to 0.886 and they all belonged to 5 factors. There was a strong relationship between SCS and EuroQol 5D (r = 0.46-0.76). CONCLUSIONS: The research suggests that the validity and reliability of the Turkish SCS are satisfactory and that it can be used in Turkey.

**PR544**

**CLINICAL-PHARMACOLOGICAL PRESENTATION AND THE OUTCOME OF QUALITY OF LIFE OF PATIENTS WITH EXACERBATION OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)**

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**OBJECTIVES**: Determine quality of life of COPD patients. METHODS: The medical record was reviewed with acute exacerbation of COPD who visited City Clinical Hospital #2, with mean age 68.5 ± 4.5 male and 64.8 ± 3.4 female, were retrospectively reviewed. Patients were evaluated on the criteria for COPD [2006]. Sociodemographic data, severity of disease, co-morbidity, and use of health resources in the previous years were collected. SF-36 quality of life questionnaire were administered to all patients. RESULTS: The mean FEV1 value was 45.9 ± 9.1%. The severity of the disease was mild in 139 (46.3%) cases, moderate in 114 (38.0%), severe in 30 (10.0%), very severe in 17 (5.7%). With regard to the use of health resources in the previous year, the mean values were: visits to physician 7.27 ± 1.2 and hospital admissions 8.16 ± 0.31. The mean SF-36 scores for patients with mild COPD in the physical component before and after therapy were 84.5 ± 4.2 and 91.2 ± 5.8 with a Δ% value (9.2 ± 1.6); moderate 73.2 ± 3.1 and 77.6 ± 4.6 with a Δ% value (6.0 ± 1.5); severe 42.2 ± 1.2 and 45.2 ± 2.6 with Δ% value (6.5 ± 1.4); very severe 19.8 ± 2.4 and 23.5 ± 3.8 with a Δ% value (4.1 ± 1.4). Similarly, the mean SF-36 scores on mental component of all groups of patients under study, ranging from mild to very severe were 69.0 ± 2.1 and 72.3 ± 3.4 with Δ% value (3.1 ± 2.3); 54.6 ± 2.2 and 56.9 ± 3.7 with Δ% value (4.2 ± 1.3); 38.0 ± 2.3 and 35.6 ± 3.1 with Δ% 3.9 ± 0.8, 28.2 ± 1.1 and 29.1 ± 2.4 with a Δ% value (4.2 ± 1.3). CONCLUSIONS: Patients had an increase functional index (Δ%) of SF-36 in the physical component, and significant reduction was only seen in mental component of patients with severe and very severe cases.

**RESPIRATORY-RELATED DISORDERS – Health Care Use & Policy Studies**

**PR545**

**CLINICAL AND ECONOMIC OUTCOME OF MECHANICALLY VENTILATED PATIENTS UNDER DRG 475: A POPULATION-BASED STUDY**

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**OBJECTIVES**: Mechanical ventilation for acute respiratory failure is likely to be a reliable indicator of critical care resource requirements on a population level. Our aim is to analyze the costs and discharge status for patients with respiratory failure needing mechanical ventilation (DRG code 475) in Spain and to examine the impact of age in terms of hospital outcome. METHODS: From the 2004 National Hospital Discharge Database in Spain we identified and followed 267 cases with a DRG 475 from January to December 2004. Descriptive analysis of variables related to patient characteristics, hospital resources utilization, and hospital outcome were performed. RESULTS: A logistic regression analysis was performed to identify factors associated with in-hospital mortality. To depict the amount of resources spent to procure a given level of desired outcome (hospital survival) we determined the cost per survivor based in the average national charges for hospital outcomes. The amount of resources spent to procure a given level of desired outcome (hospital survival) was only seen in mental component of patients with severe and very severe cases.

**SEASONAL VERSUS NEEDS-BASED IMMUNIZATION SCHEDULES—THE EXAMPLE OF RSV**

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**OBJECTIVES**: Due to cost reaching $10,000/season, respiratory syncytial virus (RSV) immunoprophylaxis is limited to high-risk periods, but season determination is heavily debated and absolute risk varies significantly by geographic location. We present monthly RSV incidence rates to estimate absolute burden of disease and numbers needed to treat (NNT) to provide an alternative to a dichotomous season definition. METHODS: Medicaid fee-for-service recipients <2 years old from California and Florida (1999-2004) were selected if they met high-risk criteria for RSV infections (chronic lung disease or congenital heart disease based on ICD-9 codes, or prematurity with >32 weeks’ gestational age based on birth certificates). Monthly RSV hospitalization rates were broken down by recipients’ age and adjusted for the effects of immunoprophylaxis. NNTs were calculated as inverse of the absolute risk reduction (based on relative risk reduction from clinical trial data: 50%). Results in Florida were separated by 5 surveillance regions. Results in California showed a peak from December–March with almost zero viral activity outside. NNTs were smallest in February (<50) but increased with increasing age. In Florida, no months had zero activity; however, NNTs were never below 125, regardless of age. Among children >1 year, the lowest NNT was 232 (95% CI: 129–5,875) and NNTs exceeded 500 for 8 months (January–August). While the northern regions showed a short, distinct season, the southern regions experienced prolonged activity, most obvious in the southeast. Yet, April through July in the southwest and May/June in the southeast showed NNTs exceeding 6,100 while the winter months had a peak activity that was comparable to other regions. CONCLUSIONS: NNTs can address differences in burden of disease during the RSV season and between geographic regions and assure equitable access to prophylaxis. Reduced RSV incidence in the second year of life should be incorporated in decisions for immunoprophylaxis.

**A SURVEY OF TOBACCO CESSATION INTERVENTIONS IN THE DENTAL SETTING IN JAPAN: ATTITUDES TOWARDS TOBACCO CESSATION EDUCATION, AND BARRIERS TO CESSATION COUNSELING**

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**OBJECTIVES**: Tobacco has been identified as a major risk factor for lung cancer, heart disease, and respiratory disease. Adults rarely visit their physicians for preventive care. But surveys have shown that more than half of adult smokers see a dentist each year for preventive care. This may put dentists in a better position to implement tobacco cessation interventions. The aim of the study was to investigate the tobacco cessation interventions conducted by dental practitioners in Japan. METHODS: The study used a survey mailed to dentists (n = 1489) in three prefectures (Tokyo, Ibaraki, Yamaguchi) asking about the practitioners’ tobacco cessation activities, past/ present behaviors, and tobacco cessation characteristics, barriers to counseling, and attitudes towards tobacco in 2008. RESULTS: The response rate was 57% (n = 847). Dentists advised 22% of patients to cease tobacco. More than half of them used a pamphlet or other printed materials. However, nicotine replacement therapy was prescribed infrequently (nicotine patches in 3.2% and nicotine gum in 2.2% of patients). Asked whether dentists should perform tobacco cessation interventions in their offices, 76% said yes. The main barrier to cessation counseling was insufficient time, followed by a lack of knowledge and/or training to refer patients. 85% of respondents had no education or training in promoting tobacco cessation. Twenty-two percent of all respondents were smokers. CONCLUSIONS: Few dentists perform tobacco cessation interventions in their offices. Nicotine replacement therapy was hardly prescribed at all. Dentists have a positive attitude towards tobacco cessation interventions and...
appear amenable to education and a more active role in performing tobacco cessation interventions in their offices.

FACTORS RELATED TO STOP SMOKING’S ATTEMPTS AMONG A FRENCH COHORT OF SMOKERS: (FOCUS STUDY)

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OBJECTIVES: This study aims at evaluating the attempts to stop smoking and the factors related to these attempts in a cohort of smokers followed during 2 years. METHODS: A sample of 6032 individuals aged 15 years or more, representative of the French population, received a self-administered questionnaire in November 2006. Eight hundred and nine smokers were identified and contacted again in June 2007, November 2007, June 2008 and November 2008. A statistical analysis was performed on smokers who were reached and interviewed in all phases. RESULTS: In total, 277 smokers (34%) responded to all interviews. Among them, 10%, 12%, 15%, and 18% were quitters in June 2007, November 2007, June 2008, and November 2008, respectively. Seven percent of smokers were consistently quitters at all follow-up interviews. Thirty four percent of smokers quitted smoking at least once more than one month after two interviews. Smokers who attempted to quit smoking during the follow up period (43%) were less dependent to tobacco (p < 0.01) and lighter smokers (p < 0.01). The probability to stop smoking longer than one month decreased in more dependent smokers: Odds Ratio = 0.77 (CI 95%: 0.67–0.89) and increased in smokers with fear of cardiovascular diseases and cancers: Odds Ratio = 2.38 (CI 95%: 1.03–5.50), and medical conditions such as High Blood Pressure, Dyslipidemia, Asthma and Diabetes: Odds Ratio = 2.42 (CI 95%: 1.10–4.37). Among 42% of smokers who declared having intention to stop smoking at the beginning of the study, 30% actually attempted to quit smoking after a follow up of 2 years. CONCLUSIONS: Half of smokers reporting intention to quit did not make an attempt within 2 years. Quitting smoking more than one month was related to dependence to tobacco and current health care conditions while fear of smoking-related diseases motivate smokers to quit smoking.

URINARY/KIDNEY DISORDERS – Clinical Outcomes Studies

USE OF A BAYESIAN MIXED TREATMENT META ANALYSIS TO SUPPORT REIMBURSEMENT DECISION MAKING OF PHOSPHATE BINDER THERAPY IN END-STAGE RENAL DISEASE

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OBJECTIVES: Comparative data is routinely preferred by reimbursement decision makers. The study objective was to estimate the dose relativity of two non-calcium based phosphate binders, lanthanum carbonate (LC) and sevelamer hydrochloride (SH) in the treatment of end-stage renal disease (ESRD). METHODS: An indirect comparison based on a systematic literature review and Bayesian mixed treatment meta-analysis methodology was used to determine the equipotent doses of LC and SH. The methodology met Australian Pharmaceutical Benefits Advisory Committee standards, a rigorous Health Technology Assessment Agency. The outcome measure of interest in ESRD was the mean daily dose required to control serum phosphate concentration at target levels. The data were analyzed using WinBUGS software. Posterior results were estimated after a burn-in of 25,000 iterations and thinning the MCMC chain every 25 iterations to account for autocorrelation. Goodness-of-fit was also assessed. RESULTS: The literature review identified nine trials and three treatments comparing LC to calcium (6), SH to calcium (2) and SH to LC (1). An unconstrained baseline model using a gamma likelihood for the sample mean doses (and sample variances) required to achieve a specific phosphate reduction and control was fitted. An a priori assumption was that the population standard deviations between treatments were different. The analysis showed that the dose required to achieve phosphate reduction and control was 2.33 (95% CI: 1.75, 3.01) times greater with LC versus SH. The dose relatively is consistent with the ratio calculated using the World Health Organization’s defined daily dose for LC and SH. CONCLUSIONS: This study illustrates how a mixed-treatment comparison can be used to aid in drug therapy decision making when direct head-to-head data is limited. Using this approach, the dose relativity of the mean daily dose of sevelamer to the mean daily dose of lanthanum carbonate was determined as 2.33.

EFFECTIVENESS AND COST-EFFICACY OF PHOSPHATE BINDERS IN HEMODIALYSIS

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OBJECTIVES: In Germany, 66,508 patents were on haemodialysis because of chronic renal insufficiency in 2006. Hyperphosphataemia is the strongest independent risk factor for mortality in renal patients. Because a reduction in the ingested phosphate intake and haemodialysis are not able to reduce serum phosphate concentrations to recommended values, phosphate binders (P-binders) are used to bind ingested phos-