(1.07%) respondents were diagnosed glaucoma. The average age in glaucoma group was 62.9 years and 43.3% were female compared to 51.9 years old with 49.3% female in non-glaucoma group. Glaucoma group reported more comorbidities, lower mean scores of PCS (39.1 vs. 47.1) and MCS (41.8 vs. 46.9), more patients visited healthcare facilities (32.4% vs. 15.6%), ER (35.0% vs. 18.3%) and hospitalizations (20.6% vs. 8.5%) in the past 6 months compared to non-glaucoma group. Also, glaucoma group reported 39.5% work/productivity loss (absenteeism and presenteeism) and 42.1% impairment in daily activity compared to 21.8% and 23.3% in non-glaucoma group. All comparisons in QOL, MBI, and work/productivity loss between two groups were statistically significant at \( P < 0.05 \). 

CONCLUSIONS: From the China NHWS results, glaucoma patients suffer from impairment in quality of life, work/productivity loss, more comorbidities and use of medical services. The findings indicate there is still an unmet medical need in glaucoma patients in China.

**HEALTH RESOURCE UTILIZATION AND COSTS IN PATIENTS WITH Age-Related Macular Degeneration in Thailand:**

**PRELIMINARY FINDINGS**

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**Participants:** A total of 150 patients were recruited from five eye hospitals in Thailand. **Methods:** Participants were inquired about costs of transportation, additional food, medical device, house modification, and opportunity costs of care giver. Descriptive statistics were used. All costs were adjusted to year 2009 values. **Results:** Twenty-two-year-old patient's medical records were reviewed. Mean age was 67 years with 64% of male. The number of medical visits was 11, while the cost for each outpatient visit was 233 USD. Drug costs accounted for 79% of total direct medical costs. The average mean direct medical costs of AMD were USD2963. For direct nonmedical and indirect costs, 31 patients were included. Mean age was 62 years with 39% of male. Four patients (12.9%) bought extra medical devices. A quarter of them (26%) needed a care giver to take care at home. On average, the amount of time care givers spent for caring patients was 11.3 hours/month. The mean annual direct nonmedical cost was USD168 and USD6 for the opportunity costs of care giver. **Conclusions:** The economic consequences of AMD were substantial. These estimates can be used as input parameters in a study evaluating the cost-effectiveness of interventions in patients with AMD.

**ASTIGMATISM AND COST OF POST-CATARACT SURGERY SPECTACLE WEAR IN KOREA**


Korea University Medical Center, South Korea; Seoul National University College of Medicine, Seoul, South Korea; Chonnam Eye Hospital, South Korea; Inil Eye Hospital, South Korea; Yonsei University Severance Hospital, Seoul, South Korea; Korea University Medical Center, Seoul, South Korea; **Alcon Laboratories R&D International, Singapore; **IL, Shanghai, China; **Alcon Laboratories R&D International, Seoul, South Korea

**OBJECTIVES:** To estimate the direct and indirect economic costs of spectacle wear in Korea in patients with and without astigmatism. Intracapsular lenses (IOLs) improve visual acuity after cataract surgery; however, patients must sometimes continue to wear spectacles. To date, there is a paucity of published information on the economic consequences of spectacle wear in Korea and the impact of wearing spectacles on an individual's quality of life. **Methods:** Participants to this cross-sectional survey met the following criteria: 1) Age >=45 years at the time of cataract surgery; 2) subject having had senile cataract surgery in both eyes; and 3) subject needing spectacles after cataract surgery. Patients completed a self-administered questionnaire on demographic, spectacles and surgical costs, indirect costs and impact on daily activities. Lifetime spectacle costs were calculated from discounted average cost of spectacles, frequency of replacement and average life expectancy. The economic perspective was the patient's perspective in Korea and the societal perspective in other Asian countries. **Results:** A total of 150 patients were recruited from five eye hospitals in Korea. 41% of patients spend 30-60 minutes traveling to and from an appointment with 15% spend over 90 minutes. Indirect costs associated with traveling are also incurred by the relatives who accompany 67% of patients to their appointments. Patients with post-surgery astigmatism spent approximately twice as much for their spectacles as patients with no post surgery astigmatism (KRW431,531 and 212,815, respectively.) The additional lifetime cost of spectacles for patients with postoperative astigmatism is KRW2,065,152 which is higher than the associated add-on cost of spectacles. **Conclusions:** Post-surgery astigmatism results in higher out of pocket (OOP) spectacle costs in Korea. These lifetime OOP costs are higher than the OOP spectacle costs in Korea. These lifetime OOP costs are higher than the associated add-on cost of spectacles.