between the two groups was used Chi Square Test. To evaluate differences in EQ VAS was used both Paired sample T test and a regression analysis using bootstrap estimated of standard error.

RESULTS: No statistically significant differences were reported in all dimensions between the two groups: mobility (P = 1.000), self care (P = 0.064), usual activities (P = 0.213), pain/discomfort (P = 0.213) and anxiety/depression (P = 0.512). The figures obtained using VAS to assess the global health status was: 72.8 ± 0.213) and anxiety/depression (P = 0.512), 1752) was 0.83 (SD, 0.09). The estimate for men (n = 1)

ENDOCRINE DISORDERS

USING EQ-5D TO DERIVE UTILITIES FOR THE QUALITY OF LIFE ASSESSMENT OF GROWTH HORMONE DEFICIENCY IN ADULTS (QoL-AGHDA)

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OBJECTIVE: Wide use of disease-oriented quality of life (QoL) measures, that are not preference based, and thus lack legitimacy for direct use in economic evaluations, has prompted a need for modeling to derive utilities. The QoL Assessment of Growth Hormone Deficiency in Adults questionnaire (QoL-AGHDA) is a disease-oriented measure used to assess impairment in QoL in adults with growth hormone deficiency. The present study aims to provide a model for deriving utilities directly from the QoL-AGHDA.

METHODS: The EQ-5D and the QoL-AGHDA were mailed to a random sample (n = 2990) of the Swedish population (response rate, 65%). The Jack knife method was used to obtain cross-validated parameters of QoL-AGHDA-based utilities. Using the EQ-5Dtransformed QoL-AGHDA scores correspond to the QoL-AGHDA.

The transformation algorithm was: U (QoL-AGHDA-based utilities) = [102.2 – 1.80*QoL-AGHDA score – 0.227 * age – 1.21*Gender (men = 0; women = 1)]/100. The mean of the weighted estimate for the total population (n = 1752) was 0.83 (SD, 0.09). The estimate for men (n = 861; mean, 0.84; SD, 0.09) was higher (p < 0.001) than for women (n = 891; mean, 0.82; SD, 0.09). CONCLUSION: The present model could be used to derive utilities directly from the QoL-AGHDA; however, it should be highlighted that the coefficients presented here come from the homogeneous Swedish population and thus application to other populations should be carefully considered.

LONG-TERM QUALITY OF LIFE (QoL) OUTCOMES IN THE TREATMENT OF ADULTS WITH GROWTH HORMONE DEFICIENCY (GHD)—A 5 YEAR STUDY

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Although the beneficial effect of growth hormone replacement on QoL in adults with GHD is well recognized, the long-term effect of this therapy on QoL remains uncertain. OBJECTIVES: To determine the effect of long term GH replacement on QoL in patients compared with country-specific normative data for the general population (GP). METHODS: QoL was measured using Quality of Life Assessment for Growth Hormone Deficiency in Adults (QoL-AGHDA) in patients and GP in Sweden and England & Wales (E&W). QoL-AGHDA is a 25-item questionnaire that elicits yes/no responses that are used to compute a summary score. GP data were obtained from 1682 randomly selected individuals from Sweden and 892 from E&W. These data were compared with KIMS (Pfizer International Metabolic Database) data for 121 patients from Sweden and 77 from E&W with 5 years of complete follow-up. Age-range was 20–79 years. Linear regression methods were used to estimate age- and gender-adjusted differences between patients and the GP at one-year intervals. The significance level was set at 5%. RESULTS: The (adjusted to age 50) mean QoL-AGHDA score at baseline were 8.21 and 15.2 (SEM 0.44 and 0.68) for the Swedish and E&W patients, respectively. For the GP samples the corresponding mean scores were 3.80 and 6.6 (SEM 0.12 and 0.20). The mean difference between patient scores at baseline and GP scores were −4.4 for Sweden and −8.6 for E&W (p < 0.0001). However, these differences reduced markedly after the first year of treatment and were subsequently maintained at statistically non-significant differences compared to the general populations. CONCLUSIONS: This study shows that adults with GHD who receive long-term GH replacement benefit most with respect to QoL during the first 12 months of therapy and that this improvement was maintained at levels close to normalization in QoL over 5 years of follow up.
specific markers, e.g. growth hormone (GH) and insulin-like growth factor (IGF-I), and to compare the results of the 22-item (8 physical and 14 psychological) Acromegaly Quality-of-Life questionnaire [ACROQOL] and Short Form-36 Health Survey [SF-36] in this population. Some of data collected will support also the ongoing validation of ACROQOL questionnaire. METHODS: This is the largest European multinational, open, non-comparative, single evaluation, observational trial evaluating the HRQOL of patients with acromegaly treated with Sandostatin® LAR®. This preliminary analysis presents interim results from 208 Italian and 71 Spanish patients. Recruitment is ongoing in England, France, Germany, Greece, Portugal, and Turkey. A total of more than 500 patients are expected. GH and IGF-I levels were measured within two months of completion of the questionnaires and sociodemographic data were also recorded. Multivariate analyses were used to explore relationship between HRQOL score and clinical and sociodemographic variables. RESULTS: From this preliminary analysis, there was no apparent relationship between HRQOL and sociodemographic variables; and no correlation with levels of GH or IGF-I. There was a marked correlation between ACROQOL and physical component score of SF-36, but less significant correlation between ACROQOL and mental component score. The overall impact of acromegaly on HRQOL in patients treated with Sandostatin® LAR® has not yet been analysed. CONCLUSIONS: ACROQOL may be a more descriptive measure of HRQOL in the acromegaly population than the SF-36. In terms of the SF-36, there was a superior correlation between the physical function component and ACROQOL than with the mental component score, suggesting that the ACROQOL is more sensitive to the psychological impact of the disease.

PED4

SUSTAINED IMPROVEMENT IN PATIENT-REPORTED OUTCOMES (PRO) AND NORMALIZATION OF HEALTHCARE UTILIZATION (HCU) DURING GROWTH HORMONE (GH) REPLACEMENT THERAPY IN HYPOPITUITARY ADULTS IN THE NETHERLANDS

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OBJECTIVES: To investigate whether long-term GH replacement in GH deficient adults results in improvements in PRO and HCU in comparison with Dutch population data. METHODS: Analyses were performed using data from KIMS (Pfizer International Metabolic Database). Data were available for 164 Dutch patients (78 men) for the first year of treatment, whereas 2 and 3-year follow-up data were available for 107 and 62 patients respectively. Quality of life (QoL) was assessed using the Nottingham Health Profile (NHP) and disease-specific QoL-AGHDA questionnaire. HCU data were obtained with the Patient Life Situation Form (PLSF). Statistical analyses were performed with repeated measurements technique (all values presented as mean ± SEM or mean [95% CI]). Normative data for the QoL-AGHDA questionnaire are currently being collected and will be compared with patient data. RESULTS: Both QoL measures showed a significant sustained improvement over the 3-year treatment period (from 7.5 ± 0.55 to 5.0 ± 0.59 for NHP, from 10 ± 0.5 to 6.8 ± 0.7 for AGHDA). Data collected with the PLSF showed a sustained subjective improvement in personal well-being for more than two-thirds of patients. There was a significant decrease from the previous years in the number of visits to the doctor (from 7.1 (5.7–8.8) to 2.7 (1.7–4.3)), days in hospital (from 5.1 (3.0–8.6) to 1.7 (0.3–8.6)) and days of sick leave (from 39 (0–120) to 1.9 (0–10)) during GH therapy. These data in comparison with the average number of visits to the doctor in 2004–2005, the average number of hospital days in 2003–2004, the average number of sick days in 2003 for the Dutch working population—14.7 (Source, CBS, 2005) showed normalization of HCU CONCLUSION: Data obtained confirm that GH replacement therapy results in a sustained long-term improvement in PRO and normalization of HCU in The Netherlands.

GI DISORDERS

PGI

CLINICAL OUTCOMES OF RABEPRAZOLE IN PATIENTS WITH GASTRO-OESOPHAGEAL REFLUX DISEASE IN REAL-WORLD CLINICAL PRACTICE

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OBJECTIVES: To evaluate the timing and degree of symptom relief with rabeprazole in a real life setting of patients with gastro-oesophageal reflux disease (GERD). METHODS: A prospective, multi-centre, observational study was conducted in which Canadian general practitioners (n = 115) prescribed rabeprazole to adults with GERD. Subjects had to be newly diagnosed or demonstrate insufficient control on their current PPI, H2-antagonist and/or antacid and not have used rabeprazole previously. At the baseline office visit (Day 0), physicians collected demographic and clinical history data. Subjects were prescribed rabeprazole (2 × 10 mg daily) and sent home with a seven-day diary to record symptom severity and symptom control. Subjects also completed a Global Symptom Rating on Day 7 with improvement defined as equal to or greater than 1 point change in severity rating. RESULTS: Of the 312 subjects who reported taking rabeprazole on Day 0, more than half were over 50 years of age and 56% female. The number of subjects reporting baseline Daytime Heartburn (D-HB), baseline Nighttime Heartburn (N-HB), and Regurgitation (R) were 245, 230 and 194 respectively. 63% of D-HB, 73% of N-HB and 72% of R reported improvement within the first 2 days of therapy. Of the subjects experiencing improvement during the first two days of therapy, 83% of D-HB, 83% of N-HB and 82% of R maintained or further improved symptoms to the end of the study. Overall, the majority of patients (76%) indicated marked (56%) or moderate (20%) improvement for the onetime Global Symptom Rating score on Day 7. CONCLUSIONS: Rabeprazole demonstrated a high level of effectiveness within the first two days of therapy, which was maintained in subjects with a prolonged history of GERD, including those with prior PPI treatment. The results of this real world study provided valuable information on the true efficacy of rabeprazole.

PGI2

COST EFFECTIVENESS AND BUDGET IMPACT OF LAMIVUDINE ANTIVIRAL TREATMENT FOR CHRONIC HEPATITIS TYPE B PATIENTS IN TAIWAN

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OBJECTIVES: To evaluate cost-effectiveness and budget impact of short and long-term lamivudine antiviral treatment for chronic hepatitis type B (CHB) in Taiwan. METHODS: A