objetivo es -a/b. RESULTADOS: De acuerdo a las preferencias del consumidor, su consumo óptimo se determina de acuerdo a lo siguiente, si Pr BS/Pr BS y el paciente consumirá BS, si Pr BS/Pr BS entonces el paciente solo consumirá BS, y si Pr BS/Pr BS entonces el paciente está indiferente entre consumir BT o BS. CONCLUSIONES: Podemos concluir que las preferencias del paciente son sensibles al precio y a la seguridad y eficacia del medicamento. Entre más seguro y eficaz es BT el paciente lo prefiere y estará dispuesto a pagar más.

**PHP6**

**CUADRO BÁSICO Y CATÁLOGO DE MEDICAMENTOS DEL SECTOR SALUD: ES ACTUALIZÁNÚMERO DE REFERENCIAS PARA LAS INSTITUCIONES PÚBLICAS Y/O CONSECTUCIÓN CON LOS OBJETIVOS DE SU CREACIÓN**

Rivera Peña C1, Vargas-Palacios A2, Barraza-Llorens M2, Gutierrez-Delgado C3

1Go Fishnet Youth Project, Kisumu, Nyanza, Kenya
2ITAM, México, D.F., México
3Institute of Experimental Medicine (IEM), Budapest, Hungary