medications andRaloxifene in the treatment of osteoporosis. METHODS: Data from a large health insurer were used to identify 59,902 osteoporosis patients who initiated drug therapy between January 1, 1998 and August 30, 2000. Multivariate statistical models were developed for duration of therapy, uninterrupted therapy over one year, time to discontinuation, time to a change in therapy and health care costs over one year. Separate models were estimated for the effect of drug use patterns (compliance, switching) and initial drug therapy (Raloxifene, bisphosphonates vs. HRT). Other independent variables included age, gender, type of insurance, history of fractures, and patient diagnostic and drug profiles at baseline. Sensitivity analyses were conducted to investigate if the impact of alternative drugs varied with age.

RESULTS: Bisphosphonate patients were more compliant than HRT patients, though compliance rates were below 25% for all drugs. Drug use patterns for Raloxifene patients did not differ significantly from HRT patients. Compliance was correlated with a reduced risk of hip fractures of 43% (p < 0.05) and lower health care costs of -$213 (p < 0.01), while switching increased the risk of hip fractures by 84% (p < 0.05) and increased costs by $278 (p < 0.01). Bisphosphonate patients were twice as likely as HRT patients to experience vertebral, Colles and other fractures and experienced higher health care costs relative to HRT patients of $510 (p < 0.0001). The estimated impacts of Raloxifene and bisphosphonates improve significantly with patient age. For example, Raloxifene’s impact on total costs improved from +$314 for patients under 55 to –$570 for patients over 65. CONCLUSIONS: Compliance with drug therapies for osteoporosis over a 1-year period is poor (<25%) leaving patients at risk for fractures and higher health care costs. Alternatives to HRT were associated with better patient outcomes, especially for older patients.

ARTHRITIS/OSTEOPOROSIS—Quality of Life/Preference Based Outcomes

WTP estimates are highly tangible and thus suitable for measuring health care preferences. The feasibility and usefulness of WTP in JIA has not been examined. OBJECTIVE: To assess the feasibility and construct validity of the WTP for measuring health preferences in JIA. METHOD: Parents were asked to estimate the monthly US dollar amount they would be willing to pay to obtain for their child 1) Drug A that provides near complete relief of arthritis symptoms (WTP(A)); and 2) Drug B that eliminates gastrointestinal (GI) symptoms (WTP(B)). A closed-ended question approach (yes/no) was used with random assignment of the initial bids (Drug A: $50/$125/$200/$300; Drug B: $5/$25/$30/$40). Parents who agreed to pay the initial bid were then asked whether they would pay 200% and then 400% of this initial bid. Information was obtained regarding family income, healthcare expenses as well as on various JIA outcomes: number of involved joints; visual analog scales of pain, GI discomfort and overall well-being; Childhood Health Assessment Questionnaire (CHAQ); the Pediatric Quality Assessment Questionnaire (CHAQ); the Pediatric Quality