DO PEOPLE CONSIDER THE EFFECTS OF ILL-HEALTH ON INCOME AND LEISURE WHEN ANSWERING HEALTH-RELATED QUALITY-OF-LIFE QUESTIONS?

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OBJECTIVES: The objective of the present study was to evaluate whether people do include the effects of ill-health on income and leisure in quality of life valuation when the measure is silent on both. METHODS: A convenience sample of 20 health professionals (5 medical doctors, 2 medical researchers, and 13 nurses) were administered a questionnaire that described the health status of a 30-year old male patient suffering from multiple sclerosis (MS). Respondents rated that health status on a visual analogue scale (VAS) and were thereafter asked whether the impact of ill-health on income and leisure was included in their valuation. In case either answer was negative, they were explicitly asked to consider these effects in a second VAS question. RESULTS: Twelve (60%) respondents did not consider the effects of ill-health on income whereas only 5 (25%) respondents did not consider the effects of ill-health on leisure. The mean VAS score was significantly higher among respondents who did not consider income (48.33 versus 31.25, p = 0.036). Among those who did not considered leisure or income in the first VAS question, the mean VAS of the second question was significantly lower (mean difference 7.89, p = 0.005). However, 5 respondents (25%) who did not consider income in the first VAS question did not change their VAS score in the second question. CONCLUSIONS: The majority of respondents did not consider the effects of ill-health on income but on leisure. Moreover, respondents may not include the effects of ill-health on income even when they are explicitly asked to do so. Our results are in line with the argument that productivity costs related to paid work should be included as costs whereas productivity costs related to leisure time should be captured in the QALY. Still, health state valuations may need to be more explicit in this respect.

THE COSTS OF MULTIPLE SCLEROSIS—A CROSS-SECTIONAL PROSPECTIVE MULTI-CENTRE COST OF ILLNESS STUDY IN POLAND

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OBJECTIVE: To estimate the costs of multiple sclerosis (MS) in Poland according to severity of disease. METHODS: Enrolled were 148 outpatients with MS at 3 centres across Poland. Socio-demographic, clinical and resource utilization data were collected using a validated questionnaire over a 5-month period. Total, direct and indirect costs were compared among three groups categorised by disease severity (EDSS score): stages I, II and III, corresponding to mild (EDSS 1–3, n = 57), moderate (EDSS 4–6, n = 35) and severe (EDSS 6, 5–8, n = 35) MS, respectively. Cost evaluation was performed from both the public payer and societal perspective. Due to absence of available opportunity costs, tariffs were used as an approximation. Human capital approach was used for calculation of indirect costs. Simple sensitivity analysis was performed by varying the tariffs, valuing caregiving at 40% of the average wage and taking into account extreme values of direct and indirect costs in each group. RESULTS: From the societal perspective the mean total cost/patient/d was estimated at 71,109 and 132 PLN for stage I, II, and III respectively (1 PLN = €). Regardless of EDSS stage indirect costs exceeded direct costs and were estimated at 46, 73, and 84 PLN/patient/d for stage I, II, and III respectively. The increase of total, direct medical and indirect costs associated with progression of disease was statistically significant. The major medical cost drivers were rehabilitation and hospitalizations. The percentage of direct costs covered by public payer was 80% for stage I and II and 60% for stage III. Results were sensitive to the variation applied, but the overall trend remained as in the primary analysis. CONCLUSION: This study confirms that MS represents a high economic burden, with indirect costs greatly exceeding direct costs. As costs increase with disease progression, treatment efforts should focus on patients in the early stages of MS.

RETROSPECTIVE EVALUATION OF THE DOSE OF DYSPORT® AND BOTOX® IN THE CLINICAL MANAGEMENT OF CERVICAL DYSTONIA OR BLEPHAROSPASM—COST CONSIDERATIONS FOR THE REAL DOSE STUDY

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OBJECTIVE: Assess utilization of Dysport and BOTOX for cervical dystonia and blepharospasm and compute the cost consequences of toxin selection. METHODS: Six European study sites abstracted drug utilization data from the records of their patients who had received Dysport then BOTOX or BOTOX then Dysport in a drug crossover that occurred in clinical practice. To reduce potential selection bias and confounding variables, patient records were screened for study inclusion/exclusion criteria during scheduled clinic visits. Patients were screen-qualified if they were ≥18 years of age, medically...
stable, responsive to persistent toxin therapy for ≥1 year before and after drug crossover, did not receive other medications that affect neuromuscular transmission, and were not involved in another drug study. Mean per-patient, per-visit and total toxin dose, dosing ratio (Dysport: BOTOX) and frequencies of adverse drug reactions (ADRs) were computed along with break-even drug cost equivalence in 5 of 6 participating sites. RESULTS: One hundred fourteen screen-qualified patients (70 cervical dystonia, 44 blepharospasm) were assessed, providing 1,399 injections for evaluation. Ratios of mean dose (units) Dysport: BOTOX ranged from 2:1 to 11:1, with 88% of patients greater than 3:1, regardless of study site or direction of drug cross-over. ADRs were more frequently reported during Dysport treatment (11%) than during BOTOX treatment (4.25%). Drug unit cost equivalence (Dysport to BOTOX) based on local pricing were 2.0:1 for the Czech Republic, 3.91:1 in the UK (Hull and Essex), 4.16:1 in Slovenia, and 5.24:1 in Poland. When observed mean dose ratios were compared to cost equivalent ratios, the proportion of patients that would contribute to cost savings if BOTOX were exclusively utilized is 63%. CONCLUSION: BOTOX utilization likely leads to cost savings, based on utilization and current pricing compared to Dysport. When other important considerations such as ADRs are considered, overall savings may be even greater.

PMN18

COST-EFFECTIVENESS OF Z DRUGS (ZOLPIDEM, ZOPICLONE AND ZALEPLAN) VERSUS BENZODIAZEPINES FOR THE SHORT-TERM MANAGEMENT OF INSOMNIA: A SYSTEMATIC LITERATURE REVIEW

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OBJECTIVES: To carry out a systematic review of the published literature that compares the cost-effectiveness of newer hypnotic drugs (zolpidem, zopiclone and zaleplon) with more established hypnotic drugs (benzodiazepines). The aim of this review was to identify economic evaluations that had been undertaken in the context of high quality randomised controlled trials in order to inform UK NHS decision-making. METHODS: The search included a number of strategies. Search terms for electronic databases (MEDLINE, EMBASE, HTA, DARE, NHSEED, OHE-EED, Cochrane Trials Register) included a combination of index terms (e.g. sleep initiation and maintenance disorders or insomnia) and free text words (e.g. insomnia or sleeplessness) combined with specific drug terms (e.g. zaleplon or sonata, zolpidem or stiltudnil). Clinical terms were combined with economic terms (e.g. cost or economic). After scanning the abstracts, all papers that appeared to be of potential value to the study were obtained. Using explicit, predetermined criteria, two reviewers independently identified studies for inclusion in the cost-effectiveness review process. Disagreements were resolved through discussion. RESULTS: Although a large number of papers (n = 923) was identified by the cost-effectiveness search strategies, only 33 were assessed for inclusion in the review, none of which met the inclusion criteria. No full economic evaluations alongside randomised controlled trials were identified either between or across drug groups. Consequently the results of this literature search did not lead to the identification of any papers for inclusion in the review. CONCLUSIONS: The burden of disease associated with insomnia is significant. However, there is a paucity of published economic evidence to support NHS decision-making in this area. It is imperative that economic evaluations alongside randomised clinical trials be conducted in order to build a clinical and economic evidence base to inform decision-making not only in the UK, but also throughout the world.

PMN19

RESOURCE UTILISATION AND COSTS OF PATIENTS WITH SPINAL CORD INJURY (SCI) AFTER INITIAL REHABILITATION

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OBJECTIVES: To identify and evaluate resource utilization and related costs of SCI patients after initial rehabilitation. Both direct (devices, modifications of home or workplace) and indirect (lost productivity) costs were included and evaluated. METHODS: This was a monocenter, retrospective chart-review study supplemented with phone interviews to collect information on home and workplace modifications. The last 200 consecutive patients from the Berufsgenossenschaftliche Unfallklinik Hamburg, Germany fulfilling inclusion and exclusion criteria (most importantly: age 18–35, SCI at C6 or below). Endpoints: Ability to work, actual working patterns, need and costs of home and workplace modifications, need, and costs of professional help for ADLs, costs of mobility devices. A societal perspective was adopted. RESULTS: Total cost from an societal perspective per person in this study was €32,517 (19% devices, 10% professional help, 22% home modifications, 49% indirect costs) in the first year and is estimated at €19,186 for the following years. This does not include cost for workplace modifications for which no reliable data could be collected. However, it may be reasonable to assume this cost to be in the same order of magnitude as the costs for home modifications. Average yearly transfer payments (rent and social welfare) were estimated at €7301 for each patient. CONCLUSIONS: Indirect costs are the major cost driver for SCI-patients, in particular after the first year when initial payments for devices and home modifications are done. Investments to increase the share of working persons with SCI (e.g. by improving mobility and acces-