Abstracts

USD686.3 for EAC and RAC groups respectively. The overall cost/patient for H. pylori eradication was USD849 and USD 847.3 for EAC and RAC groups respectively. No significant adverse effects were experienced by patients in either group and hence cost incurred in this area was minimal. CONCLUSION: Esomeprazole and rabeprazole triple therapies appear to have similar effectiveness in H. pylori eradication in patients with non-ulcer dyspepsia. Rabeprazole triple therapy may have cost savings when the whole population is considered.

INDIVIDUAL’S HEALTH

PATIENTS’ WILLINGNESS TO PAY FOR DIFFERENT CHARACTERISTICS OF THE ATOPIC DERMATITIS TREATMENT Monzini MS1, De Portu S2, Baranzoni N3, Scalone L1, Giannetti A4, Mantovani LG1

1University of Milan, Milan, Italy, 2University of Naples, Federico II, Naples, Italy, 3Pollicino Hospital, University of Modena and Reggio Emilia, Modena, Italy

OBJECTIVE: Different treatments are available for Atopic Dermatitis care. The preferences of patients should be taken into consideration in the development of treatment strategies. The aim of this study is to establish patients’ preferences and their willingness-to-pay (WTP) on different AD treatment options.

METHODS: The CODA study was a naturalistic, multicentre, longitudinal ambispective (retro-prospective), prevalence based Cost-of-Illness study. Data on patients with moderate or severe AD enrolled during flare-up were collected. A discrete-choice-experiment (DCE) was applied to enrolled patients. The following attributes were considered to be important after interviewing 20 patients: pharmaceutical formulation (water-based cream vs oil-based cream), the delay of The rapeutic response (4 hours vs. 24 hours vs. 48 hours), duration of therapeutic response (1 week vs. 4 weeks vs. 8 weeks), long-term side effects and local side effects (possible vs no). In order to estimate the WTP we added the out-of-pocket cost of treatment (€0 vs. €50 vs. €100/month).

RESULTS: One-hundred-and-one of the 104 enrolled patients (males 53.8%, mean age 32.9 ± 11.8) filled in the DCE questionnaire. All attributes, excluding pharmaceutical formulation, were relevant in patients’ choice (P < 0.001). Since the attribute “cost” is determinant in the choice, a monetary value can be assigned to each other relevant attribute. The conditional-probit model demonstrated that patients are willing-to-pay per month: €104 for a “8 weeks therapeutic response” compared with 1 week; €47 for a treatment with “no local side effects”; €45 for a treatment with “no long term side effects”; €21 for a “therapeutic response delay” of just one day.

CONCLUSIONS: To our knowledge, our study is the first to elicit patients’ preferences and their WTP for AD treatment. This information can guide clinicians and decision makers to plan optimal health care.

FEASIBILITY AND PRIMARY VALIDITY OF A GERMAN EQ-5D CHILDREN’S VERSION

Greiner W

Universität Bielefeld, Bielefeld, Germany

OBJECTIVE: Validating a German child-friendly version of the EuroQol (EQ-5D) in different patient samples. METHODS: After the translation from the original English version and pretesting in cognitive interviews with native speakers of the target language, the questionnaire was tested in two patient groups (obesity and CF) and a sample of healthy children between the ages of 8 and 16. For the validation three validated instruments which measure hrQoL in children and adolescents were utilized (KINDL, KIDSCREEN and ChildDynHA). T-Tests were conducted to audit potential differences in the EQ-5D scores depending on age and sex of the children. Descriptive statistics were used to summarize EQ-5D scores as well as scores of the additional instruments.

RESULTS: The correlation between the EQ-5D and the other instruments was quite high (0.46–0.61). The highest correlation was found in the mobility dimension. The CF groups shows the highest rates of reported problems (42%), the rates of children who report no problem are quite similar for the obese and the healthy children (25 versus 27).

CONCLUSIONS: This pilot study of the questionnaire showed that the German child-friendly version of the EQ-5D is a valid and feasible instrument to measure hrQol.

HEALTH OUTCOMES FOR MOTHERS OF DISABLED AND CHRONICALLY ILL CHILDREN

Lethbridge L1, Burton P2, Phipps S3

Dalhousie University, Halifax, NS, Canada

OBJECTIVES: To test whether the health of the mothers is affected by the presence of a disabled or chronically-ill child.

METHODS: Using the National Longitudinal Survey of Children and Youth (1994–2000), a nationally representative household survey in Canada, ordered Probit analysis was used to test the effect of the presence of a disabled child on self-reported health, controlling for other factors. Firstly, we modeled the health effect of a disabled child in the house currently. Secondly, utilizing the longitudinal aspect of the data, we modeled the effect of the presence of a disabled child: a) currently only; b) previous years only; and c) both currently and previously. Married and lone mothers are analyzed separately for children aged 6–15 years of age in 2000 for a sample size of 5217 and 1177 for married and lone mothers, respectively. Bootstrap standard errors were calculated to account for multi-staged, non-random survey design. To cope with causal inference issues we: 1) control for previous health status, and 2) test results using propensity score matching (PSM).

RESULTS: Evaluating at the sample means, model 1 indicates a shift down in the health distribution for mothers with disabled children. There is a lower probability of excellent health of 10.88–11.2 percentage points for married mothers with a disabled child compared to households with no disabled children. Lone mothers show a difference of 0.7–11 percentage points although health for lone mothers is lower in general compared to married mothers. Model 2 shows the strongest association for those households with a disabled child both currently and in the past. PSM analysis confirms our results. CONCLUSIONS: The presence of a disabled or chronically-ill child has a statistically significant effect on the health of mothers. Consequences for maternal health are larger in the long-run, if the child’s condition persists.

METHYLPHENIDATE PRESCRIPTIONS FOR CHILDREN AND ADOLESCENTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD): NEW DATA FROM BADEN-WUERTTEMBERG/GERMANY

Schlender M1, Schwarz O2, Viapiano M1, Bonauer N2

1Institute for Innovation & Valuation in Health Care (InnoVal-HC), Eschborn, Germany, 2Kassenärztliche Vereinigung Baden-Wuerttemberg, Karlsruhe, Germany

In line with international trends, methylphenidate prescriptions in Germany have been growing 20-fold over the last decade. This has contributed to concern about potentially inappropriate and excessive psychostimulant treatment for youths. OBJECTIVE: To clarify methylphenidate prescriptions for children and ado-