“Personal” or “School” domain was eliminated, indicating the questionnaire is sensitive to the cultural and social differences between Asian and European cultures. The reliability of the instrument as measured by Cronbach’s alpha for the six domains for the diabetics ranges from 0.31 to 0.75.

CONCLUSION: Although the results appear improbable, they agree with the cultural and social characteristics of Singapore where the educational system is highly stressful. Parents of diabetic children may have lower expectations of their children due to their condition, and hence the perceived better QOL among the diabetic children. However, more data needs to be collected to confirm this observation. *Maximum possible score of 100.

**PDG23**

**PHARMACEUTICAL AND HOSPITAL EXPENDITURE FOR ANTI-DYSPEPTIC TREATMENT: THE EFFECTS OF THE INTRODUCTION OF A DISEASE MANAGEMENT GUIDELINE**

Degli Esposti L⁴, Valpiani G¹, Saragoni S¹, Triossi O¹, Degli Esposti E¹

¹ClinCon Srl - Health, Economics and Outcomes Research, Ravenna, Italy; ²Gastroenterology Department of S. Maria delle Croci Hospital, Ravenna, Italy; ³Health Directorate, Ravenna Local Health Unit, Ravenna, Italy

OBJECTIVE: To highlight the effects incurred in the pharmaco-utilization and in the total expenses for dyspeptic patients by the introduction of a disease-management guideline.

METHODS: A retrospective reading of an administrative billing database in the Ravenna Local Health Unit was performed for all health-assisted subjects of 10 GPs who had previously developed and agreed to a clinical guideline to manage dyspeptic patients (Dyspro GPs) as well as by a group of 30 self-regulated GPs (Control GPs). The latter group was selected ex post so as not to be significantly different from the former in terms of personal and patient characteristics. According to anti-dyspeptic treatment, patients were grouped as having had or not previous prescriptions between 01/01/1999 and 12/31/1999. Dyspeptic subjects were divided as having had or not an earlier anti-dyspeptic treatment (new users/users). The follow-up period lasted 365 days.

RESULTS: A total of 51,904 subjects were enrolled, of which 23.1% were enrolled by the Dyspro GPs and 76.9% by the Control GPs. The percentage of dyspeptic patients accounted for 17.6% and 15.0%, respectively, of subjects enrolled by the Dyspro GPs and the Control GPs. The average age of dyspeptic patients was 57.1 ± 18.6 years and 57.3 ± 18.9 years (p = ns) and the percentage of males was 40.1 and 42.0 (p = ns), respectively, in the Dyspro GPs and Control GPs groups. The average drug costs for new users (−35.7 vs −38.56) and users (−107.51 vs −113.73) was higher as was the average hospitalization cost for new users (−65.78 vs −70.84) and users (−61.13 vs −87.40) in patients enrolled by the Control GPs. Casualty department access and gastroscopies were not different among patients enrolled by the physician groups.

DISCUSSION: Pharmaceutical and hospital expenditures decreased as a consequence of the introduction of a disease-management guideline.

**PDG24**

**PHARMACOECONOMIC ASSESSMENT OF RABEPRAZOLE IN PEPTIC ULCER IN RUSSIA**

Snegova E¹, Churilin Y², Moisseyev S¹, Mokhov O¹, Adamyan N¹

¹Center for Pharmacoeconomic Research, Moscow, Russia; ²Center for Pharmacoeconomic Research, Russia; ³Moscow Medical Academy, Moscow, Russia

OBJECTIVE: Rabeprazole (Pariet) is a new proton-pump inhibitor, which offers fast and consistent acid control. Randomized controlled studies showed that rabeprazole in active peptic ulcer is comparable to omeprazole and more effective than ranitidine. We performed economic evaluations of rabeprazole, omeprazole and ranitidine in active gastric and duodenal ulcers.

METHODS: A decision tree model (DATA 3.0 Treeage Software Inc.) was applied for retrospective analysis of peptic ulcer healing rate in controlled clinical trials of the three drugs. Direct costs of standard treatment in a hospital setting (six and four weeks for gastric and duodenal ulcers respectively) were calculated. They included hospital bills, investigations and drug-acquisition costs. Cost-minimization and cost-effectiveness analyses were used to evaluate rabeprazole vs. omeprazole and rabeprazole vs ranitidine respectively. To calculate the incremental cost-effectiveness ratio, we used the rate of improvement in well-being after two weeks of treatment.

RESULTS: The direct costs of rabeprazole and ranitidine in active duodenal ulcer were comparable ($261.21 vs $263.28), but the proton pump inhibitor was significantly more cost-effective than the H2-blocker (incremental cost-effectiveness ratio 0.43 vs 4.66). The difference was due to the higher healing rate and faster effect of rabeprazole. The direct costs of rabeprazole and omeprazole in active duodenal and gastric ulcer were $248.21 vs $266.94 and $311.53 vs $332.77 respectively. The difference was due to lower acquisition cost of rabeprazole.

CONCLUSION: Rabeprazole may offer economic advantages over omeprazole and ranitidine in hospital treatment of active gastric and duodenal ulcers.

**PDG25**

**ECONOMIC DIFFERENTIATION BETWEEN PPIS IN THE TREATMENT OF REFLEX ESOPHAGITIS RELATED TO GERD**

Beard S, Gaffney L

RTI Health Solutions, Manchester, UK