tional for Sick Children, reviews 70 charts representing healthy children who had strabismus surgery and were given ondansetron or dimenhydrinate prophylactically. Cost-consequence analysis is used to compare costs and outcomes. Cost information was obtained from the finance department and the hospital pharmacy. Cost items include the acquisition cost of the antiemetics, the cost of administering the agents, the cost length of stay in the post anesthetic care unit (PACU) and the cost of an episode of emesis, including laundry expense, materials, nursing time, housekeeping time and rescue treatment. The outcome measure used to determine the effectiveness of the antiemetics is the number of POV-free patients. This represents patients that did not experience POV that would have otherwise done so without the prophylactic administration of an antiemetic. RESULTS: In an adjusted cohort of 100, the number of POV-free patients was 45.3 for ondansetron and 38.2 for dimenhydrinate. The costs per patient were CAD$185.34 for ondansetron and CAD$232.34 for dimenhydrinate. The length of stay in the PACU represented over 97% of total costs, and the mean lengths of stay in the PACU for ondansetron and dimenhydrinate were significantly different, 3.43 and 4.41 hours, respectively. CONCLUSION: Ondansetron is more effective in reducing POV and less expensive than dimenhydrinate. However, the dominance ondansetron offers over dimenhydrinate is dependent on the length of stay in the PACU. This study should serve as a pilot for a larger scale investigation on the correlation between the length of stay in the PACU and the antiemetic agent used.

Diabetes/Obesity II

DB5

BODY MASS INDEX (BMI) AND TRENDS IN GP CONSULTATIONS AND PRESCRIBING: A UK NHS PERSPECTIVE
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OBJECTIVE: To assess trends in UK GP consultations and prescribing according to BMI classification. METHODS: The DIN-LINK longitudinal patient database comprises 1.5 million anonymised medical records from GP practices across Great Britain. This analysis was based on a cohort of 75,738 DIN-LINK patients, with BMI status recorded, who had seen their GP in the year ending August 2004. Patients were grouped according to three BMI classifications: normal (BMI < 25), overweight (25–30) and obese (>30). We examined the mean number of consultations per patient and the lengths of these consultations in the three groups. The number and type of prescriptions issued were also measured. RESULTS: The mean number of consultations per patient increased as patients’ BMI increased from normal to obese. Patients with a BMI below 25 saw their GP a mean 6.4 times [SD 36.5] during the year, this was significantly lower than patients who were overweight (7.5 [35.5]). Patients classified as obese had the highest mean number of consultations at 8.7 [35.3]. This trend was repeated when the number of prescriptions issued per consultation was investigated. In the normal BMI group a mean 0.87 prescriptions were issued per consultation, increasing to 0.99 for the overweight individuals; this rose again to 1.17 in the obese group. Over the course of the year, obese patients were issued with a mean 10.3 prescriptions, almost twice as many as normal BMI patients (mean 5.6). There appeared to be only slight increases in the lengths of consultations as BMI classification increased from normal to obese. CONCLUSION: Our preliminary analysis shows that patients with a higher BMI are likely to visit their GP more frequently, and be issued with more prescriptions, than those of normal weight. The length of a consultation, however, does not appear to be influenced greatly by BMI status.