OBJECTIVES: To evaluate use of resources and health-related quality of life (HRQOL) in Spanish subjects with IBS compatible symptoms meeting and not meeting the Rome II criteria. **METHODS:** Cross-sectional study in a representative sample of 222 subjects with IBS compatible symptoms. Data were obtained in face-to-face interviews performed in the respondent's home. Data on IBS compatible symptoms, number of medical visits, diagnostic tests, drugs, disability days, and restrictions on main activity during the previous 12 months were compared between subjects meeting the Rome II criteria and those who did not. HRQoL was measured using the SF-36. **RESULTS:** Compared to subjects with IBS compatible symptoms who did not meet the Rome II criteria, a greater proportion of subjects meeting the Rome II criteria had consulted a health care professional (67.7 vs 41.4%), principally general practitioners (49.2% vs 31.8%) and gastroenterologists (27.7 vs 8.9%); underwent a diagnostic test (35.4% vs 17.2%); were taking medication (70.8% vs 45.2%); were unable to perform their main activity (21.5% vs 10.8); or reported restrictions on their main activity (60% vs 27.4%). Subjects meeting IBS Rome II criteria reported worse HRQOL than members of the general population on all dimensions of the SF-36 ($P < .05$) except Physical functioning and Role functioning. **CONCLUSIONS:** IBS subjects meeting the Rome II criteria reported greater use of health resources than subjects with IBS compatible symptoms who did not meet the Rome II criteria, and they reported worse HRQoL when compared with the general population.

PGU6

DEVELOPMENT AND INITIAL PSYCHOMETRIC VALIDATION OF THE PATIENT ASSESSMENT OF UPPER GASTROINTESTINAL DISORDERS-QUALITY OF LIFE INSTRUMENT (PAGI-QOL) IN GI PATIENTS

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A multi-language Patient Assessment in upper Gastrointestinal disorders, the PAGI, has been developed for use in international trials in patients with Gastroesophageal Reflux Disease (GERD), dyspepsia and gastroparesis. This comprehensive assessment is made of two complementary parts: a symptom questionnaire (PAGI-SYM), and a Health Related Quality of Life questionnaire (PAGI-QOL). **OBJECTIVE:** To assess the preliminary psychometric properties of the PAGI-QOL in a US sample of GERD patients. **METHODS:** 249 patients selected from a previous epidemiological survey filled in the PAGI questionnaire via phone interviews. Psychometric testing included test of scaling assumptions, internal consistency, test-retest reliability and clinical validity. **RESULTS:** The seven hypothesized subscales of the 43-item PAGI-QOL were confirmed by the item convergent validity (item-scale correlation > 0.40) for all but one item (0.39), and by the item discriminant validity (scaling success from 94 to 100%) for all but one scale (67%). Excellent internal consistency was observed with Cronbach's alpha coefficient ranging from 0.76 to 0.95. Test-retest reliability in subjects who were clinically stable over two weeks was also excellent (intraclass correlation coefficient from 0.76 to 0.94). The PAGI-QOL significantly discriminated patients with different levels of symptom frequency and symptom intensity, indicating its clinical validity. **CONCLUSIONS:** Preliminary psychometric results support the reliability and the validity of the PAGI-QOL. An international validation study is on going to establish the structural cultural equivalence of the PAGI-QOL across countries and its responsiveness.

PGU7

IN FINLAND, SWEDEN AND THE UK, ESOMEPRAZOLE IS COST-EFFECTIVE COMPARED WITH OMEPRAZOLE FOR THE ACUTE TREATMENT OF PATIENTS WITH REFLUX OESOPHAGITIS

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OBJECTIVES: Esomeprazole is a new proton pump inhibitor which has been shown to be superior to omeprazole in the healing of reflux oesophagitis. The objective of this analysis was to compare the cost-effectiveness of acute treatment for up to eight weeks with esomeprazole, 40 mg od, or omeprazole, 20 mg od, in patients with reflux oesophagitis. **METHODS:** Based on the results from clinical studies, a simple decision analysis model was designed to compare the cost-effectiveness of the two treatment strategies. Patient management was based on results from a UK physician survey of patient management in clinical practice. The UK survey results were adjusted for Finland and Sweden based on expert opinions. Direct medical costs in Finland, Sweden and the UK were used. Time with Gastro-Oesophageal Reflux Disease (GORD), defined as weeks with endoscopic lesions, was used as the measure of effectiveness. **RESULTS:** The esomeprazole strategy was dominant over the omeprazole strategy. Time with GORD was 2.9 weeks per patient in the esomeprazole strategy and 3.6 weeks in the omeprazole strategy. The esomeprazole strategy incurred lower direct medical costs than the omeprazole strategy. **CONCLUSIONS:** Esomeprazole is cost-effective compared with omeprazole for the acute treatment of patients with reflux oesophagitis.