RESULTS: Seven RCTs comparing CIC vs. BUD were identified and included in the analysis. Comparisons of both interventions in 1:1 and 1:2 dose ratios were assessed in 3 and 4 trials, respectively. CIC as compared with BUD in 1:1 dose ratio was associated with significant improvement in forced vital capacity (FVC) and peak expiratory flow (PEF) by spirometry (WMD = 0.09 [0.03; 0.14] and WMD = 19.00 [2.37; 35.63], respectively) as well as reduction in proportion of symptom-free days (p = 0.018). No statistically significant differences were observed between drugs in 1:2 dose ratio were observed. CIC and BUD in either dose showed comparable efficacy with respect to the risk of asthma exacerbation, improvement in symptoms of asthma and forced expiratory volume in 1 second (FEV1). CIC-treated patients experienced less upper respiratory tract infections than those treated with BUD. However, these differences were on the border of statistical significance (RR = 0.65 [0.43; 0.99], NNT not significant). There were no statistically significant differences between CIC and BUD in either dose ratio with respect to risk of adverse events, adverse events related to study medication, pharyng-gitis and dysphonia. CONCLUSIONS: Ciclopirox provides an improvement in spirometric parameters and reduction of asthma symptom-free days as compared to budesonide in 1:1 dose ratio, while no differences were noticed between CIC and BUD in 1:2 dose ratio. Safety profile of ciclopirox seems to be comparable with budesonide.

QUALITY OF LIFE AND ECONOMIC IMPACT OF ASTHMA CONTROL IN FRANCE AND SPAIN. FIRST RESULTS OF THE EU-COAST STUDY Chouaid C1, Calvo Corbella B1, Com-ruella L1, Brossa M1, Dauz M2, Gueun B1
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OBJECTIVES: Current asthma management recommendations are based on the level of asthma control rather than disease severity. The financial impact associated with asthma management needs to be determined. The primary objective of this study was to estimate quality of life and health care costs according to the patients’ level of asthma control in France and in Spain. METHODS: An observational retrospective bottom-up cost of illness study was conducted in adults patients with asthma. Investigators were general practitioners. Asthma control was evaluated using the validated auto-test Asthma Control Test (ACTTM) for a one month period and 2009 GINA’s asthma control criteria for a three months period. Quality of life (Qol) was assessed using EQ-3D profile. Costs (direct and indirect) were evaluated from a societal perspective.

RESULTS: 794 patients (France: 391; Spain: 403) were enrolled in the first quarter wave of the survey. Based on the ACT, asthma was determined to be well-controlled (ACT ≥ 20) in 48.1% [RC 95%: 42.1%-54%] and 56.2% [RC 95%: 51.1%-61.2%] of French and Spanish patients respectively. In both countries, EQ-3D scores were 0.9 and 0.7 in well-controlled and not well-controlled patients respectively (p = 0.0001). Total costs of asthma were directly related to asthma control in both countries. The average cost (Euros/month/patient) of well-controlled asthma was <105 in Spain compared with <140 in France. We found strong associations between asthma control level, costs and Qol in patients with asthma. Achievement of good clinical control of asthma may result in a significant decrease of the economic burden of asthma and a better health status in adults.

TRENDS IN ANTI-ASTHMA MEDICATION USE IN DUTCH CHILDREN FROM 1998 UNTIL 2007 Howeling LT1, Penning FJ2, Meijer WM3
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OBJECTIVES: The prevalence of asthma has been reported to be increasing for decades, but recent studies suggest a leveling off or even decrease in prevalence among children. The objective of this study was to assess the trends in anti-asthma medication use in Dutch children from 1998 until 2007. METHODS: From the PHARMO Prescription Linkage System, an administrative database network of outpatient pharmacies, hospitals, and other settings, including data of ~4 million individuals in defined areas of The Netherlands, we assessed 1) the proportion of children aged 0–19 years with asthma control needs to be determined. The primary objective of this study was to

OBJECTIVES: To examine the cost of different pharmacotherapies on the exacerbation of COPD in public hospitals in Hong Kong. METHODS: This was a retrospective study comparing the cost of management of chronic obstructive pulmonary disease (COPD) in patients in a public hospital perspective in Hong Kong, institutional ethics approval was obtained. The patients were above 65 years with a diagnosis of COPD of stage 3 or above based on the GOLD guideline. COPD was defined based on ICD-9-CM codes. Two cohorts of patients were included: 1) Those who received fluticasone propionate and salmeterol, plus ipratropium bromide and salbutamol inhalation, and 2) Those who received ipratropium bromide and salbutamol, and beclomethasone inhalation. Patients were followed for 6 months before and after medications. The date one of the therapies started was the index date. RESULTS: A total of 75 patients were recruited over January to June 2008. All values are expressed as mean ± SD. The number of emergency room visits and cost of visits before and after the index date for both cohorts did not show a significant difference (1.86 ± 2.5 days vs. 1.62 ± 1.93 days and HKD1061 ± 1442 vs. HKD924 ± 1112 for cohort 1, 1.15 ± 1.28 days vs. 1.02 ± 1.29 days and HKD667 ± 730 vs. HKD562 ± 735 for cohort 2, p > 0.1). There was a trend of reduction in hospitalization days and cost of stay before and after the index date for cohort 1 (although not reaching a significant level) but not in cohort 2 (20.6 ± 28.4 days vs. 15.6 ± 18.8 days and HKD6162 ± 9387 vs. HKD51662 ± 66278 for cohort 1, 11.1 ± 13.5 days vs. 10.2 ± 13.5 days and HKD6730 ± 4407 vs. HKD13860 ± 4387 for cohort 2, p > 0.1). CONCLUSIONS: A trend of reduction in hospital stay was demonstrated (although not statistically significant) in patients after receiving combination therapy of flutica- some propionate and salmeterol plus ipratropium bromide and salbutamol. This is concordant with earlier studies in other countries. A larger number of patients is required to prove the significance of this finding.

ECOLOGICAL IMPACT OF NON-ADHERENCE TO GOLD GUIDELINES IN COPD PATIENTS IN PRIMARY CARE IN SPAIN Galera J1, Lahor R1, Leonart M1, Riera M1, Scors-Maynar A1, Miravitles M1
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OBJECTIVES: The aim of this study is to examine the economic impact of non-adherence to GOLD guidelines in COPD patients. METHODS: A retrospective analysis was carried out in a claim database, Patients ≥ 40 years-old with diagnosis of COPD confirmed. RESULTS: Overall FEV1/FVC < 0.7 were eligible for this analysis. Patients were classified into two groups according to whether they fulfilled with therapeutics recommendations by severity defined in GOLD guidelines (GOLD group) or those who don’t fulfill (NO-GOLD group). Demographics, medical and use of resources data were collected and direct and indirect costs were analyzed. A probabilistic mul-