month year. All study nurses expressed their preference for this design versus a traditional nurse interview; paper-based design, primarily due to decreased site burden in relation to data collection. CONCLUSIONS: The use of a prospective diary and IVRS data entry by the elderly is feasible and offers the possibility to collect detailed prospective health economic data with a minimum of burden to site study staff.

NEUROLOGICAL DISORDERS—Epilepsy

CARE COSTS OF PARTIAL REFRACTORY EPILEPSY IN MEXICO


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OBJECTIVES: To estimate health care costs of patients with partial refractory epilepsy (PRE) in the Mexican Institute of Social Security (IMSS). METHODS: PRE requires long-term health costly care with two or more anti-epileptic drugs, presence of intolerance and side effects. Case series with PRE diagnosis in four hospitals in Mexico City which inclusion criteria were: aged 12 and older, using two or more anti-epileptic drugs and information available of at least one-year follow-up period. Cost evaluation perspective was that from services provider, time horizon was one year and three costing techniques were combined: micro-costing, average cost and cost per diem, using a bottom-up approach. Costs are expressed in 2004 USD. RESULTS: From medical records (813), 133 were correctly diagnosed as PRE and 72 cases met inclusion criteria. Demographic characteristics: 58% were females, 64% were between 12–35 years old, 47% students, 58% single and 73% had intermediate or preparatory education. Fifty one percent had simple partial seizures and 94% more than one crisis per month. Mean annual visits per patient to general practitioner was 5.2 and to neurologists 6.8; laboratory tests 6.0 and electroencephalographic studies 0.8. Total annual cost of health care was $2646 per patient and 24% was derived from hospitalisation. Total cost distributed in: 39% visits, 24% drugs, 21% bed days and 16% diagnostic tests. First line drugs were Carbamazepine and Valproic acid (more than 68%), second line ones Clonazepam (36%), Lamotrigine (33%) and Topiramate (21%). CONCLUSIONS: Most of patients were young, in productive age and had more than one seizure per month; this is a matter of concern because a difficult seizure control affects negatively patient and family social life, including employment. Effectiveness, safety and cost of available drugs are crucial issues in control and quality of life of PRE patients.

NEUROLOGICAL DISORDERS—Migraine

AN ECONOMIC EVALUATION OF TRIPPTAN PRODUCTS FOR MIGRAINE

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OBJECTIVES: A composite outcome measure in migraine treatment assessment is useful to clinical decision makers and payers as it provides a more accurate reflection of effectiveness and allows for more complete modeling of economic value. This composite measure must consider both short- and long-term treatment effects, as well as placebo effects. The objective of this study was to compare the total triptan cost to treat 100 migraine-patient attacks and the cost per successfully treated patient (CPSTP) for six marketed triptans using a composite measure of effectiveness, the ‘successfully treated’ migraine (defined as requiring only one triptan dose to treat one migraine attack during a 24-hour period). METHODS: This analysis was conducted from the perspective of the payer. Clinical data were abstracted from a rigorous, published meta-analysis. Two-hour response and pain-free response were used in conjunction with the recurrence rate reported in the meta-analysis to calculate the number of doses used by treatment successes and failures. The average wholesale price per dose was then used to calculate total triptan cost. RESULTS: Of the nine oral triptan doses compared, eletriptan 40mg was associated with both the lowest total triptan cost for treating 100 migraine attacks ($1560) and with the lowest CPSTP ($56.39). CONCLUSIONS: The relative CPSTP for migraine therapies is dependent on the definition of treatment success and relative pricing. When success is defined as using one triptan dose to treat one migraine attack in a 24-hour period, the triptans with the most value to managed care organizations, in terms of cost per successfully treated patient, are eletriptan 40mg ($56.39), zolmitriptan 2.5mg ($75.62) and sumatriptan 50mg ($77.59).

PSYCHOMETRIC EVALUATION OF EPILEPSY-SPECIFIC QUALITY OF LIFE INSTRUMENTS

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OBJECTIVE: To evaluate the psychometric properties of disease-specific quality of life (QOL) instruments in epilepsy. METHODS: A comprehensive search for epilepsy-specific QOL instruments identified 13 metrics using MEDLINE, Pubmed, International Pharmacy Abstracts, Google and reference lists. QOL instruments were included in the study for evaluation if there was at least one publication using the instrument including psychometric data, in addition to instrument availability. Instruments were evaluated based on criteria developed by McHorney and Tarlov (1995) and Davis and Pathak (2001). The seven domains considered in the evaluation were: item information, practicality, breadth and depth of health measured, reliability, validity, and responsiveness. RESULTS: Of the 13 QOL instruments identified, adequate data was available to evaluate five based on study criteria. The five epilepsy-specific QOL metrics were: Quality of Life in Newly Diagnosed Epilepsy (NEWQOL), Epilepsy Surgery Inventory (ESI-55), and the Quality of Life in Epilepsy Inventory (QOLIE) series (-89, -31, and -10). None of these five QOL metrics satisfied all the study criteria. The QOLIE-31 reported adequate or better performance in six of the seven domains assessed (omitting instrument breadth). The QOLIE-10 reported adequate or better performance in five of the seven domains assessed (omitting instrument breadth and internal consistency). The QOLIE-10 and -31 offer practical advantages over the longer QOLIE-89 metric with QOLIE-31 showing superior psychometric properties based on study results. CONCLUSIONS: Epilepsy is a chronic, socially stigmatizing condition with potentially significant affects on patient QOL. A variety of instruments have been published in the literature with QOLIE-89 most commonly used. Of the data available for QOLIE series, the length of the QOLIE-89 limits its use in clinical decision making, while the brevity of QOLIE-10 reduced instrument reliability, as a result, QOLIE-31 is preferred.