compared to calcitonin and alendronate. Furthermore, hazard ratios showed that patients taking ERT, raloxifene, or alendronate were approximately 83% less likely to experience fracture at any point in time compared to calcitonin.

OBJECTIVE: While Cox 2 inhibitors have a theoretical advantage over other nonsteroidal anti-inflammatory drugs (NSAIDs) by reducing gastrointestinal (GI) side effects, not all individuals are at increased risk of GI complications and therefore may benefit equally from non-Cox 2 specific NSAIDs. This study determined the use of Cox 2 inhibitors by subjects with no identifiable GI risk. The cost of this “inappropriate use” was estimated.

METHODS: This was a longitudinal claims data analysis using 1999 medical, pharmacy and enrollment data from a large national health plan. Subjects were identified as either Cox 2 users (n = 23,190) or other NSAID users (n = 192,079) from pharmacy claims, and total NSAID costs were calculated for a six-month period. RESULTS: Cox 2 users were more likely to have a GI risk factor, (prior GI events, age over 60 years, chronic NSAID use of two or more prescriptions in the six months prior to the first Cox 2 claim, and prior corticosteroid use) compared to other NSAID users. Because individuals with arthritis may require on-going NSAID use, a diagnosis of arthritis (OA or RA) was also considered a risk factor for GI complications. Having an arthritis diagnosis was more likely among Cox 2 users compared to other NSAID users (44.1% and 13.0% respectively). Twenty-six percent of Cox 2 users had neither a discernable GI risk nor an arthritis diagnosis. An unadjusted cost comparison between Cox 2 subjects with no GI risk and no arthritis and similar other NSAID subjects found a significant mean difference of $131 per person in NSAID costs for six months. CONCLUSIONS: Despite health plan policies to manage the use of Cox 2 inhibitors, a quarter of Cox 2 users appeared to be inappropriate. The total health system cost of this potentially inappropriate use was $775,000 for six months.

USE OF COX 2 NSAIDS IN SUBJECTS WITHOUT RISK OF GASTROINTESTINAL SIDE EFFECTS

OBJECTIVES: Quality of life is a key parameter in describing the health status patients of rheumatoid arthritis. Construct validity of a generic (EQ-5D) and a disease specific (RAQoL) quality of life instrument was tested with the intention of further use in clinical and health economic trials and burden of disease studies in Hungary. METHODS: RAQoL and EQ-5D have been recently adapted into Hungarian. Authors analysed the demographic and QoL data from a cross-sectional postal survey of patient with rheumatoid arthritis. The convergent validity of EQ-5D, RAQoL scores has been compared to functional measurement scores from the Health Assessment Questioner (HAQ). Pearson correlation coef-