OBJECTIVES: This study compares socio-demographic characteristics, comorbidity profile, and functional impairments affecting adults diagnosed with attention deficit hyperactivity disorder (ADHD) to their non-ADHD counterparts. METHODS: Data are from the 2011 National Health and Wellness Survey (NHWS), conducted annually by Kantar Health. The NHWS has been administered annually since 2002 among samples of adults drawn from an international consumer panel recruited using Lightpeed research. Data were gathered between September and December 2011 in Germany, UK, France, Spain, and Italy. T-tests of means and proportions were used to test for significant differences between adults with diagnosed ADHD and a non-ADHD control group from the NHWS sample. All differences reported below were significant at the p<0.05 level. RESULTS: A total of 235 NHWS participants reported having received a diagnosis for ADHD from a physician. Diagnosed ADHD respondents were more frequently male (59% vs. 49%) and less likely married (38% vs. 50%) than non-ADHD controls. Diagnosed ADHD respondents were also less likely employed full-time (27% vs. 39%), and more likely to report health-related work productivity loss (55% vs. 20%). CONCLUSIONS: Adults from 5 western European nations with self-reported diagnosis of ADHD reported higher rates of comorbidity with a variety of mental, emotional, or physical disorders, higher rates of health resource utilization, lower rates of full-time employment and higher rates of health-related work productivity impairment than adults without ADHD.

PMH5 PAYER VALUE IN ALTERNATIVE TREATMENT FORMULATIONS: ACCESS TO NEW TECHNOLOGIES FOR SCHIZOPHRENIA Marowski M1, Sweeney N2, Nijhuis T2

1Quintiles Consulting, Hoofddorp, The Netherlands, 2Quintiles, Hoofddorp, The Netherlands

OBJECTIVES: To gain insights into the perceived value of alternative treatment formulations in the management of schizophrenia. METHODS: A search of 75 health technology assessment (HTA) agencies was performed to identify single technology appraisals published between January 2010 and 2012 on pharmacutical treatments for schizophrenia. Per agency, only the most recent appraisal for each drug identified was selected for analysis. Reasons for recommendation and non-recommendation were evaluated in-depth for each appraisal. RESULTS: In total 32 appraisals (9 rejections; 23 recommendations) were identified across 12 agencies. These appraisals represent the most recent decision made for a specific drug and/or treatment indication in Europe. Overall 5 different formulations were assessed including long-acting depot formulations (14 appraisals), oral immediate release (IR) tablets (13), orodispersible tablets (3), an oral long release (LR) tablet (1), and an oral solution (1). Non-recommendations were only identified for depot, oral IR and oral LR formulations. In most cases high drug costs, lack of head-to-head and long-term clinical data were the main reasons for rejection. Submissions resulting in a recommendation were identified for all but the LR tablet formulation. Reasons for recommendation included proven clinical non-inferiority to direct comparators, cost savings and a better dosing schedule. As most new formulations did not offer a benefit in efficacy, decisions were weighted on cost. In all long-acting formulation submissions, manufacturers stated that use of the drug would lead to improved patient compliance. Only one submission (HAS) provided data to support this claim. Shire, Janssen-Cilag were the only agencies to criticise the absence of compliance data. CONCLUSIONS: A higher drug price for a new formulation is only warranted when clear clinical advantages are presented. This is particularly evident for long-acting formulations where a higher price, on grounds of improved compliance, is not favourable. There was very little disparity between agencies in their decision making approach.

PMH6 MOST FREQUENTLY DIAGNOSED MENTAL HEALTH PROBLEMS IN A GERMAN POPULATION Schländer M1, Schwarz O1, Trott CE2, Banaschewski T2, Scheller W2, Viapiano M2, Emsley R1

1Institute for Innovation & Evaluation in Health Care, Wiesbaden, Germany, 2University of Wuerzburg, Aschaffenbug, Germany

OBJECTIVES: To put the apparent rise of the administrative prevalence of attention-deficit/hyperactivity disorder (ADHD) in the region of Nordbaden in South-western Germany in context by analyzing the most frequently diagnosed mental health problems in this population. METHODS: The complete claims database of the organization of physicians registered with statutory health insurance [SHI] (Kassenärztliche Verenigung, KV) in Nordbaden/Germany was available for analysis, covering the period of 2004-2007. The total population of Nordbaden (2.2 million people) set for years 2003 to 2009 was reorganized as to allow patient-centered evaluation. RESULTS: Most frequently diagnosed mental health problems in 2009 were depressive episodes (ICD-10 code F33.9), with an overall administrative 12-months prevalence of 1.8%, unspecified somatoform disorder (F45.9), 4.8%, tuberculosis of tobacco (F17.1), 3.4%, neurosis (F40.4), 2.3%, and adjustment disorders (F43.2), 2.2%. Uncomplicated hyperkinetic disorder (HKD, F90.0) was the number one reason for contacts with health care providers in children (age group 6-12 years, 7.7%) and adolescents (13-17 years, 1.7%), reported more than twice as often as the next frequently diagnosed mental health problems, namely various developmental, speech, and adjustment disorders. In preschoolers, speech and developmental problems were diagnosed more frequently than HKD (1.0%). From 2003 to 2009, the administrative prevalence of ADHD (ICD9/240.0 and hyperkinetic disorder, ICD9/314.5) and, respectively, among children and adolescents in Nordbaden (2.2 million) increased from 2003 to 2009 to 5.9% (p=0.001) and 6-12 years, 8.0%, 13-17 years, 4.2% in 2009. Notwithstanding lower absolute numbers, ADHD prevalence in adults increased more than fourfold, from 0.04% (2003) to 0.17% (2009). CONCLUSIONS: By 2009, ADHD represented the leading mental health diagnosis for contacts with health care providers in children, adolescents, and adults with a diagnosis of ADHD.

PMH7 HTA LANDSCAPE OF TREATMENTS AVAILABLE FOR ALCOHOL-RELATED DISORDERS Andreykiv M1, Schuchardt M2, Laramée P3

1Quintiles, Hoofddorp, The Netherlands, 2Landmark S.A.S., Joss-le-Moulinaire, France

OBJECTIVES: To gain insight into the reimbursement landscape of pharmacological treatments against alcohol dependency. METHODS: We have conducted a manual search of 75 Health Technology Assessment (HTA) agencies’ websites for alcohol-related assessments published worldwide since 2001. All reports were categorized by HTA type, scope and outcome. Using a standardized set of categorial criteria, we investigated the recommendations for pharmacological treatments of alcohol disorders to identify common patterns in key decision drivers in this therapeutic area. RESULTS: We identified a total of 81 HTA reports dedicated to treatment of alcohol-related disorders. By the time of this study, 70% of the HTA reports were completed and therefore included into the analysis. The 57 published reports comprised 13 Single Technology Assessments (STA), 1 Multiple Technology Assessment (MTA), 6 Clinical Guidelines (CG), 14 Public Health Reviews, 6 Procedure Appropriation Assessments (PAA), and 6 Health Technology Appraisal (HTA) reports. The vast majority of HTA agencies have issued positive recommendations for these drugs, assuming they are used as second-line options and/or in combination with psychosocial interventions. Naltrexone was rejected by several agencies (e.g. AHTAPol, SIGN), partially justified by high risks/ major adverse events and poor data supporting the benefits of the drug. CONCLUSIONS: Alcohol-related disorders attract attention of HTA agencies worldwide. Current research however shows that only a limited number of reports assess medications. One of the main decision drivers for approvals was the mere necessity of pharmacological treatments for newly treated patients. The 19 total attributes were grouped into 6 domains: efficacy, duration of action (DOA), convenient dosing, prior experience, safety, and cost/other. Descriptive statistics were used to compare prescribing behavior by medication attributes, and chi-square tests assessed country differences. RESULTS: Efficacy (33%), convenience (19.6%) and DOA (17.3%) were the 3 most frequently selected attributes that influenced ADHD medication selection, followed by prior experience (13.3%), safety (11.4%) and cost/other (9.3%). DOA was particularly important in France (23.0%) relative to its importance in the Netherlands (13.9%), while convenient dosing was equally important across all countries except Italy (11.6%). Medication cost was significantly more important in the Netherlands (13.9%) and Spain (8.0%) relative to France and the UK (1.6% and 2.3%, respectively; p=0.0001), while safety was rated highest among physicians in Italy (22.7%) relative to those in the Netherlands (4.8%; p=0.0001). CONCLUSIONS: Efficacy, convenience, and duration were the most frequently selected medication attributes influencing physician prescribing behavior for both alcohol and naltrexone, but differences in selected attributes by country. Further research is needed to better understand the environmental context influencing physician prescribing behavior, and the impact that market-level factors may have on treatment choices and patient outcomes in Europe.

RESEARCH POSTER PRESENTATIONS – SESSION II SELECTED HEALTH CARE TREATMENTS STUDIES

MEDICAL DEVICE/DIAGNOSTICS - Clinical Outcomes Studies

PMD1 ECONOMIC VALUE OF SCREENING FOR EARLY PARKINSON’S DISEASE IN A EUROPEAN SETTING
least 13 % preferred continuous education programs. CONCLUSIONS: Proper awareness regarding availability and utility of such tools would not only help to improve patient’s quality of life, also it would help to reduce global economic burden associated with osteoporosis.

PMD4
CARDIOVASCULAR RISK PREVALENCE IN HIGH RISK PRIMARY CARE PATIENTS NOT TREATED WITH LIPID-LOWERING TREATMENT IN FRANCE, RESULTS OF AN ONLINE STUDY

Roccara S1, Ferrieres J2, Bruckert E3, Bonnelye C4, Thomas-delecourt F5, Delage PH6, Dailingeville J7
1Cabinet de cardiologie, THIONVILLE, France, 2Toulouse University School of Medicine, Toulouse, France, 3Institut National de la Sante-Paix, Paris, France, 4Yaneur center, Grenoble, France, 5AstraZeneca, Rueil Malmaison, France, 6AstraZeneca, Rueil Malmaison, France, 7Institut Pasteur de Lille, Lille, France

OBJECTIVES: Few data exists on high cardiovascular risk (HCVR) prevalence within a primary prevention population. The goal of the study was to assess HCVR distribution, according to the European SCORE risk assessment scale, in France in high-risk primary care patients not treated with lipid-lowering drug. METHODS: This observational study was conducted over a week on a representative sample of French general practitioners (GP). All consulting primary care men/women ≥50/60 y, with at least one other CVR factor (smoking, high blood pressure (HBP), type 2 diabetes, HDL-c<0.40 g/L), not treated for dyslipidemia were included in the study. GP filled in an online line questionnaire that enabled SCORE calculation. RESULTS: GPs (n=1147) included 9069 patients (mean age: 68 y; male: 57%; LDL-c<1.3 g/L; 57%; smoking: 21%; HBP: 44%; type 2 diabetes: 21% HDL-c<0.4 g/L); 16%). According to SCORE, HCVR prevalence reached 50% in total population (male: 49%; female: 51%). 50% of HCVR men/women were older than ≥72/47.8 y. HCVR patients were older than ≥75 y (male: 54% vs. female: 39%); non-HCVR patients. Other significantly more frequent characteristics in high CVR population were: HLD-c<0.6 g/L (38%), untreated or uncontrolled HBP (53%) and left ventricular hypertrophy (8%). Obesity is less frequent (15%) in high CVR population. Highest HCVR prevalence was observed in patients with diabetes (74%), and lower (47%) in the Northeast population (p<0.01). Adjustment by age and gender reduces regional disparities (52% vs 48%). CONCLUSIONS: Half consulting primary care patients aged ≥50/60 y for men/women with at least 1 risk factor on top of age and no lipid-lowering treatment are at HCVR according to SCORE risk equation. Assessing cardiovascular risk with risk equations appears particularly useful in this group of patients. Besides age, which has the strongest impact on risk estimation, other RF may be screened to improve HCVR management.

PMD5
CLINICAL AND COST-EFFECTIVENESS OF THIRD-GENERATION, IMPLANTABLE LEFT VENTRICULAR ASSIST DEVICES FOR PEOPLE WITH END-STAGE HEART FAILURE: A SYSTEMATIC REVIEW

Taworska E1, Wlodarczyk A, Budasz-Swiderska M2, Jaworska E, Wlodarczyk A, Budasz-Swiderska M2
1Agency for Health Technology Assessment In Poland (AHTAPol), Warsaw, Poland, 2Military University of Warsaw, Warsaw, Poland

OBJECTIVES: To systematically review the current clinical and cost-effectiveness literature of third-generation, implantable left ventricular assist devices (LVADs) for people with end-stage heart failure (ESHF). METHODS: Three implantable, third-generation LVADs were identified as available in the EU. A systematic literature database was conducted and unbiased search of economic and clinical data (comparative studies) in the ESHF population, since their inception till April 2012, using a number of medical databases. RESULTS: One relevant economic evaluation and four comparative clinical studies (1 vs. virtual control arm & 3 vs. older-generation LVADs) met the inclusion criteria. Therapy success defined as survival ≥12 months or ≥12 months post-biopsy. Recovery, occurred in approx. 92.0% of patients with third-generation LVADs and 90.1% of control patients (second-generation LVAD) in a 6-months period. The 1-year survival of patients who were implanted with third-generation LVADs ranged from 82% to 91%. The most frequently reported adverse events were arrhythmias, bleeding, infec- tion, respiratory and renal failure, right heart failure, and stroke. One included study evaluated the cost-effectiveness of the implantable, third-generation LVADs as destination therapy for patients with ESHF as compared to patients on medical management in the UK. Results showed that at Sys LVADs had an additional cost of about $20,500 per patient and QALY gain of 1.05, giving an incremental cost per QALY of £19 500, which is below the commonly adopted threshold of £25,000 per QALY. However, this finding seems unreliable due to controversial assumptions. CONCLUSIONS: Despite the paucity and unequal methodological quality of included studies, third-generation of implantable LVADs seems beneficial due to improving survival, ther- apy success and functional status. Adverse events serious concern. No prospective controlled data are available as bridge to recovery, nor destination therapy. There is an urgent need for additional, reliable cost-effectiveness studies evaluating third-generation pumps versus previous generations of LVADs.

PMD6
EXTRACORPOREAL PHOTOPHERESIS FOR THE TREATMENT OF PATIENTS WITH ACUTE OR CHRONIC GRASS VERSUS HOST DISEASE (GVHD), REFRAC TORY TO CORTICOSTEROIDS – A SYSTEMATIC REVIEW

Amaru Pathitute, Cracow, Poland, 2Wroclaw Medical University, Wroclaw, Poland

OBJECTIVES: To assess the clinical effectiveness of extracorporeal photopheresis (ECP) in the treatment of acute or chronic steroid-refractory graft versus host disease (GVHD). METHODS: Clinical effectiveness of the analysed intervention was evaluated in the principles of systematic review based on the Cochrane Collaboration guidelines (Cochrane Reviewer’s Handbook) and the guide-