burden of disease in The Netherlands. METHODS: Review of
the literature. To select which interventions to include, a two-step
approach was followed. In the first step, a longlist with possible
interventions was created, based on a systematic search of the
economic evaluations of relative new preventive interventions. In
the second step, all interventions that a) were not systematically
implemented in The Netherlands during the study; b) were rel-
vant for the Dutch situation; and c) had at least three high
er quality economic evaluations with base case ICERs of around or
below € 20,000 per QALY gained, were selected. For all included
interventions a general appraisal of four aspects (effectiveness,
cost-effectiveness, transferability and feasibility for implementa-
tion) was performed. RESULTS: Twenty-eight preventive inter-
ventions were included. Twenty-two of these were from the field
disease prevention, including eight vaccinations and seven
screening programmes. Three interventions concerned health
promotion, and three interventions concerned health protection.
Remarkably, the majority of the included interventions lacked a
convincing evidence-base for effectiveness. The results were gen-
erally not directly transferable to the Dutch context and there
were considerable concerns with respect to implementation of
these interventions in The Netherlands. CONCLUSIONS: Only
20% of the included preventive interventions were from the
domain of health promotion or health protection. This propor-
tion reflects the lack of economic evaluations in these domains
of prevention, not that interventions in these domains are generally
not cost-effective. Evidence of cost-effectiveness of preventive
interventions in foreign countries can poorly support policy deci-
sion making at the national and local level.

OBJECTIVES: The General Practice Research Database (GPRD)
is a premier data source for research but has limited detail on
hospitalisations. UK Hospital Episode Statistics (HES) provide
detailed health care resource use within secondary care. The aims
of this project were to link primary care data with hospital
admissions data at the patient level. METHODS: For contribut-
ing practices in England who gave explicit consent, GPRD
patient data was linked to English HES data from April 2001 to
March 2006 using NHS number, or using date of birth, gender
and postcode; via a trusted third party (TTP) with full ethical
and operational approvals. A descriptive analysis was conducted
on the linked HES data including basic counts and univariate sta-
tistics. Analysis of concordance between data sets relating to
disease diagnosis was undertaken on a fifty patient sample.
RESULTS: Two hundred practices consented and provided
linkage data to the TTP. There were 2,009,920 GPRD patients
registered within the HES data, 99.3% with a valid NHS iden-
tifier. Of these, 1,242,242 (62%) had no record of hospitalisation
during this period. The remaining 754,406 patients had
2,028,473 hospital spells comprised of 2,285,718 episodes.
Mean duration of hospitalisation was 5.76 days (median = 2
days). Augmented care (ICU) stays were recorded for 2.6% of
patients with mean duration = 4.97 days (median = 3 days).
Hospital diagnoses were concordant for >75% of diagnoses
reviewed. CONCLUSIONS: A very high proportion of eligible
patients in GPRD were linked to HES using their NHS identifier.
Initial descriptive analyses show a significant proportion of
GPRD patients have one or more hospitalisation with good
concordance of diagnosis between the two sources. The addition
of HES data with duration and information on augmented care
will facilitate the understanding of resource use in both hospi-
talisations and primary care which can result in more robust
estimates for economic modelling and other research.

INVESTIGATING THE PROMOTION OF HEALTH BEHAVIOR
AND HEALTH-RELATED QUALITY OF LIFE BY APPLYING
SELF-DETERMINATION THEORY: USING “EXERCISE” AS
AN EXAMPLE
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OBJECTIVES: In order to prevent chronic diseases, individuals
should actively pay more attention to their own health conditions
and not merely rely on the medical system passively. The purpose
of this study attempted to investigate the impact of individual
health behaviors, specifically the exercise behavior, to his/her
health-related quality of life from “positive” viewpoints by
applying Deci & Ryan’s self-determination theory (SDT).
METHODS: Four hundred and thirty-two undergraduate stu-
dents at National Taiwan University participated in this study.
Four sets of questionnaires concerning the basic psychological
needs in exercise, health motivation, exercise behavior, and
quality of life (i.e., WHOQOL-BREF) were used in this study.
The quantitative analysis of the questionnaires was conducted
through descriptive statistics and structural equation modeling
(SEM) in order to indicate any relationships between two latent
factors or a latent factor and a manifested variable. RESULTS:
Results of this study showed that there were stronger relation-
ships between the basic psychological needs in exercise, the
intrinsic health motivation, the exercise behavior, and the psy-
chological domain of quality of life. Furthermore, the basic psy-
chological needs in exercise were also linked directly to the
psychological domain of quality of life. The results also indicated
that the viewpoint of SDT can be used for predicting the health-
related quality of life. There was a relationship between the
basic psychological needs in exercise and health-related quality
of life. CONCLUSIONS: To conclude, the study shows that the
satisfaction of three basic psychological needs can increase per-
sonal intrinsic health motivation, enable people to care about
their own health more voluntarily, increase the possibility to do
health behavior, and then lead to a better health-related quality
of life.

ANALYSIS OF CLINICAL PHARMACISTS’ INTERVENTIONS IN
A UNIVERSITY TEACHING HOSPITAL IN OMAN
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OBJECTIVES: To analyze clinical pharmacists’ interventions and
determine classification types as well as clinical relevance.
METHODS: This was a 5-month (January to May 2008) retro-
spective intervention study conducted at a 500-bed tertiary
teaching hospital in Muscat, Oman. A standard manual docu-
mentation form was used to capture the interventions. Interven-
tions were classified into five groups, namely; drug choice, drug
regimen, monitoring, information, and prescribing issues. Clini-
cal relevance was related to whether efficacy or toxicity was
either improved or reduced. The outcome of each intervention
was categorized as accepted, rejected or unknown according to