$977, and cardiovascular illness $−35. The incremental cost of diabetes co-occurring with psychosis was significantly higher than all other disease co-occurrences. Differences in the incremental cost of diabetes were not statistically significant between the other disease combinations. ANCOVA was performed with longevity in the program as a covariate to adjust for differential enrollment time. CONCLUSION: The cost and management of chronic conditions such as diabetes may be highly influenced by other chronic conditions the patient may have. Disease management programs may incorporate co-morbidity research and models when evaluating the cost and treatment of chronic conditions.

A RETROSPECTIVE EVALUATION OF NONSTEROIDAL ANTI-INFLAMMATORY DRUG-INDUCED GASTROINTESTINAL COMPLICATIONS AMONG ADULTS IN A MANAGED CARE HEALTH PLAN

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OBJECTIVE: To obtain a profile of adult patients at risk for nonsteroidal anti-inflammatory drug (NSAID) induced gastrointestinal (GI) complications in a large managed care health plan in the Southwest United States. METHODS: Patients with NSAID prescription claims between July 1996 and June 1997 were identified from a health plan claims database. Patients with claims associated with ICD-9 and CPT codes indicating serious GI complications were then identified. The ICD-9 codes used were those associated with GI ulcers (531.x, 532.x, 533.x, and 534). A total of 19 CPT codes for GI procedures indicative of a GI complication were used. A forward stepwise logistic regression analysis, using the likelihood-ratio (LR) test, was performed to identify predictors of GI complications. Predictors included in the model were individual NSAIDs and the following potential risk factors: age, gender, previous GI drug usage, previous steroid usage, and total days supply of NSAIDs during the study period. RESULTS: A sample of 15,772 patients with prescription claims for NSAIDs was identified. Of these patients, 213 (1.4%) had an ICD-9 or CPT code suggestive of serious GI complications secondary to a NSAID. The logistic regression results indicated that women (OR = 0.65, 95% CI = 0.48–0.87) were less likely to develop GI complications. However, patients with previous GI drug usage (OR = 5.97, 95% CI = 4.51–7.90), those who used ketorolac (OR = 2.01, 95% CI = 1.10–3.67) and those who used oxicaprazin (OR = 1.82, 95% CI = 1.10–3.00) were more likely to develop GI complications. CONCLUSION: Users of ketorolac and oxicaprazin, as well as those with previous GI drug usage were at a higher risk, while women were at a lower risk of GI complications in this managed care population.

DISEASE SEVERITY DETERMINES COST OF GASTROESOPHAGEAL REFUX DISEASE IN A MIDWEST USA HEALTH CARE PLAN

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OBJECTIVES: The primary objective was to describe the cost of illness of gastroesophageal reflux disease (GERD) in a managed care population. Secondary objectives were to characterize GERD costs and to quantify the dependence of costs on disease severity. METHODS: This retrospective study utilized claims data from a large (1.4 million lives) Midwest USA health care plan. Study population had complete medical and pharmacy coverage continuously from 1996 to 1998 and possessed at least one medical claim for GERD. Claim costs were compiled for all GERD-attributable medical and drug claims. Costs were also categorized by health care sector, such as hospital inpatient or pharmacy. ICD-9 codes were used to categorize subjects’ GERD into four progressively worse states plus a non-symptomatic state: GERD0 [no GERD claims], GERD1 [mild esophagitis], GERD2 [reflux esophagitis], GERD3 [esophageal ulceration], and GERD4 [structures and complications]. RESULTS: A total of 7575 subjects meeting the inclusion and exclusion criteria were identified. The median age was 50 and there were 50% females. Over the three year study period, more than $23 million was spent on GERD-related claims, or $86 per subject per month. Pharmacotherapy contributed 31% of GERD health care costs, inpatient hospital charges 37%, outpatient facility charges 26%, and doctor office charges 6%. Mean cost per month was highly dependent on GERD disease state: GERD0 cost $38 per month, GERD1 was $189, GERD2 was $232, GERD3 was $536, and GERD4 was $412. At higher GERD states, pharmacotherapy was a lower contributor to cost. CONCLUSIONS: For payers of health care, GERD is an expensive disorder to manage. Overall costs associated with GERD increase with the severity of the disease, although the relative contribution of each health care cost sector changes with disease severity.

INFECTIONIOUS DISEASE

DEVELOPMENT OF A STOCHASTIC DECISION ANALYSIS MODEL OF TREATMENT OF PYELONEPHRITIS FROM THE RESULTS OF AN RCT

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OBJECTIVE: To model the relationship between resistance to trimethoprim sulphamethoxazole (TMP-SXT)