to each IOL material used in each of the 4 countries. RESULTS: Ranking the materials in the countries shows that hydrophobic acrylic is number one in all the countries except Germany where it was second. PMMA had the best ratio in Germany, was second in Spain and only third in Italy and France. Silicone was second in France and ranked third in the other countries. Hydrophilic had the worst ratio overall in all countries. CONCLUSIONS: Cost effectiveness ratios of hydrophobic acrylic were better than those of the other types of IOL materials used in most countries. Sensitivity analyses were performed to vary the base case analysis to demonstrate the economic importance of the assumptions. In all cases, acrylic hydrophobic IOL material was shown to be a cost-effective option.

PAE15

A MULTI-CENTER RETROSPECTIVE STUDY OF RESOURCE UTILIZATION AND COSTS ASSOCIATED WITH GLAUCOMA MANAGEMENT IN FRANCE AND SWEDEN

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OBJECTIVES: To assess resource utilization and direct costs associated with managing glaucoma patients initiated on medical therapy over a 2-year period in France and Sweden. METHODS: A total of 267 adult patient records (121 in France, 146 in Sweden) were randomly selected from 4 sites per country based on a diagnosis of primary open-angle glaucoma (POAG) or ocular hypertension (OH). Patients had to have a minimum of 2-years follow-up, beginning in December 1997, and started on medical therapy at the time of study entry. Patients were excluded based on ocular comorbidities, early glaucoma surgical management, and prolonged hospitalization. Records were reviewed for clinical and resource data including intraocular pressure (IOP) measurements, visual field parameters, medical consultations, as well as glaucoma medications, tests, and surgeries. Patients with available clinical data were stratified according to severity. Resource data were assigned economic valuation to determine direct costs from the third-party payer perspective. Multiple regression analyses were then performed to identify the main cost drivers in treatment. RESULTS: The total average annual direct cost of treating glaucoma was estimated at €467 patient for all patients. In Sweden, the total annual direct cost was higher than in France (€531 patient vs. €390 patient). Glaucoma medication costs comprised 49% of total direct cost in both countries. Results from the linear regression analysis indicated that patients with the greatest severity categories had drug costs that are 1.8–3.0 times higher, and total costs 3.6 times higher than for less severe patients. Patients with higher baseline IOPs were found to have higher average treatment costs. CONCLUSIONS: Glaucoma treatment costs in Europe are particularly significant for end-stage and higher baseline IOPs patients. Treatment costs represent a substantial proportion of direct costs. These findings suggest that therapies targeted at efficient IOP control slowing disease progression will prove to be the most cost-efficient.

PAE16

PSYCHOMETRIC VALIDATION OF THE NEI-VFQ 25 FRENCH VERSION IN A POPULATION OF PATIENTS TREATED FOR OCULAR HYPERTENSION AND GLAUCOMA

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OBJECTIVE: Physicians need reliable, valid and sensitive questionnaires to assess QoL related to glaucoma or ocular hypertension. This abstract presents the psychometric properties of the French version of the NEI-VFQ-25. METHODS: This study was conducted with the Sofres institute. Sending a mail survey to 20,000 households identified residents with glaucoma or ocular hypertension. A random sample took part in a telephone survey. Principal Component Analysis (PCA) and Multi-trait analysis were performed to assess the construct validity of the questionnaire. Internal consistency reliability was assessed using Cronbach’s alpha and the average inter-item correlation. Known-group validity was assessed by comparing patients grouped by duration of glaucoma, adjusted for age and gender. RESULTS: A total of 173 patients suffering from a glaucoma or ocular hypertension and taking treatment participated in the survey. Twelve factors were retained by the PCA, together explaining 84.54% of the total variance. Analysis of convergent validity showed that all of the items in each scale correlated above 0.40 with their own scale except for the Driving scale. Success rate of the discriminant validity ranged from 57.1% to 92.9% except for the Driving scale, which was lower. Cronbach’s alpha coefficients were all above 0.70 excepted for the driving score. Participants with glaucoma for less than 20 years consistently had better Global, Near vision, Distant vision, Driving, Social function and Peripheral vision scores than those with 20+ years indicating better QoL. CONCLUSION: Our results showed that the NEI-VFQ25 is a validated instrument to measure vision-targeted QoL in French populations with glaucoma.