SCS was markedly greater in the SCS group, with a mean EQ-5D score difference of 0.26 (95% CI: 0.14–0.39) and 0.21 (95% CI: 0.08–0.34), respectively at 3- and 6-months. CONCLUSIONS: SCS added to CMM in patients with neuropathic leg and back pain results in higher costs to Spanish National Health System, but also generates important improvements in patients’ EQ-5D in 6-months period. Over time, savings in drug costs might compensate for some of the initial costs of SCS.

PSY23

SYSTEMATIC REVIEW OF THE COST OF ILLNESS OF SYSTEMIC LUPUS ERYTHEMATOSUS
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OBJECTIVES: To systematically review the cost of illness and utility literature relating to systemic lupus erythematosus (SLE), and in so doing to identify and elucidate the major cost-drivers in the cost of illness of SLE. METHODS: The bibliographic databases: Medline, Embase, and NHSEED were searched on the 14th of May 2007. Health economic studies reporting data on resource-utilisation, costs and utility relating to the syndrome were included after an initial review of the abstracts of retrieved citations and a further review of the full-text publications. Furthermore, bibliographies of included studies were interrogated for additional citations. Data were extracted into pre-defined data extraction grids and were analysed using Microsoft Excel™. RESULTS: The search of the bibliographic databases retrieved 1182 citations. Of these, a total of 19 studies reporting cost of illness and/or utility data were included in the review. Only two studies reported both indirect and total costs, with indirect costs contributing 30.24% and 66.97% of the overall total costs of SLE. In these two studies the annual mean direct per patient cost of SLE amounted to CAN$7382 and £2613 in respective Canadian and UK populations. Of the direct costs, across all included studies reporting these data, hospitalisation was the most important cost-driver contributing between 24.6% and 56.1% of the direct costs of SLE. The systematic review also identified an absence of robust utility data, with the visual analogue scale (VAS) being the main mechanism for deriving these data. CONCLUSIONS: This review has highlighted the significant health economic impact of the disease, in terms of direct costs and productivity losses and the need for more robust utility data. Recent recommendations have defined a core set of outcomes to be included in any SLE trial programme; and from a health economic perspective these include direct and indirect costs, health-related quality of life and utilities. This review reinforces these recommendations and has identified hospitalisations and productivity losses as key cost drivers in the cost of illness of SLE.

PSY24

MANAGEMENT OF HERPES ZOSTER (HZ) AND POST-HERPETIC NEURALGIA (PHN) IN BELGIUM: A COST OF ILLNESS STUDY
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OBJECTIVES: To describe the current Belgian management and resource use associated with HZ and PHN in patients aged greater or equal to 50 years in order to estimate the associated cost (societal perspective) in this population. METHODS: Three parallel Expert Surveys were performed: 1 focussed on acute phase (HZ, first month, diagnosis before and after 72 hours after appearance of rash) in a sample of dermatologists/ophthalmologist (N = 7), 1 focussed on chronic phase (PHN, 1 and 3-month definition: pain occurring or persisting at least 1 month/3 months after rash onset) in a sample of neurologists/pain-specialists (N = 8), and 1 combined both phases (GPs, N = 4). Management was described in terms of pain severity (no, mild, moderate and severe pain). Questions were related to current medical practice (medication, non-pharmacological treatment, tests, consultations, hospitalisation and work absenteeism). Costs were calculated by multiplying average resource use obtained from the Expert Survey with specific unit costs (official tariffs). RESULTS: Total cost of management of HZ ranged between €100 (no pain) and €975 (severe pain) if diagnosis of HZ was made within 72 hours after appearance of rash. If diagnosis was made after 72 hours after appearance of rash, figures were somewhat lower (between €68 and €872 for no and severe pain respectively). In all pain categories, important cost drivers were costs for oral medication and consultations. In severe pain patients, most important cost factors were costs related to hospitalization (€310) and work absenteeism (€263). For PHN, 1-month definition, total management’s cost ranged between €133 (mild pain) and €920 (severe pain). For PHN, 3-month definition, this cost was higher and ranged between €279 (mild pain) and €1727 (severe pain). Important cost drivers were comparable to those in HZ. CONCLUSIONS: HZ and PHN cause an economic burden. Management cost can rise to €975 for severe pain in HZ, and to €1727 in PHN.