Abstracts

**OBJECTIVES:** The aim of the study is to investigate the effect of the implementation of Diagnosis Related Groups (DRGs) on the average length of stay in the rheumatology departments in Hungary. **METHODS:** The data derive from the financial database of the National Health Insurance Fund Administration (OEP) of Hungary covering the period of 1995–2004. All the rheumatology departments in Hungary are included into the study. For the analyses we choose the average length of stay (ALOS). We compared the changes in the average length of stay of rheumatology departments with the national average of all medical specialties. During the period of 1995–2004 there were used 7 different versions of the Hungarian DRG. **RESULTS:** The average length of stay was 14.88 days in rheumatology in 1995 while it was on average 9.68 days for all medical specialties. For 2004 the average length of stay decreased by 3.85 days to 11.03 days in rheumatology and by 2.72 days to 6.96 days in all medical specialties. The gap between rheumatology and the national average of all medical specialties has been also closing up from a difference of 5.20 days in 1995 to 4.07 days in 2004. According to progressivity levels we found the longest average length of stay in national medical institutes providing higher (tertiary) level of medical care while the shortest ALOS was observed in city hospitals providing basic hospital care. **CONCLUSIONS:** We found that although the average length of stay of all medical specialties decreased between 1995–2004, the rheumatology departments underwent a significant reduction of their average length of stay. After the implementation of the Diagnosis Related Groups (DRG) system the hospitals realized financial incentives in order to reduce their costs. In our investigation we managed to confirm that the efficiency of rheumatology care improved during this decade.

**PRICES OF GENERIC DRUGS IN FINLAND VS. EUROPE**

**OBJECTIVES:** To compare price level of generic drugs in Finland and in Europe on average and to find out whether price level of generics decreases faster or slower in Finland compared to Europe. **METHODS:** Active substances that had over 2% market share of generic market in Finland in 2005 were included. Top 16 most sold substances fulfilled this criterion of the time price deflation the time from the launch date of the first generic product of each substance was used as an estimate of the time medical specialities decreased between 1995–2004, the rheumatology departments underwent a significant reduction of their average length of stay. After the implementation of the Diagnosis Related Groups (DRG) system the hospitals realized financial incentives in order to reduce their costs. In our investigation we managed to confirm that the efficiency of rheumatology care improved during this decade.

**SWITCH PATTERNS AROUND PATENT EXPIRY WITH ECONOMIC IMPLICATIONS FOR THE NETHERLANDS**

**OBJECTIVES:** To investigate the influence and economic impact of therapeutic substitution around patent expiry. **METHODS:** Analyses were done for proton pump inhibitors (PPIs) with data obtained from the InterAction Database (IADB), comprising pharmacy dispensing records of approximately 500,000 patients of the Northern and Eastern part of The Netherlands. Trends in PPI-use were presented quarterly between 2000–2003. To analyse differences in switching patterns for omeprazole (patent expiry: april 2002), two cohorts were defined and followed for two years: omeprazole users before (cohort 1) and after (cohort 2) patent expiry. Survival analysis was conducted using patient-specific data to identify ‘switchers’ from and ‘survivors’ on omeprazole. **RESULTS:** PPI-use increased over time, with a downward trend in proportional omeprazole use compared to other PPIs. Totals of 5913 and 7369 patients could be included in cohort 1 and 2, respectively. During follow-up, 495 (8%) patients in cohort 1 and 998 (14%) patients in cohort 2 switched from omeprazole to another PPI (p <