persons, and C—with surgery to cure the disease itself or its complications, 18 persons. The average costs were 1060€ per person and year. The average of yearly costs per person in the subgroup A were 485€, in the subgroup B it was 1500€, and in the subgroup C, it was 1,530€. The highest costs per one patient in the subgroup B were 4265€ and in subgroup C it was 6255€. The ratio of own patients to all costs was 17.5%, to health care costs 72.1%, and to social costs 10.4%. Pharmacotherapy reached 49.7% of the total costs, diagnostic procedures 0.9%, ambulatory care 19.0%, hospital care 26%, spa care and travel costs 4.4%. CONCLUSIONS: Crohn’s disease belongs to the more expensive diseases in the Slovak Republic. There is a significant difference in the ratio-structure of costs in comparison with western countries and the USA. Next pharmacoeconomic studies in the Slovak Republic should be designed as prospective, cost of utility studies.

GASTROINTESTINAL DISEASES DISORDERS

GASTROINTESTINAL DISEASES DISORDERS—Quality of Life/Utility/Preference Studies

IS HELICOBACTER PYLORI “TEST AND TREAT” A COST-EFFECTIVE MANAGEMENT APPROACH FOR PATIENTS WITH TYPICAL REFLUX SYMPTOMS IN A POPULATION WITH A HIGH PREVALENCE OF H. PYLORI INFECTION

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OBJECTIVES: Overlap of gastro-oesophageal reflux disease (GERD) and peptic ulcer disease (PUD) in a population with high prevalence of Helicobacter pylori infections creates clinical dilemmas in Hong Kong. Testing and eradication of H. pylori may be a cost-effective alternative for empirical proton-pump inhibitor (PPI) therapy. To examine the potential clinical and economic impact of H. pylori “test and treat” and empirical PPI therapy for GERD patients with typical reflux and high prevalence of H. pylori infection. METHODS: A Markov model was designed to simulate the outcomes of the two treatment strategies over 12 months. The transition probabilities and resource utilization were derived from literature. Percentage of patients with PUD treated, total number of quality-adjusted life-years (QALYs) gained and total direct medical cost were estimated. RESULTS: H. pylori “test & treat” was more effective (92.6% ulcer treated and 0.919 QALYs gained) than empirical PPI (72.6% ulcer treated and 0.909 QALYs gained). The direct medical cost per patient in the H. pylori “test and treat” and empirical PPI arms were USD1901 and USD1770, respectively. The direct medical cost per patient was sensitive to the variation in the prevalence of PUD in H. pylori-infected GERD patients. CONCLUSIONS: H. pylori “test & treat” appeared to be more effective than empirical PPI therapy, with an incremental cost, for GERD patients with typical reflux in Hong Kong.

HEALTH RELATED QUALITY OF LIFE AMONG POLISH GASTROESOPHAGEAL REFLUX DISEASE PATIENTS

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OBJECTIVES: To assess health related quality of life (QOL) and its predictors among Polish patients with gastroesophageal reflux disease (GERD). METHODS: National survey study was carried out among 192 Polish general practitioners on outpatients presenting with GERD symptoms. Data on patients’ clinical characteristics, symptoms, treatment and QOL were collected. The Carlsson’s diagnostic test was used to assess symptoms. A cutoff score of four or higher was considered positive for GERD. QOL was measured with SF-36. For the statistical hypothesis testing the significance threshold was set to 0.01. RESULTS: Data on QOL was collected for 3290 patients, mean age: 48.9 years (95%CI: 48.4–49.4; males: 47.8% (95%CI: 46.1%–49.5%). Mean health related QOL score was 58.5 (95%CI: 57.9–59.2). Patients with longer history of GERD-associated symptoms reported statistically significantly lower QOL (19.1% decrease in QOL for patients with gastroesophageal reflux disease history lasting for five to 10 years compared to patients reporting it for less than three months). Adjusting for case-mix the following symptoms were associated with statistically significantly lower QOL: dysphagia, odynophagia, weight loss, anaemia, age over 65, hoarseness, rhonchus, fullness, vomiting, while heartburn and chest pain or burning sensation and chronic cough were not. CONCLUSIONS: GERD is associated with poor QOL, especially for chronic patients. Some symptoms represent good predicting value for QOL deterioration.