the first 12-month observational period. Out of 505 total subjects enrolled at (12 months) follow-up, 467 patients fully completed ICIQ-LF. The average variation observed in patients’ reported overall “impact of symptoms” was –1.92 (SD 3.36; range –7; 10), suggesting a reported improvement in QoL from baseline. The frequency of women who complained of urine leakage shows a significant decrease from baseline to follow up (68% Vs 55.6%). Consistently, the number of patients complaining of limited activities due to urinary leakage decreased from 56.5% to 42%. The W-IPSS was compiled by 83% of all subjects. For all symptoms considered, greater improvement in QoL was observed were symptoms showed higher remission rates and lower persistency and incidence rates. An overall improvement was confirmed also by SF-36. RESULTS: 49.2% of patients at follow-up reported a good health status (to various degrees) versus 10.7% at baseline. CONCLUSION: According to ICIQ-LF and W-IPSS an overall condition improvement was registered at 12 months from baseline with respect to all LUT symptoms (storage, voiding and post-micturition categories). A correlation between increased QoL and observed symptoms remission rates was detected by all questionnaires.

QUALITY OF LIFE IN HEMOPHILIC PATIENTS WITHOUT INHIBITORS: THE COCHE STUDY

Scalone L1, Gringeri A2, Von Mackensen S3, Mannucci PM4; De Silvio S5, Anastasia M6, Di Stasi F7, Mantovani LG1
1Center of Pharmacoeconomics, University of Milan, Milan, Italy; 2Haemophilia and Thrombosis Centre, Milan, Italy; 3Institute for Medical Psychology Hamburg, Germany

OBJECTIVE: Hemophilia treatment has prolonged patients’ life expectancy and is now focused on improving their Health-Related Quality-of-Life (HRQoL). We evaluated HRQoL of adult hemophilic patients without inhibitors. METHODS: The Cost Of Care of HEmophilia (COCHE) study is a naturalistic, multicenter, longitudinal study. Patients without inhibitors aged >18 years were sequentially enrolled at 23 Italian Hemophilia Care Centers. Information collected was on: socio-demographics, clinical, resource absorption (direct, indirect costs), HRQoL (intangible costs) and treatment satisfaction. The following results pertain to the HRQoL evaluated with two generic instruments: EuroQol (EQ-5D) and Short Form-36 (SF-36). RESULTS: 232 patients were enrolled (median age = 34.3, ranging from 18 to 74), 86.6% with hemophilia A, 72.4% severely affected. At the time of enrolment 81.0% of patients had chronic hepatic C, 25.0% hepatitis B, 15.9% HIV infection. Most of the patients (87.8%) reported some orthopedic problems. Target joints were present in 57.0% of patients. Bleeding occurred on average 2.10 times per patient/month (median 1.44, ranging from 0 to 26). EQ-5D profile showed that 77.9% of patients complained of moderate or extreme “pain/discomfort”, 63.5% had problems with “mobility”, 48.9% were anxious or depressed, 40% had problems in doing “usual activities”, 12.2% problems with “self-care”. EQ-Visual Analogue Scale had a mean value of 66.2 (median 70.0, ranging from 9 to 100). The mean+/–SD utility score was 0.7+/-0.2 (median 0.7, ranging from −0.2 to 1). These results were confirmed by the SF-36: in particular, the mean+/–SD Physical Component Summary score was 36.9+/-10.7 (median 35.2, from 15.2 to 55.0); the mean+/–SD Mental Component Summary score was 50.2+/-11.8. (median 52.8, from 15.5 to 68.1). CONCLUSION: Hemophilic patients without inhibitors showed impaired levels of general HRQoL. In particular the physical component of HRQoL was sensitively compromised; by contrast the mental component was relatively good in comparison to the general Italian male population.

Cost Evaluation Studies in Diabetes and Neurological Disorders

ECONOMIC EVALUATION OF SPECT-DaTSCAN IN THE DIAGNOSIS OF PATIENTS WITH CLINICALLY UNCERTAIN PARKINSONISM IN ITALY

Busca R1, Antonini A2, Lopatriello S3, Bert0 P4
1Pbe Consulting, Milano, Italy; 2Istituti Clinici di Perfezionamento, Milano, Italy; 3Pbe consulting, Verona, Italy

OBJECTIVES: This study assessed the economic value of using SPECT-DaTSCAN (123I-FP-CIT) in comparison with current clinical judgment, in the diagnosis of patients with clinically uncertain Parkinsonism in Italy. METHODS: A cost-effectiveness analysis was based on a Markov model, comparing a cohort of patients following a diagnostic pathway including or excluding DaTSCAN, using a time horizon of 5 years. The model was populated with direct medical costs (drugs, tests, exams, hospital admissions, management of adverse events) associated with diagnosis and treatment, diagnostic accuracy (sensitivity: 97%, specificity: 100%), the underlying prevalence of diseases in the tested population (estimated to be 49%), rates of adverse events, therapy progression and death. Effectiveness was expressed as the (gain in) number of years of appropriate therapy per patient. Model input values were estimated using a double round Delphi panel performed with 12 Italian specialists. Diagnostic accuracy, adverse event rates and mortality rates were based on published studies. RESULTS: The current diagnostic pathway produced on average 2.3 “adequately treated years” (ATYs) per patient at an estimated cost of €89 930 to the health care system over 5 years. The DaTSCAN pathway generated on average 4.1 ATYs per patient at an estimated cost of €84 10. Use of DaTSCAN rather than current diagnostic practice generated an additional 1.8 ATYs at a cost saving of €482 per patient over 5 years. Discounting at 5%, the cost saving became €372 per patient over 5 years. If the use of DaTSCAN decreased other diagnostic work-up costs by €450 (estimated by clinical expert), cost savings became €932 (undiscounted) per patient tested. The result is sensitive to the proportion of patients tested. CONCLUSION: The analysis suggests that using DaTSCAN in patients with clinically uncertain Parkinsonism is an economically attractive intervention. Greater amounts of time on appropriate therapy are achieved at less cost to the health care system.

COST-UTILITY ANALYSIS IN A UK SETTING OF SELF-MONITORING OF BLOOD GLUCOSE IN PATIENTS WITH TYPE-2 DIABETES

Palmer AJ1, Dinneen S2, Gavin III JR3, Gray A4, Herman WH5, Karter AJ6
1CORE—Center for Outcomes Research, Binningen, Switzerland; 2National University of Ireland, Galway, Galway, Ireland; 3Emory University School of Medicine and Morehouse School of Medicine, Fairburn, GA, USA; 4University of Oxford, Oxford, UK; 5University of Michigan, Ann Arbor; MI, USA; 6Kaiser Permanente, Oakland, CA, USA

OBJECTIVES: Self monitoring of blood glucose (SMBG) has been shown to improve glycemic control of type 2 diabetes in previous studies (HbA1c improved by 0.3–0.6% with SMBG versus no SMBG, depending on treatment received) However, the cost of testing supplies is high and cost-effectiveness has not been evaluated. METHODS: A validated model (CORE Diabetes model) projected improvements in lifetime quality-adjusted life years (QALY), long-term costs, and cost-effectiveness of SMBG versus no SMBG. Markov/Monte Carlo modeling simulated progression of complications (cardiovascular, neuropathy, renal and