groups, costs were analyzed using a propensity score model. Confidence intervals were estimated using bootstrap methods. RESULTS: Population in the two groups was balanced for age, gender, weight and body mass index. The groups differed significantly in terms of housing status (p < 0.05) and nutritional status (p < 0.001). Adjusted costs per patient of hospital care (€33.10), nursing care (€1,951), and other medical care were significantly reduced in the FNS group as compared to the LNS group, with cost savings of €723 (90% CI: €1,444 to €43). Including oral supplementation costs, the total cost savings per patient attributable to nutrition support were €195 (90% CI: €929 to €478). CONCLUSION: Appropriate nutrition diagnosis and support may contribute to reduce the costs of health care. Propensity score models are a valuable framework for the analysis of cost data, when it is not possible to conduct randomized studies.

**ARTHRTIS & OSTEOPOROSIS—Economic Outcomes**

**PAR 1**

**PHARMACOECONOMIC ANALYSIS OF THE TREATMENT WITH LEFLUNOMIDE-METHOTREXATE OR INFILXIMAB-METHOTREXATE IN PATIENTS WITH RHEUMATOID ARTHRITIS RESISTANT TO METHOTREXATE**

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OBJECTIVE: To compare the efficiency of leflunomide-methotrexate or infliximab-methotrexate in patients with rheumatoid arthritis resistant to methotrexate. METHODS: Cost-minimization pharmacoeconomic model that compared treatments administered at the recommended doses and regimens during a 12-month period. Use of resources and unit costs were estimated from Spanish sources. Simple univariate sensitivity analysis was made of the base case. RESULTS: In two randomized, placebo-controlled clinical trials available, the ACR20 and ACR50 responses rates at 6 months were 46.2% and 25.4%, respectively, with leflunomide-methotrexate and 50.0% and 27.0%, respectively, with infliximab-methotrexate. The estimated cost per patient of annual treatment with leflunomide-methotrexate or infliximab-methotrexate is €2,823 versus €1,148, respectively (incremental cost of €8,666). Sensitivity analysis confirmed the robustness of the base case, with incremental costs of infliximab-methotrexate ranging from €7,500 to €9,500. In order to equalize the costs per patient of these alternatives, the cost of acquisition of a package of Infliximab would have to decrease from the present €637.59 to a hypothetical cost of €33.10. CONCLUSIONS: The cost per patient of twelve months of treatment with the combination of infliximab-methotrexate is greater than that of leflunomide-methotrexate, due mainly to the higher acquisition cost of Infliximab.

**PAR 2**

**THE COST-EFFECTIVENESS ANALYSIS OF CELECOXIB AND NSAIDS WITH GASTROPROTECTIVE AGENTS FOR TREATMENT OF RHEUMATOID ARTHRITIS IN UKRAINE**

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OBJECTIVES: To examine the sick rate of rheumatoid arthritis in Ukraine from 1996 to 2001. Celecoxib is a new COX-2-inhibitor drug. Randomized controlled clinical trials—RCCTs showed, that celecoxib is safer than non-steroidal anti-inflammatory drugs (NSAIDs). To analyse direct medical costs for treatment celecoxib vs NSAIDs with gastroprotective agents in patients with rheumatoid arthritis from the perspective of public health care in Ukraine. METHODS: A decision tree model in Ukraine based on the use of clinical data from literature. Eight RCCTs showed a significantly higher incidence of ulcer—the 6-month rates of ulcer were 5.89% for NSAIDs vs 1.64% for celecoxib, and for NSAID plus proton-pump inhibitor (PPI)—1.94%. Only direct costs associated with three alternatives: celecoxib; NSAID only; NSAID plus PPI (six months) were analysed. All prices are expressed in Ukrainian hryvnas (UAH). The incremental cost-effectiveness ratio was determined. RESULTS: The sick rate of rheumatoid arthritis from 1996 to 2001 was increased 8.6% per year in Ukraine. The direct costs of celebrex and NSAID only were comparable 905.4 UAH vs 897.5 (1USD = 5.2 UAH), but the NSAID plus PPI was significantly more costly 1216.1 UAH per one patient. The incremental cost-effectiveness ratio for celecoxib was 1.86 UAH per 1% of ulcer reduction. The total cost of 100 patients treated with celecoxib was 90540 UAH than NSAIDs plus PPI was 95822 UAH. The threshold analysis suggests that celecoxib would be the dominant therapy if its cost was to decrease by 58%. CONCLUSIONS: The treatment with Celecoxib is more effective and safe than NSAID only, and to be cost-effective than NSAID plus PPI in Ukraine.

**PAR 3**

**VARIATION IN RESOURCE UTILIZATION AND TREATMENT COSTS FOR RHEUMATOID ARTHRITIS (RA) ACROSS 5 COUNTRIES IN AN ADALIMUMAB (D2E7) CLINICAL TRIAL**

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