PNM15

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

Sendi P[1], Brouwer WBF[2]
[1]Basel University Hospital, Basel, Switzerland; [2]Erasmus University Rotterdam, Rotterdam, Netherlands

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.

PNM16

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

Orlewska E[1], Mierzejewski P[1], Zaborski J[2], Czlonkowska A[2]
[1]Medical University of Warsaw, Warsaw, Poland; [2]Institute of Psychiatry and Neurology, Warsaw, Poland

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, 5, n = 57), moderate (EDSS 4–6, n = 56) 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 = €4). 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.

PNM17

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

Marchetti A[1], Magar R[1], Ahmed F[2], Findley L[3], Larsen JP[4], Pirtosek Z[5], Ruzicka E[6], Slawek J[7]
[1]Thomson Health Economics Research, Secaucus, NJ, USA; [2]Hull Royal Infirmary, Hull, United Kingdom; [3]Avenue House, Romford, United Kingdom; [4]Central Hospital of Rogaland, Stavanger, Norway; [5]University Clinical Centre, Ljubljana 1525, Slovenia; [6]Movement Disorder Center, Prague 2, Czech Republic; [7]St Adalbert Hospital, Gdansk, Poland

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