

HD 12.58 years-95%CI:10.42-14.73-; TX 10.05-95%CI:7.45-12.65-; APD 6.09-95%CI:3.43-8.74-; CAPD 10.69-95%CI: 6.14-15.23-.The LLPc-2009- in HD (6,547€-95%CI: 5,727€-7,366€-) was significantly higher ($p<0.001$) than TX (5,079€-95%CI:4,127€-6,030€-) or APD (4,359€-95%CI:3,064€-5,655€-) but not CAPD (5,785€-95%CI:4,302€-7,269€-). PPLYtc was higher in HD than in TX, APD or CAPD in all the provided scenarios. **CONCLUSIONS:** APD is the alternative with the lowest impact on indirect costs due to morbidity. Besides, TX recipients also have higher rates of employment than HD and require less disability benefits.

PUK6

THE ECONOMIC BURDEN OF POST-TRANSPLANT EVENTS IN RENAL TRANSPLANT PATIENTS IN GERMANY (THE PORTRAIT STUDY)

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OBJECTIVES: Little information is available on the prevalence of post-transplant events and resource utilization associated with such events in renal transplant (RT) patients in clinical practice in Germany. The PORTRAIT study aims to describe the health care resources used and to estimate the cost of managing post-transplant patients using observational data from transplant databases and physician questionnaires from transplant centers across Europe. Aggregated study results have been previously communicated; this abstract describes the results from two German centers. **METHODS:** A retrospective observational study was undertaken in which resource usage over three years was employed to derive costs from a third party perspective, with results stratified by glomerular filtration rate (GFR) status at one-year post transplant. Descriptive statistics were used to detail medical resource use and its costs. Post-transplant events considered were: hospital stays, delayed graft function, outpatient appointments, laboratory tests, anaemia, hypertension, dyslipidaemia and infections. Immunosuppressant drug costs were not considered in this analysis. **RESULTS:** Four hundred and fourteen patients from both sites were included in the analysis. The total three-year cost of post-transplant care by GFR at one year varies from a minimum of €20,632 per patient to a maximum of €43,163 per patient. The average three-year costs decrease as a result of improved graft functioning status (increased GFR) at one year. The average three-year costs for a patient with a GFR \geq 45mL/min/1.73 m² at one year are 40% lower than those patients with a GFR<30 mL/min/1.73 m². **CONCLUSIONS:** In line with the multinational results, the German results provide evidence that post-transplant resource usage in a real-life treatment setting increases as post-transplant renal function worsens. Therefore management strategies that promote renal function post transplant are likely to provide important resource savings to the health care system.

PUK7

COST OF ILLNESS OF OVERACTIVE BLADDER SYNDROME IN HUNGARY

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OBJECTIVES: Overactive bladder syndrome (OAB) is a urological condition defined by a set of symptoms including urgency, with or without urge incontinence, usually with frequency and nocturia. Our aim was to assess the productivity and costs of women with OAB in Hungary. **METHODS:** Cross-sectional survey was performed in 5 urology/gynecology outpatient centres. Demographic and clinical characteristics were recorded. Medication, health and informal care utilisation were surveyed for the past 12 months. The Work Productivity and Activity Impairment questionnaire (WPAI) was used to assess productivity. Cost calculation was performed from the societal perspective and human capital approach was used. **RESULTS:** Sixty-six women with mean age of 56.9 (SD=12.4) years participated in the study, 3 (5%) singles, 38 (58%) married, 14 (21%) divorced and 11 (17%) widows. Forty-six (70%) were in menopause and 45 (69%) were overweighted. Patients have had symptoms for 6.6 (SD=6.2) years in average, 62 (94%) had incontinence of whom 41 (66%) experienced incontinence episodes daily and 30 (48%) used incontinence pads. Twenty-six patients (39%) were taking medication for OAB and 22 (33%) had antibiotic treatment due to urinary symptoms in the past year. Patients had diverse diagnostic procedures (e.g. ultrasound: 98%, cystometry 49%, uroflow 64%, cystoscopy 20%), 10 (15%) were admitted to hospital due to urinary problem. Twenty-three (35%) patients were working and 2 of them were on sick-leave in the past year. WPAI results of active workers were: abstenteeism 0.04%, presenteeism 44.6%, impaired activity 48.2%, this latest was 50.7% for non-workers. Total costs were €340/patient/year (conversion €1=275.4 HUF), rate of direct medical, direct non-medical and indirect cost was 92.6%, 6.8% and 0.6%, respectively. **CONCLUSIONS:** Our study is the first to offer data on productivity and costs of patients with OAB in Hungary. Results suggest that presenteeism is a major problem and direct medical costs (diagnostics, drugs) are dominant.

PUK8

4-YEAR INCIDENCE AND COSTS OF HOSPITALIZED COMPLICATIONS WITHIN KIDNEY TRANSPLANT PATIENTS IN FRANCE

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OBJECTIVES: Complications are common following kidney transplantation. The French Hospital National Database (PMSI) allows patients follow-up through their

hospitalization reports. This study assessed 4-year incidences of complications after kidney transplantation and estimated their economic impact, in particular renal complications. **METHODS:** From the years 2006-2010, hospitalization data for all patients with kidney transplantation in year 2006 were extracted. Patients' hospital stays were followed during a period of 4 years. Major hospitalizations of interests were pooled in renal, cardiovascular and infectious complications. Renal complications were detailed in graft loss, acute renal insufficiency (ARI), acute rejection (AR), recurrence of initial nephropathy (RIN), chirurgial complication and, others. Incremental costs were estimated by subtracting transplantation-year mean cost of patients without any renal complications to the one of those with renal complications the same year. Mean annual costs of patients with graft loss were assessed separately for each year. Costs were calculated according to the 2010 National Hospital Tariff and National Scale. **RESULTS:** A total of 2392 patients with kidney transplantation in 2006 were identified. A total of 61.5% were males and mean age was 45.0(±14.9) years old. 4-year cumulative incidences of renal, cardiovascular and infectious complications were 54.8% (n=1,311), 20.8% (n=498) and 19.8% (n=474). Incidences of ARI, AR, RNI, chirurgial complication and, others renal complications were 24.5%, 21.1%, 4.1%, 3.1% and 22.4%, respectively. Compared to other patients without any renal complication (First-year mean costs: €25,170; Q1:€17,341-Q3:€27,649), the corresponding incremental costs for renal complications were €7,046, €10,376, €10,238, €7,874 and, €5,668. During the 4-year period, graft loss occurred in 4.4% patients. Annual mean costs of graft loss for the first, second, third and fourth years were €32,159 (Q1:€11 723-Q3:€41,890) (n=105), €19,085 (n=64), €25,269 (n=52) and, €20,780 (n=41), respectively. **CONCLUSIONS:** After transplantation, short-term renal complications are frequent and expensive. Intensive interventions on renal preservation and graft loss prevention are needed.

PUK9

DIRECT AND INDIRECT COST OF URGE URINARY INCONTINENCE WITH AND WITHOUT PHARMACOTHERAPY

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OBJECTIVES: To evaluate the impact of treating urge urinary incontinence (UUI) on health care resource utilization, productivity, activity impairment, and associated costs. **METHODS:** The study used data (N=75,000) from the 2011 National Health and Wellness Survey, a self-administered, Internet-based questionnaire of a nationwide sample of adults (age \geq 18). Respondents with UUI or MUI were identified via 3 Incontinence Questions. Respondents with stress urinary incontinence only, prostate cancer, or (medication for) benign prostatic hyperplasia, were excluded. UUI/MUI respondents were categorized as using prescription medication (Rx users) for overactive bladder (OAB) and non-Rx users (who never used Rx and whose condition reportedly interfered with life activities or was difficult to manage). Outcome measures included health care utilization (type/number of resources used within the past 6 months) and Work Productivity and Activity Impairment questionnaire-based scores. Direct and indirect costs were estimated using 2010 labor and 2008 medical expenditure data sources. Generalized linear models predicted resource use and productivity as a function of treatment status, adjusting for covariates (e.g. sociodemographics, BMI, OAB severity, UUI vs. MUI, and comorbid status) that may also predict impairment. **RESULTS:** Among 1,190 UUI/MUI respondents, 481 were defined as Rx and 709 as non-Rx users. Rx (vs. non-Rx) users were more likely to be female (80.7% vs. 70.0%), older (mean=62.7 vs. 53.1), non-Hispanic White (82.3% vs. 69.7%), college educated, health-insured (94.6% vs. 81.7%), unemployed/retired (72.6% vs. 57.7%), and reporting more moderate-to-severe OAB (70.9% vs. 52.6%; all $p<0.05$). Adjusting for covariates, Rx (vs. non-Rx) users had lower activity impairment (41.1% vs. 46.8%), more provider visits (7.42 vs. 5.60) and costs (\$18,175 vs. \$13,679), and higher total direct costs (\$27,291 vs. \$21,493), all $p<0.01$. **CONCLUSIONS:** UUI patients using, vs. never using, prescription medication reported lower activity impairment but higher direct costs. The findings may inform the degree to which UUI pharmacotherapy affects health outcomes.

PUK10

COMPARATIVE COST-ANALYSIS OF SIX ANTICHOLINERGICS FOR THE TREATMENT OF OVERACTIVE BLADDER AND INCONTINENCE IN GERMANY

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OBJECTIVES: Comparing the costs of Solifenacin, Oxybutynin, Trospium chloride, Tolterodine, Propiverine, and Darifenacin for the treatment of overactive bladder (OAB) and incontinence in Germany. **DATA AND METHODS:** The cost-study is based on a unique sickness fund dataset of 2.9 million insured persons which included pharmaceutical, outpatient, inpatient, medical aids as well as remedies data in 2009. 25,896 persons received anticholinergics and were classified as OAB patients. 4,152 of these patients also suffered from incontinence. Multiple linear regression models were performed to control for age and gender effects. Furthermore, a general approach (all costs were included) as well as a specific approach (only costs associated with OAB were considered) were used. **RESULTS:** OAB patients caused additional costs of €2,492 using the general and €782 using the specific approach compared to Non-OAB patients. Patients treated with Propiverine (€1,854) had the lowest additional costs under the general approach and patients treated with Darifenacin (€3,230) the highest. In the specific approach, patients treated with Propiverine (€691) had the lowest additional costs and patients treated with Tolterodine (€1,124) the highest. In the special case of incontinence, patients treated with Solifenacin have shown, by far, the lowest additional costs using either approach (€3,216; €1,320). These results are mainly driven by the lower costs