120,458 HUF per life years saved. In the Activated Protein C treatment arm the average cost-effectiveness was 312,085 HUF per life years saved (societal viewpoint). CONCLUSION: Incremental efficiency of Activated Protein C treatment was compared to incremental efficiency of dialysis and renal transplantation. Robustness of results was examined through a sensitivity analysis.

**PIN23**

**PROSPECTIVE STUDY ON ACUTE LOWER RESPIRATORY TRACT INFECTION IN CHILDREN YOUNGER THAN 3 YEARS IN GERMANY (PRI.DE)—ECONOMIC IMPACT OF COMMUNITY-ACQUIRED CASES TREATED BY OFFICE-BASED PEDIATRICIANS (PRIMARY CARE)**

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**OBJECTIVES:** To calculate the average cost per patient (case) and to estimate the cost of primary care of lower respiratory tract infection (LRTI) in children younger than 3 years of age in Germany. Costs were evaluated from perspectives of third party payer, parents and society. METHODS: This economic analysis was part of the PRI.DE study, a prospective, multicenter, population-based epidemiological study carried out over 2 years (1999–2001) in children with community-acquired LRTI aged 0 to 36 months in Germany. Inclusion of children with pneumonia, bronchitis, bronchiolitis, croup and apnea by 11 office-based pediatricians. Nasopharyngeal secretions were tested for RSV, parainfluenza-(PIV), and influenza viruses (IV) by Hexaplex PCR (Prodesse, USA). Drugs and medical services consumed were generated by chart abstraction. Data regarding parental expenses was collected via telephone interviews. **RESULTS:** In 568 out of 1329 cases (43%) total costs could be calculated. On average, total costs per case were €123 (SD 1616). About 54% was direct medical cost, 11% direct non-medical cost and 35% indirect cost. Cost for pneumonia was 205€ (SD 264€); for bronchiolitis 146€ (SD 179€); for bronchitis 101€ (SD 141€) and for croup 82€ (SD 78€). Total cost caused by RSV infections amounted to 163€ (SD 172€), caused by parainfluenza 100€ (SD 113€), caused by influenza 223€ (SD 279€) and caused by other pathogens 111€ (SD 159€). Based on the annual incidence of 682.128 LRTI cases (children: 0–3 years) and median total cost (71€), economic burden due to LRTI amount to 48.4€

**INFECTION (including HIV, CAP)**

**INFECTIONS (including HIV, CAP)—Quality of Life/Utility/Preference Studies**

**PIN24**

**IMPROVEMENT IN PATIENT-REPORTED DEPRESSION IN HIV+ PATIENTS EXPERIENCING GRADE 2 SIDE EFFECTS AFTER SUBSTITUTION OF THEIR PROTEASE INHIBITOR (PI)/NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI) WITH LOPINAVIR/RITONAVIR (LPV/R)**


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**OBJECTIVES:** Depression is a common mental health problem in HIV+ patients; however, symptoms of depression frequently go unrecognized. With the development of the Center for Epidemiologic Studies—Depression (CESD) scale, it is possible to identify depression using patient-reported outcomes. This study evaluates a) the prevalence of depression using patient-reported vs. physician-diagnosed outcomes & b) whether substitution to LPV/r affects depression in HIV+ patients. METHODS: PLATO is an open-label, multi-center, multi-country, Phase IV study. Patients who were virologically controlled (2 consecutive viral loads <400c/mL), but experiencing Grade 2 PI/NNRTI-associated side effects were randomized (4:1) to immediate substitution at Baseline or deferred substitution at Week (Wk) 4 of their PI/NNRTI with LPV/r, while remaining on Baseline NRTI's. Patients completed the CESD at Baseline & Wk8. Physician assessments were performed at Baseline, Wk4 & Wk8. Viral load, safety, & bothersomeness of HIV & treatment related symptoms (ACTG Symptoms Distress Module, plus 2 items for nephrolithiasis) were also followed. RESULTS: In total, 717 of 849 patients (84%) enrolled were not on antidepressant medication at Baseline & completed CESD (79% male, mean age 41 yrs). At Baseline, 295 of 717 patients (41%) self-reported signs of clinical depression (CESD ≥16) compared to 32 (4.5%) with physician-diagnosed Grade 1–2 depression ($x = 0.059; 95% CI: 0.020–0.097). Prevalence of patient-reported clinical depression was reduced to 26% (Baseline-Wk8; P < 0.0001) following 4–8 Wks of LPV/r, while the prevalence of physician-diagnosed