in Finland since 1980 and also slightly from 1990, but real prices have constantly decreased. Depending from the adjustment index used, the real prices of all drugs have decreased 35–67% since 1980, or 16–40% since 1990. For reimbursed drugs the development was similar; in Basic Refund category real prices have decreased 24–46% since 1990, and even 45–72% since 1980. Since the effectiveness of drugs has not decreased during the time period studied, we suggest that the cost-effectiveness of drug treatment has clearly increased in Finland.

**MANAGING ACUTE INJURIES RESULTING FROM MOTORCYCLE ACCIDENTS: EMERGENCY DEPARTMENT AND INPATIENT HOSPITAL RESOURCE USE AND COSTS**

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**OBJECTIVES:** To examine resource use and cost of Emergency Department (ED) and hospital care for acute injuries resulting from motorcycle accidents.

**METHODS:** 2003 ED visit and hospital discharge data from Massachusetts, where a mandatory all age helmet law applies, were analyzed. Cases with motorcycle accident-related injuries were identified by ICD-9 diagnosis and external cause codes (E codes: E810.2–E825.2, E810.3–E825.3).

Inpatient cases were restricted to those admitted via ED. Type and circumstance of injury, time of occurrence, demographics, costs, length of stay (LOS)/visit, and disposition were examined. Charges were adjusted by a 0.55 cost-to-charge ratio and adjusted to national values. Cost estimates (2003US$) include accommodations and ancillary services.

**RESULTS:** Acute injuries from motorcycle accidents resulted in 3066 ED visits and 420 hospitalizations during the year. Males comprised 87% of cases; injured party was driver in 93%. Mean age was 32 years (49% < 30 years). The majority (76%) occurred between May–September, Friday–Sunday (52%), and 4:00 PM–midnight (54%).

Multiple injuries were noted in 44% of cases. Head injury/skull fractures were coded for 8%. Fatalities were noted in <1% of cases. On average, hospital LOS was 7 days (±10.1) with cost per stay of $19,535 (±$34,688). At hospital discharge, 82% went home (14% with home care), 17% transferred to sub-acute facilities, 1% AMA. ED visit cost without hospitalization was $787 (±$1,136) and was 2.7 hours (±3), on average.

Management of these injuries resulted in use of 2877 hospital days and 9274 ED visit hours at a cumulative cost of $10.5 million.

**CONCLUSIONS:** This analysis shows that nearly half of the motorcycle accident victims sustained more than one injury; the majority survived, and most acute injuries were managed successfully in the ED. Although substantial, these acute care costs are conservative estimates of injury-related costs, as they do not include physician-related or post-acute care costs.

**PHARMACEUTICAL CARE IN GREECE: A CITIZEN SATISFACTION SURVEY**

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**OBJECTIVES:** To evaluate user satisfaction from pharmaceutical care and determine the factors affecting it in Greece.

**METHODS:** A telephone survey was conducted by using a random sample of 1000 individuals, stratified by age, county and gender. A questionnaire was designed, containing questions about the characteristics of the drug users, their out of pocket spending on pharmaceuticals, the type and shape of the drug and their satisfaction from medication. A logistic regression is done, using as dependent variables various dimensions of satisfaction, such as: (a) the drug effectiveness, (b) the drug shape, (c) the health professionals’ responsiveness, (d) the appearances of side effects and (e) the price adequacy. As independent variables various characteristics of the respondents are used such as demographic, epidemiological and socioeconomic factors.

**RESULTS:** 80% of Greek population is high satisfied from pharmaceutical care, 91.93% from health professionals’ responsiveness, 86.03% from the non appearances of side effects, 85.59 % from the drug shape, 62.99 from price adequacy and 59.78% from the drug effectiveness. Satisfaction from the drug shape, appearance of side effects, drug effectiveness and improvement of health depend on health status. Individuals of better health status have a higher probability to evaluate higher their satisfaction from medication. Satisfaction from health professionals’ responsiveness depends on age. Older individuals have a higher probability to evaluate higher their satisfaction from health professionals’ responsiveness. Satisfaction from price adequacy depends on age, social class and degree of urbanization. Lower social class older individuals and cities residents have a lower probability to eval-