association between drug and lab outcomes for the cohort matched on demographic and comorbid information only (p<0.001). There was no significant association in the cohort matched on biomarkers plus comorbid and demographic variables (p=0.614).

CONCLUSIONS: FST using administrative claims alone left considerable uncertainty in the results, and to assess the evolution of FR. METHODS: An analysis was performed based on a sample of patients in France and UK followed prospectively over 2 years. At baseline, resistant as well as acute exacerbated patients were excluded. Symptomatic patients were defined according to 3 clinical criteria: CGI score >5 (N=181), 95% confident interval (95%CI) of the mean of FST improvement >0.5 (N=181) and 10% increase or therapy augmentation is similar between FR and PR. CONCLUSIONS: The PR is a stable population over-time with higher clinical burden and increased management cost compared to FR. The lack of specific treatment pattern raises the issue of the need for specific disease management strategy of PR and related assessment of such intervention.

PMD4

PERCEPTION OF IRON DEFICIENCY IN CLINICAL PRACTICES: MULTIDISCIPLINARY FRENCH SURVEY (SUPERVY)

Lassocié 1, Luporini C2, Jamin C3, Darte M4, Matteau F2
1CHU Bichat-Claude Bernard, Paris, France, 2Centre Aixois Vauvin, Vandoeuvre-Les-Nancy, France, 3AP-HP, Paris, France, 4MioMed, Saas, Maissiat, France, 2Viper Pharma AG, Neuilly sur Seine, France, 3CHU Lariboisière, Paris, France

OBJECTIVE: To assess the perception of iron deficiency and describe the management process in clinical practices.

METHODS: A cross-sectional survey was performed on French gastroenterologist and internal medicine physicians selected from a professional directory. They reported in a questionnaire the estimated frequency of iron deficiency and anemia among their patients, the biological exams performed for iron deficiency diagnosis and the conditions of use of intravenous iron. The survey analysis was performed on 358 questionnaires (return rate: 12%) from physicians of different areas of expertise (anesthesia, intensive care, surgery, n=67; gynecology, obstetrics, n=122; oncology, hematology, radiotherapy, n=39; hepato-gastroenterology, internal medicine, geriatrics, rheumatology, n=139). RESULTS: Out of 86% (308/358) of the physicians reported cases of iron deficiency defined as more than 63% of them (p<0.001) and the frequency of anemia among their patients was more than 10%. Survey responders were 25% (89/358) to report that they systematically explored iron deficiency and 61% (217/358) only if anemia had been previously diagnosed. Severe iron deficiency, is treated with oral iron in 75% (266/ 358), 39% (141/358) with intravenous iron and 20% (70/358) with transfusion. For 70% of the physicians who prescribe intravenous iron (148/213) the limit threshold of hemoglobin for prescription of intravenous iron is 8 g/dl (median). In contrast with hemoglobin level, serum ferritin and transferrin saturation, were infrequently performed (15% [31/213] and 5% [11/213], respectively). The use of erythropoiesis-stimulating agents was reported by 44% (156/358) of physicians with systematic iron supplementation for only 47% (74/156) of them. CONCLUSIONS: One of the main results of this survey is the apparent equation between iron deficiency and anemia in many physicians. Thus, most physicians report that intravenous iron is used when hemoglobin is ≤8 g/dl. Iron deficiency is considered only within a context of severe anemia for many physicians.

PMD5

OUTCOME STUDY OF DRUG ELUTING STENT (DES) VERSUS BARE METAL STENT (BMS) IN HONG KONG: A 6-MONTH PILOT STUDY

Lee TN1, Chan T3, Wun A1, Lee KE1, Cheung W1
1Chinese University of Hong Kong, Shatin, Hong Kong, 2Monash University Kuala Lumpur, Sunway Campus, Selangor Darul Ehsan, Malaysia

OBJECTIVE: This study was to evaluate and compare drug eluting stent (DES) and bare metal stent (BMS) in 1) clinical outcome, 2) humanistic outcome, and 3) economic outcome, in patients undergoing percutaneous coronary intervention (PCI). METHODS: All patients undergo PCI in Prince of Wales Hospital during August 1 to October 31, 2009 were recruited. Clinical outcome was measured by the occurrence of major adverse cardiac events (MACE), which defined as cardiac death, non-fatal MI and target lesion revascularization. An EQ-5D questionnaire was used to measure the baseline quality of life before the stent placement, and six months post PCI. PROCEDURAL cost including the instruments, medications and hospitalization, as well as all cardiac related follow-up for the first six months was recorded. Cost to reduce one MACE (ICER) and cost to gain one quality-adjusted life-year (QALY) was calculated to assess the cost-effectiveness of DES. RESULTS: A total of 50 patients (n=22 and n=28 for DES and BMS respectively) were enrolled into our study. MACE in 6 month was 5% in DES (n=1) versus 7% (n=2) in BMS (p=0.70). In DES group, the utility score showed a slight improvement in six months than baseline (0.92, IQR 0.80–1.00 versus 0.69, IQR 0.22–0.77, p=0.001), while there were no significant improvement for BMS group (0.87, IQR 0.73–1.00 versus 0.81, IQR 0.66–1.00, p=0.337). ICER calculated was HKD$17,112 and cost-effectiveness of BMS gained was HKD$10,023. For resource utilization, HKD$924,450±58,566 for DES (median:HKD$4231 versus HKD$223,64–301 for BMS (median:HKD$7647) respectively, p=0.875, the higher procedural cost of DES group was balanced by lower follow-up and hospitalization cost, when compared with BMS group. CONCLUSIONS: The quality of life of patient underwent placement with DES

PARTIAL RESPONDERS IN SCHIZOPHRENIA

Müller A1, Axman JM1, Angermeyer MC1, Toumi M4
1Céreté Ceutical, Paris, France, 2SHU de Psychiatrie d’Adultes, MARSIELLES, France, 3University of Leipzig, Germany, 4University Claude Bernard Lyon 1, Lyon, France

OBJECTIVES: Despite well conducted treatment, schizophrenic patients often remain symptomatic. Although multiple studies studied resistant patients, no data are available on partial responders (PR). The purpose of this study is to compare clinical, quality of life (QoL), cost of PR versus non symptomatic patients (full responders). METHODS: PR was defined as patients who received at least 6 months of treatment with at least a 3 clinical improvement on PANSS scale score. Comparison was performed based on a sample of patients in France and UK followed prospectively over 2 years. At baseline, resistant as well as acute exacerbated patients were excluded. Symptomatic patients were defined according to 3 clinical criteria: CGI score >3 (N=181), 95% confident interval (95%CI) of the mean of FST improvement >0.7 (N=181) and 12% increase or therapy augmentation. The lack of specific treatment pattern raises the issue of the need for specific disease management strategy of PR and related assessment of such intervention.