recorded symptom scores, use of rescue medication, and time off school and parental time off work due to asthma. RESULTS: A total of 35 patients participated. Mean age: 9.8 yrs, mean time since diagnosis: 6.2 yrs. At w16 compared with w0; Mean PEF increased by 59.2 l/min; all PAQLQ domain and overall scores improved >=2 points; mean day and night time symptoms scores improved by 1.5 points* and 1.6 points respectively; patients reported a mean of 3.9 more days per week without asthma symptoms* and 4.6 fewer days per week using short acting β2 agonist medication*; children missed 1.6 fewer school days per month, and carers missed a mean of 1.2 fewer days per month from work*. No treatment related adverse events were reported. CONCLUSION: SFC significantly improved asthma symptoms, quality of life and daily activities of uncontrolled pediatric asthma patients and their families. *P < 0.05

PAS3
ASTHMA CONTROL IN SPAIN. DOES TREATMENT PROFILE AND SEASON MATTER?
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OBJECTIVE: The aim of this study was to assess the degree of asthma control in Spain in accordance with the GINA criteria. METHODS: An epidemiological cross-sectional multicenter study was performed. A representative sample of consecutive patients with asthma over 18 years attending primary care and specialist offices were enrolled. Patients were seen in winter and spring and were asked on their asthma control in the four weeks prior to the visit according to the GINA criteria. Control was defined based on the patient’s day and night symptoms. RESULTS: A total of 614 patients participated in the study. Patients presented every day or most days in the four weeks prior to the winter and spring visit daytime symptoms (40.3% vs. 22.5%) (p < 0.01), night-time symptoms (27.8% vs. 13.9%) (p < 0.01), severe exacerbation episodes (11.9% vs. 8.8%) and intolerance to exercise (32.9% vs. 22.5%) (p < 0.01) respectively. The most frequently used treatment was the combination of inhaled corticosteroids and long-acting β2 adrenergic agonists (49.8% vs. 49%). There were a slightly higher number of inadequately controlled patients in winter than spring, 74.2% vs. 71.1% (p < 0.01) respectively. CONCLUSION: Asthma is poorly controlled in Spain, with the need for improvements in the management of the disease.

PAS4
THE COST OF ASTHMA EXACERBATIONS OF DIFFERENT SEVERITY LEVELS
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OBJECTIVES: A literature search revealed only a few published retrospective database analyses in which the yearly cost of asthma was compared for patients with and without asthma attacks. This however does not allow estimating the health care utilization associated with a single exacerbation. In contrast, this study aims to analyze resource use collected during a randomized, double-blind trial and to estimate the costs of a mild and a severe asthma exacerbation. METHODS: The INNOVATE trial randomized severe persistent allergic asthma patients who were inadequately controlled despite inhaled corticosteroid (ICS) and long-acting β2-agonist (LABA) to continued standard therapy (N = 210) or to add-on therapy with omalizumab (N = 209). Resource use was recorded on the CRF and with daily patient diaries. Data from both treatment arms were pooled to calculate average resource use for clinically significant (worsening of asthma symptoms requiring systemic steroids) mild (PEF or FEV1 ≥60% of personal best) or severe (PEF or FEV1 < 60% of personal best) exacerbations from a UK NHS perspective. Patients were observed for a total of 36 weeks (including 8 weeks run-in). Standard unit costs (PSSRU, NHS Reference Costs, 2004) were applied to calculate the exacerbation-related cost. RESULTS: A total of 419 patients experienced 195 mild and 204 severe exacerbations during the observation period, lasting on average 12.8 days each. Resource use was measured in terms of GP surgery visits, ER visits, outpatient visits, hospitalizations and rehabilitation visits. The average cost of a clinically significant mild exacerbation is estimated to be £99, and of a severe exacerbation is £197. CONCLUSIONS: Exacerbations are costly and frequently occurring events in a severe persistent allergic asthma population. Decreasing the frequency and severity of exacerbations improves patients’ health outcomes and reduces resource use, which could be quantified with this approach.

PAS5
IMPACT OF MONTELUKAST THERAPY ON ASTHMA-RELATED HEALTH CARE RESOURCES USE IN MILD TO MODERATE ASTHMATIC PATIENTS WITH SEASONAL ALLERGIC RHINITIS IN SPAIN
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Montelukast is recognised to be an effective and safe therapy for the treatment of mild to moderate asthmatic patients with concomitant seasonal allergic rhinitis. OBJECTIVES: To evaluate asthma-related direct costs in patients with mild to moderate persistent asthma and seasonal allergic rhinitis (AR) in Spain, whose asthma was inadequately controlled and required the addition of montelukast as part of their routine care. METHODS: A multicenter, 12 months pre-post observational study was conducted, selecting mild to moderate asthmatic consecutive patients with previous inhaled corticosteroid (ICS) w/wo LABAs therapy, who initiated concomitant monteuklast between January 1999 and December 2002. Asthma-related health care resources data was collected retrospectively, including medication, medical visits, ER visits and hospitalizations. For the costing calculations, natural units were multiplied by unit costs, and confidence intervals (CI) calculated using bootstrapping analysis. RESULTS: 212 patients (mean age 36.0 (SD 9.7), 56.6% female, 50.9% mild asthmatics) were recruited in 55 sites (54.5% Primary Care, 34.5% Allergologists and 11% Pneumologists) across the country. After initiation of montelukast therapy, all other asthma-related health care resource categories did show a significant reduction (p < 0.01) (mean reduction in 2004€; 95% CIs): medication (146.1; 78.9–225.2); outpatient visits (57.5; 44.5–76.8); ER visits (61.1; 48.4–84.4) and hospitalizations (243; 86.2–875.4), total 508.3 95% CI 348.3–969.9. Additionally considering the montelukast treatment cost during 365 days, the reduction achieved in all other asthma-related health care resources would compensate for 92.7% of the montelukast cost. CONCLUSIONS: montelukast therapy was associated with a significant reduction in all other asthma-related health care resources use in patients with mild to moderate asthma and concomitant seasonal allergic rhinitis.