Whether to legalise direct-to-consumer advertising (DTCA), the authorised advertising of prescription drugs direct to the consumer, within the European Union (EU) is often discussed. But how would allowing DTCA help EU governments looking for solutions to rising costs, rising patient expectations, loss of public confidence and ageing populations? This poster summarises the main arguments for and against the EU legalising DTCA.

OBJECTIVES: To explore the arguments for and against allowing the use of DTCA in EU states; to determine the validity of the propounded arguments, by evaluating actual data which highlights the effects of introducing DTCA in the US and New Zealand.

METHODS: Using PubMed and a within-literature search, a literature review of published information on the arguments for and against DTCA, and DTCA’s associated costs was undertaken.

RESULTS: Advocates believe DTCA will enable the pharmaceutical industry to significantly improve the effectiveness of its marketing campaigns. DTCA’s opponents argue that health-care provider’s ability to ration health care based on clinical need will be destroyed. US data indicates that DTCA rose 38.5% in 1999 to $US1.8bn, whilst in New Zealand expenditure rose 47.1% in 2000 to $US21.5m. DTCA has caused US retail spending on prescriptions to soar. Yet in New Zealand DTCA is credited with improving awareness, choice and treatment of previously neglected conditions.

CONCLUSIONS: DTCA’s ability to allow the pharmaceutical industry to connect with its ultimate consumers (patients) would lead to increased strains on European health systems. But, the increased awareness that DTCA will bring to currently neglected conditions (such as osteoarthritis in men) could lead to huge benefits to patients quality-of-lives and help refocus changing health systems towards patients needs. As such, DTCA could be part of the solution to Europe’s health care crisis, but its introduction will bring to EU states as many headaches as it solves.

METHODS: Claims data were obtained from the bureau of National health insurance and the vital registration data were from the department of health in Taiwan. We compare disease-specific expenditure with the burden of this disease. Thirty-six major diseases included cancers, DM, heart and cerebrovascular disease, hypertension, respiratory disease, musculoskeletal disorder, congenital anomalies, and injury. The disease burden was measured by DALYs, years of life lost, disease prevalence, number of outpatients and outpatient visits, and number of inpatients in January 1998. Regression analyses were conducted with logarithmic transformation.

RESULTS: The total national health expenditure and DALYs is US$8.231 billion, and 1,500,166 person-years, respectively. DALYs were strongly associated with disease prevalence ($r = 0.73 p < .001$) and number of inpatients($r = 0.87 p < .001$). There was relation between the amount of expenditure per number of patients (inpatients and outpatients) and disease prevalence ($r = 0.62 p < 0.001$). Multiple regression analysis identified prevalence and DALYs as the main determinants of expenditure per number of patients ($R^2=0.474$ and 0.16 respectively) after adjusted variables in the model.

ARThRITIS & OSTeOPOROSIS

THE THERAPEUTIC COMPARABILITY OF COX-2 INHIBITORS

OBJECTIVE: This evidence-based review evaluates the therapeutic comparability of COX-2-specific inhibitor drugs, celecoxib and rofecoxib, for use in arthritis.

METHODS: A literature search identified 28 randomized clinical trials comparing the two coxibs to placebo and to non-selective NSAID controls. Evidence tables were compiled for common outcomes and meta-analyses conducted. Efficacy was assessed on three subscales (pain, stiffness, and physical function), and safety was analyzed using broad measures such as withdrawals due to adverse events.

RESULTS: Both coxibs improve arthritis symptoms compared to placebo. The evidence collected here does not suggest an efficacy advantage for either drug over non-selective NSAIDs. In osteoarthritis, small statistically significant differences were detected between rofecoxib and celecoxib when compared to their respective placebo groups but not when compared to active controls. The magnitude of the differences was below a level considered clinically important. In rheumatoid arthritis, both coxibs in high doses demonstrate proof of efficacy comparable to non-selective NSAIDs. Rofecoxib had a higher incidence of edema/hypertension. Celecoxib-treated patients suffered more dyspepsia/abdominal pain. Both were shown to have reduced incidence of ulcers com-
COST OF CARE FOR MEMBERS WITH ARTHRITIS—A MANAGED CARE PERSPECTIVE

Schaffer M1, Howe A2, Mansukani S1
1Health Partners, Inc, Philadelphia, PA; 2Grady Health System, Atlanta, GA

OBJECTIVE: In order to assess the impact of intervention programs to be implemented, a baseline assessment of the burden of illness for arthritis is needed. Nearly one third of Philadelphians receive their medical care through Medicaid. To be representative of the population we serve, we therefore set out to measure the incidence and impact of arthritis in an inner city, Medicaid managed-care population.

METHODS: We identified members continuously enrolled (per HEDIS definitions) during 1999 with paid claims reflecting diagnoses indicative of arthritis. Primary through quaternary diagnoses for arthritis (ICD-9CM codes 095.6, 095.7, 095.8, 099.3, 136.1, 274, 277.2, 287.0, 344.6, 353.0, 354.0, 355.5, 357.1, 390, 391, 437.4, 443.0, 446, 447.6, 696.0, 710–716, 719.0, 719.2–719.9, 720–721, 725–727, 728.0–728.3, 728.6–728.9, 729.0–729.1, and 729.4) were used to determine incidence. Total amounts paid per claim were tallied. Arthritis-related drugs were those defined as AHFS classes 12:20.00, 28:08.04, 28:08.08 and unclassified arthritis related agents. Members’ demographic data was also obtained.

RESULTS: From a cohort of 73,948 members, we identified 8197 (11.1%) individuals with a medical claim for arthritis. Females comprised 77.0% (1744) of these members, greater than the norm for this population (p < .05). The average age was 53.8 years. This population with arthritis was composed of 46.8% African-Americans, 23.2% Caucasians, 23.7% Latinos, and 3.0% Asian-Americans. Medical claims and arthritis-related drug costs for this population totaled $5,328,406 ($650 per identified member).

CONCLUSION: Effects of interventions cannot be measured until baseline information is assessed. It is hoped that along with the data gathered here, an intervention can be implemented citywide, the effects of which can be measured. The diversity of Philadelphia’s population should allow for differences that might exist among ethnic groups to be demonstrated. Managed care payers are also responsible for drug expenditures. The costs for some of these products are presented herein.

PA02

ECONOMIC BURDEN AND LOSS IN QUALITY OF LIFE IN PATIENTS WITH OSTEOARTHRITIS

Lovas K1, Szende A2, Hodinka L1, Bálint G1, Héjj G1
1Semmelweis University, Budapest, Hungary; 2MEDTAP International, Amsterdam, The Netherlands; 3National Institute of Rheumatology and Physiotherapy, Budapest, Hungary

OBJECTIVES: To measure quality of life and health-care utilization related to osteoarthritis and to understand the relationship among different parameters.

METHODS: 245 patients with osteoarthrosis (176 female) of mean age 64 years were recruited within a musculoskeletal study in both primary care and rheumatology outpatient settings in Hungary in 1999 and 2000. Patients filled in both the generic EQ-5D quality-of-life questionnaire and the disease-specific WOMAC questionnaire and reported resource utilization. Mean quality-of-life and health-care-utilization values were reported and correlation coefficients between different measurements were analyzed.

RESULTS: Average EQ-5D index, EQ-5Dvast, WOMAC (pain (A), stiffness (B), physical function (C)) scores were 0.42, 49.18, 9.28, 3.87, 36.32 respectively. Average number of physiotherapy and spa treatment sessions were 33.32 and 9.88, respectively. Average number of GP and specialist visits were 31.4 and 8.54 annually. Physical costs, and substantial productivity loss among active patients.

CONCLUSIONS: Results showed that osteoarthritis leads to substantial loss in quality of life, important direct medical costs, and substantial productivity loss among active patients.

PA03

THE COST-EFFECTIVENESS OF CELECOXIB COMPARED TO DICLOFENAC IN PATIENTS WITH RHEUMATOID ARTHRITIS IN POLAND

Orlewska E
Medical University of Warsaw, Warsaw, Poland

OBJECTIVES: to estimate the cost-effectiveness of celecoxib 0.2 g bid vs. diclofenac 75 mg bid in rheumatoid arthritis (RA) patients in Poland and to identify whether and to what extent celecoxib represents good use of health-service resources.

METHODS: A decision analytic model in the Polish