incidence and survival were analysed. HRGs were used to calculate inpatient costs. RESULTS: A total of 22,657 patients were identified in the NHS data [592 Cardiff data], of whom 11,719 (51.2%) [288 (48.6%) Cardiff data] were male. The average incidence was 13 per 100,000 per year. Mean length of stay for primary index admissions was 11.3 (SD 15.4) days and mean costs $2524 (SD $2757). Re-admission rates (primary or secondary ICD code) in the year after index admission were 0.88 (SD 2.4) and disease related 0.32 (SD 0.99) per patient; average length of stay per admission was 9.9 (SD 18.4), average costs $2441 (SD $3244). Surgery rate in the year after index admission was 0.10 (SD 0.38); average length of stay 13.5 (SD 21.2), average costs per surgery $4175 (SD $3175). The rates declined over the follow-up years. Costs and rates approximately matched the follow-up years. Hospital days were slightly larger. CONCLUSION: This study provides epidemiological and resource use information on patients with Ulcerative colitis. It confirms the high resource use and gives insight into the determinants.

**PGI15**

**PERSISTENCE WITH INFliximab THERAPY REDUCES CROHN’S DISEASE RELATED MEDICAL COSTS**

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**OBJECTIVES:** To evaluate the impact of persistence with infliximab treatment on medical costs among patients with Crohn’s disease (CD), using a managed care database. **METHODS:** A retrospective study using the PharMetrics managed care plan database in the US from July 1, 1999 through June 30, 2005 was conducted. Patients newly initiated on infliximab, continuously enrolled for 12 months before and after their index infliximab claim, and having at least two diagnoses of CD (one of which occurring in the pre-index period) were included. Persistence (%) was defined as the number of days between the first infliximab claim and the last infliximab encounter, divided by 365 and multiplied by 100. Two mutually exclusive cohorts were defined based on the levels of infliximab persistence: patients who were persistent >=80% and those who were persistent <80%. CD-related medical costs (those in which CD was the diagnosis) in the 12-month post-index period were computed for each patient. The cost of adverse events could not be identified separately in this analysis. Univariate differences between the persistent and non-persistent cohorts were assessed using Mann-Whitney and chi-square tests. **RESULTS:** Four hundred, eighty patients were included, 251 (52.29%) with a persistence ratio >=80% and 229 (47.71%) with a persistence ratio <80%; 55% were female and the mean age was 36.9 years. The 80% persistence cohort had lower CD-related medical costs compared with the <80% persistence cohort ($4380.21 versus $8570.11; p = ns), primarily driven by inpatient costs ($2014.31 versus $5981.51; p < 0.001). Costs were also higher for emergency room and outpatient levels of care in the lower persistence cohort. **CONCLUSION:** This study indicates that a higher persistence rate with infliximab therapy is associated with lower CD-related medical costs, primarily driven by decreased inpatient hospital costs. Future studies to examine the impact of persistence with infliximab on clinical and humanistic outcomes are recommended.

**PGI16**

**AN EXPLORATORY ANALYSIS OF HEALTH CARE UTILIZATION AND COSTS ASSOCIATED WITH PEDIATRIC CROHN’S DISEASE**

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**OBJECTIVES:** Evaluate health care utilization/costs associated with pediatric Crohn’s disease (PCD). **METHODS:** Claims for HMO patients assigned to HealthCare Partners Medical Group from six commercial health plans in Southern California were analyzed, which identified patients <18 who were newly diagnosed with PCD (ICD-9 555.x) for this analysis. Patients were required to have 6-months pre and 12-months post continuous eligibility from disease index date. Cost and resource utilization were compared to a cohort of non-PCD claimants, matched to the PCD cohort on age, sex, and birthdate (within 30 days of age/sex matched PCD patients). Statistical significance was not assessed due to small sample size. **RESULTS:** Sixty-two PCD patients were identified; 30 met the eligibility criteria; 56.7% were female and median age at diagnosis was 13. The comparator group included 10,864 children. The total per member per month (PMPM) cost for PCD patients was $2547.32 (70% attributable to PCD), as compared with $166.07 PMPM for the non-PCD cohort. There were 500 admissions per thousand members per year (PTMPY) for the PCD group as compared with 11.2 for the comparator cohort. The average length of stay was 7.6 days for the PCD cohort versus 4.4 days for the comparators. Inpatient stay PMPM cost was $1409.41 for the PCD cohort versus $1254.91 for the comparators. **CONCLUSION:** PCD is associated with much higher levels of resource utilization and costs of care, primarily driven by inpatient stays, compared with a matched group of children without PCD. Treating PCD appropriately before the disease progresses to a level requiring hospitalization may help reduce costs.

**PGI17**

**INCREASED INPATIENT UTILIZATION FOLLOWING COLECTOMY IN ULCERATIVE COLITIS IN THE MEDICARE POPULATION**

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**OBJECTIVES:** Examine inpatient hospital utilization, following colectomy, in patients with ulcerative colitis (UC) covered by Medicare. **METHODS:** A retrospective analysis was conducted using claims from the Medicare Standard Analytic Files (SAF) 5% sample database between January 1, 2001 and December 31, 2005. Patients with UC were identified using diagnostic codes (ICD-9 codes 556.x) and were limited to those with a procedure code indicating colectomy (45.7x), and a diagnosis of UC prior to that date. Patients with a subsequent diagnosis of Crohn’s disease were eliminated from this analysis. The first procedure was chosen if the beneficiary had multiple 45.7x procedures (these are partial excisions, so a beneficiary could have multiple procedures over time). The study design consisted of a 12-month pre- and 12-month post-colectomy period during which continuous enrollment was required. Inpatient hospital costs and resource utilization were evaluated 12-months before and 12-months after the quarter in which the colectomy occurred. All costs are presented in 2005 US dollars. **RESULTS:** A total of 905 patients with UC who had a claim for colectomy were included in the analysis. Total inpatient costs ($19,778 vs. $23,765) and
average length of stay (ALOS) (15.2 days vs. 18.3 days) increased following colectomy, while mean number of admissions did not increase significantly. The same trend was seen in UC-related costs ($6,957 vs. $12,422) and lengths of stay (7.6 days vs. 11.7 days). CONCLUSION: Inpatient hospital utilization and subsequent costs increased during the 12-month period following colectomy in the Medicare population. Additional analyses are needed to determine the extent of these services and reasons for increased inpatient utilization.

**GI Disorders—Health Care Use & Policy Studies**

**PGI18**

**THE QUALITY INDICATORS OF NURSING CARE AMONG PATIENTS WITH ACUTE PANCREATITIS IN HUNGARY**

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OBJECTIVES: The nursing for patient with acute pancreatitis lies in many hospitals on nursing tradition using task centered approach which is not meeting the evidence-based requirements of today nursing. The medical professional development in treating pancreatitis demands the use of evidence based guidelines in nursing. Our study examines the importance of using and evaluating the evidence based guidelines for patient during the naso-jejunal tube feeding. METHODS: In a retrospective data analysis the effectiveness of nursing process during naso-jejunal tube feeding was evaluated by a self-developed special index for nursing process. The examined period was between January 1–February 31, 2003 in a district hospital in Budapest (Hungary). Some outcomes measures, like changing in the nutritional status of the patient, energy level, adequacy level of nourishing process, were evaluated by SPSS 11.0. RESULTS: Period 144 patient were nurtured with naso-jejunal tube feeding. 103 cases were appropriate for further analysis. The average age was 54 years (Rmax: 22, Rmin: 90), male: 52, female 51. The patients were grouped into three groups (normal, under and over nurtured) based on BMI, Harris Benedict index, Broca index. The main significant aspects in the patient outcomes were: fluent information flow among nurses caring for the given patient, the balanced and continuous nutritional nourishing process, planed nutrition. There was a clear significant association between adverse patient outcome and poor nursing process (p = 0.0034). CONCLUSION: The best evidence based guideline may only improve the effectiveness of nursing process if the whole process is continuously controlled. The results also emphasize the nutrition based on individual needs, guideline based nursing process, the tool for continuous evaluation of the nurturing process.

**PGI19**

**INVESTIGATION OF OTC NSNSAID RATIONAL USE AND GASTROINTESTINAL DISEASES**

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OBJECTIVES: To research the usage of over-the-counter (OTC) nonselective non-steroidal antiinflammatory drugs (nsNSAID) relating to the Guidelines and the rational use of drugs in patients with gastrointestinal (GI) diseases, morbidity and hospitalisations. METHODS: This is a retrospective study for the period 2004–2006. The source of data was the database of Public Pharmacy Pozarevac and Public Health Center Pozarevac. (Branicevo region; 200503 inhabitants). Type of data: the number of GI hospitalisations and the number of patients with GI diseases; DD methodology (DID/1000 inhabitants/day) for OTC nsNSAID. RESULTS: The number of GI disease patients was decreased: 9636 (2004), 7982 (2005), 7806 (2006). The decrease was 17.16% (2005) and 18.99% (2006) compared to 2004. The number of patients who used diclofenac or other nsNSAID with proton pump inhibitors or H2-receptor antagonists (according to Guidelines) was increased during observed period: 817, 931, 1187, respectively; with a great increase of 45.29% (2006 compared to 2004). But, the number of GI hospitalisations was increased with 10.18% (2005) and 15.06% (2006) related to 2004. The costs of GI hospitalisations were grown: 29.52% (2005) and 121.32% (2006), compared to the costs in 2004. Considering the utilisation of OTC diclofenac (the most frequent used nsNSAID) in DDD unit, we may see an increase: 62,279; 65,983, 82,911, respectively 2004–2006. We assume that this pharmacoepidemiology data is directly related to the increases of hospitalisation load. CONCLUSION: There is an improvement of rational drug usage related to Guidelines, but the increase of GI hospitalisation and diclofenac self-medication pointed out that this relation must be more persistent in Branicevo region. It will be useful to educate the patients and the pharmacists, about the adverse drug reaction (ADR) of the nsNSAID. This way would be the right modality to improve the rational drug usage of nsNSAID aiming to improve the quality of life and decrease costs.

**GI DISORDERS—Methods and Concepts**

**PGI20**

**MAINTENANCE THERAPY WITH INFliximAB REDUCES HOSPITALIZATION AND SURGERY IN CROHN’S DISEASE**

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OBJECTIVES: To assess the impact of maintenance versus episodic infliximab therapy on hospitalizations and surgery in patients with Crohn’s disease (CD). METHODS: A retrospective analysis of claims data was conducted from the Marketscan Commercial Claims and Encounters database from 2000 to 2003 for claimants with CD (ICD-9 codes, 555.0, 555.1, 555.2 or 555.9) who had an induction regimen (3 infusions) of infliximab in 2003. Continuous enrollment for 12 months pre- and 12 months post- the index infusion date in 2003 was required. Patients were excluded if they had infliximab infusions in 2001 or 2002. Cohort analyses were conducted for three distinct cohorts: 1) 1–2 infliximab infusions; 2) 3–4 infliximab infusions; 3) 5 or more infliximab infusions. RESULTS: Analyses were conducted on 126 patients who met the inclusion criteria. The majority of patients were female (53.2%) and the mean age was 49.5 years. Among the cohort with 5 or more infliximab infusions (n = 34), 20.6% required hospitalization, as compared to 37.5% of the cohort with 1–2 infusions (n = 48) and 34.1% of the cohort with 3–4 infusions (n = 44). The cohort with 5 or more infliximab infusions also had fewer mean hospitalizations (1.29 vs. 1.83 and 1.47, ns), and shorter lengths of stay (5.11 days vs. 5.64 days and 5.91 days; ns). In addition, the percentage of patients requiring surgery was decreased for the 5 or more infliximab infusion cohort (24%) as compared with the other cohorts (40% each). CONCLUSION: Although not-significant, the results of this analysis indicate that when treating CD with a maintenance schedule of infliximab, the number and length of hospitalizations...