correlated strongly: 0.75 (p < 0.001). The responsiveness was moderate for SF-6D (SRM = 0.40) and high for EQ-5D (SRM = 0.83). CONCLUSION: Both SF-6D and EQ-5D captured worsening and improvements in health over time. However, the use of EQ-5D resulted in larger utility losses and gains and in consequence may result in lower cost-utility ratios.

Study showed high responsiveness for EQ-5D and moderate for SF-6D, indicating that EQ-5D is more suitable for use as utility measure in clinical trials in elderly hip fracture patients.

POSTER SESSION III

ALLERGY/ASTHMA—Clinical Outcomes Studies

PAA1

SUB-ACUTE LACK OF ASTHMA CONTROL AND SUBSEQUENT ACUTE ASTHMA EXACERBATIONS: EVIDENCE FROM MANAGED CARE DATA

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OBJECTIVES: To determine whether sub-acute lack of asthma control (SALAC), independent of current exacerbations, is associated with subsequent acute asthma exacerbations. METHODS: Patients who were aged ≥12 years as of 2001, continuously enrolled throughout 2001–2004, and had ≥1 claims for asthma (ICD-9-CM code 493.x), no claims for COPD or cystic fibrosis, and ≥1 prescriptions for an asthma medication anytime during 2001–2004 were identified using administrative claims data from PharMetrics/IMS Health. SALAC was defined as ≥4 physician visits for asthma per year (or ≥2 per quarter) or ≥5 SABA prescriptions per year. The impact of asthma control category during 2001 (exacerbation only, SALAC only, both exacerbation and SALAC, or neither exacerbation nor SALAC) on having ≥1 acute asthma exacerbations (hospital admissions, ED visits, or short-term courses of oral corticosteroid therapy within 7 days of a physician office visit) anytime during 2002–2004 was assessed using logistic regression. Covariates included gender, age, insurance type, and region. RESULTS: Among 11,779 asthma patients in 2001, 8% experienced an exacerbation only (EO), 26% experienced SALAC only (SO), 12% had both an exacerbation and SALAC (Both), and 54% had neither an exacerbation nor SALAC (Non). The 2002–2004 exacerbation rate was higher in the Both group vs. the EO group (61.8% vs. 55.0%) and in the SO group vs. the Neither group (37.3% vs. 31.9%). Controlling for the covariates and comparing with the Neither group, the Both group had a larger impact on the odds of an exacerbation in 2002–2004 than did the EO group (3.394 [95% CI: 3.009, 3.827] vs. 2.503 [2.176, 2.879], and the SO group had a significant and positive effect (1.277 [1.166, 1.399]). CONCLUSION: SALAC identifies an additional 26% of asthma patients who have a higher likelihood of a subsequent exacerbation in addition to the 20% who experienced an exacerbation in 2001.

PAA2

PREVALENCE OF UNCONTROLLED SEVERE PERSISTENT ASTHMA PATIENTS IN PNEUMOLOGY AND ALLERGY HOSPITAL UNITS IN SPAIN

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OBJECTIVES: Severe persistent asthma is not always adequately controlled and its prevalence is unknown among pneumology and allergy hospital units. The aim of this study is to determine uncontrolled severe persistent asthma prevalence among asthmatic patients attended in hospital units, to describe their clinical characteristics and to determine the prevalence of sensibility to common aeroallergens. METHODS: Cross-sectional epidemiologic study conducted in 201 hospital pneumology and allergology units in Spain. Asthmatic patients attending these services (in and out-patients) during a 6-month period were registered. Demographic data, clinical characteristics, skin-prick test, total serum IgE, asthma control test (ACQ) and quality of life (AQLQ) assessments were collected among a sample of asthmatics patients. RESULTS: A total of 1,423 (3.9% [CI 95%: 3.7–4.1%]) out of 36,649 asthma patients attending hospital units, had uncontrolled severe disease, data from 330 was collected. They showed a poor asthma control (a mean (SD) ACQ score 4.17 [0.96]). 55.9% of the sample had a positive skin-prick test to common aeroallergens and 53.6% showed high levels of total serum IgE. The percentage agreement between control assessment by the investigator and by GINA guidelines was moderate (65.3%, Kappa = 0.365), this discrepancy is basically explained by an overestimation of control by specialists. CONCLUSION: 1) Uncontrolled severe persistent asthma shows a limited prevalence among hospital asthma patients in Spain; 2) The level of the asthma control is overestimated by physicians; and 3) A half of the sample fulfilled criteria of the allergic disease.

ALLERGY/ASTHMA—Cost Studies

PAA3

A BUDGET IMPACT MODEL FOR DETERMINING THE COSTS OF INTRODUCING A NEW EXTRAFINE COMBINATION (BECLOMETHASONE/FORMOTEROL) FOR THE TREATMENT OF MODERATE TO SEVERE PERSISTENT ASTHMA IN SPAIN

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OBJECTIVES: A budget impact model was developed to estimate the economic impact of introducing beclomethasone/formoterol extrafine for the treatment of moderate to severe persistent asthma in Spain. METHODS: The analytic model is based on data from disease prevalence, population growth, drug consumption, ex-factory prices and market shares forecasting for Spain. It takes the perspective of the Spanish National Pharmaceutical budget and time horizon considered is 5 years. Annual discount rate was set at 5%. Drugs considered in the study were fluticasone/salmeterol, budesonide/formoterol and beclomethasone/formoterol extrafine. The model estimates the annual cost to treat patients with moderate to severe persistent asthma before and after the introduction of beclomethasone/formoterol extrafine in Spain. Annual costs consist of pharmacologic treatment costs, laboratory and diagnostic tests costs, specialist consultation costs and hospitalization costs. All costs are referred to 2007. RESULTS: It has been estimated that target population with moderate to severe persistent asthma in Spain would be around 284,365 in year 2007, arriving at 498,385 in 2012 due to increase in Spanish population and the increase of asthma prevalence. Total cost for the next 5 years for the treatment of moderate to severe persistent asthma in Spain was estimated at 1700€ millions before the introduction of beclomethasone/formoterol extrafine and at 1689€ millions after its introduction. Mean cost per patient was estimated at 642€ before the introduction of beclomethasone/formoterol extrafine and at 637€ after its introduction. CONCLUSION: This budget impact model estimates that the introduction of beclomethasone/formoterol extrafine for the treatment of moderate to severe