**Abstracts**

USD868.3 for EAC and RAC groups respectively. The overall cost/patient for H. pylori eradication was USD849 and USD 847.3 for EAC and RAC groups respectively. No significant adverse effects were experienced by patients in either group and hence cost incurred in this area was minimal. **CONCLUSION:** Esomeprazole and rabeprazole triple therapies appear to have similar effectiveness in H. pylori eradication in patients with non-ulcer dyspepsia. Rabeprazole triple therapy may have cost savings when the whole population is considered.

**INDIVIDUAL’S HEALTH**

**PATIENTS’ WILLINGNESS TO PAY FOR DIFFERENT CHARACTERISTICS OF THE ATOPIC DERMATITIS TREATMENT**

Monzini M1, De Portu S1, Baranzoni N1, Scalone L1, Giannetti A1, Mantovani LG2

1University of Milan, Milan, Italy, 2University of Naples, Federico II, Naples, Italy, 3Policlinico Hospital, University of Modena and Reggio Emilia, Modena, Italy

**OBJECTIVE:** Different treatments are available for Atopic Dermatitis care. The preferences of patients should be taken into consideration in the development of treatment strategies. The aim of this study is to establish patients’ preferences and their willingness-to-pay (WTP) on different AD treatment options.

**METHODS:** The CODA study was a naturalistic, multicentre, longitudinal ambispective (retro-prospective), prevalence based Cost-Of-Illness study. Data on patients with moderate or severe AD enrolled during flare-up were collected. A discrete-choice-experiment (DCE) was applied to enrolled patients. The following attributes were considered to be important after interviewing 20 patients: pharmaceutical formulation (water-based cream vs oil-based cream), the delay of The rapeutic response (4hours vs. 24hours vs. 48 hours), duration of therapeutic response (1 week vs. 4 weeks vs. 8 weeks), long-term side effects and local side effects (possible vs no). In order to estimate the WTP we added the out-of-pocket cost of treatment (€0 vs. €50 vs. €100/month). RESULTS: One-hundred-and-one of the 104 enrolled patients (males 53.8%, mean age 32.9 ± 11.8) filled in the DCE questionnaire. All attributes, excluding pharmaceutical formulation, were relevant in patients’ choice (P < 0.001). Since the attribute “cost” is determinant in the choice, a monetary value can be assigned to each other relevant attribute. The conditional-probit-model demonstrated that patients are willing-to-pay per month: €104 for a “8 weeks therapeutic response” compared with 1 week; €47 for a treatment with “no local side effects”; €45 for a treatment with “no long term side effects”; €21 for a “therapeutic response delay” of just one day. CONCLUSIONS: To our knowledge, our study is the first to elicit patients’ preferences and their WTP for AD treatment. This information can guide clinicians and decision makers to plan optimal health care.

**HEALTH OUTCOMES FOR MOTHERS OF DISABLED AND CHRONICALLY ILL CHILDREN**

Lethbridge L, Burton P, Phipps S

Dalhousie University, Halifax, NS, Canada

**OBJECTIVES:** To test whether the health of the mothers is affected by the presence of a disabled or chronically-ill child. **METHODS:** Using the National Longitudinal Survey of Children and Youth (1994–2000), a nationally representative household survey in Canada, ordered Probit analysis was used to test the effect of the presence of a disabled child on self-reported health, controlling for other factors. Firstly, we modeled the health effect of a disabled child in the house currently. Secondly, utilizing the longitudinal aspect of the data, we modeled the effect of the presence of a disabled child: a) currently only; b) previous years only; and c) both currently and previously. Married and lone mothers are analyzed separately for children aged 6-15 years of age in 2000 for a sample size of 5217 and 1177 for married and lone mothers, respectively. Bootstrap standard errors were calculated to account for multi-staged, non-random survey design. To cope with causal inference issues we: 1) control for previous health status, and 2) test results using propensity score matching (PSM). **RESULTS:** Evaluating at the sample means, model 1 indicates a shift down in the health distribution for mothers with disabled children. There is a lower probability of excellent health of 10[8.8–11.2] percentage points for married mothers with a disabled child compared to households with no disabled children. Lone mothers show a difference of 9[7–11] percentage points although health for lone mothers is lower in general compared to married mothers. Model 2 shows the strongest association for those households with a disabled child both currently and in the past. PSM analysis confirms our results. **CONCLUSIONS:** The presence of a disabled or chronically-ill child has a statistically significant effect on the health of mothers. Consequences for maternal health are larger in the long-run, if the child’s condition persists.

**FEASIBILITY AND PRIMARY VALIDITY OF A GERMAN EQ-5D CHILDREN’S VERSION**

Greiner W

Universität Bielefeld, Bielefeld, Germany

**OBJECTIVE:** Validating a German child-friendly version of the EuroQol (EQ-5D) in different patient samples. **METHODS:** After the translation from the original English version and pretesting in cognitive interviews with native speakers of the target language, the questionnaire was tested in two patient groups (obesity and CF) and a sample of healthy children between the ages of 8 and 16. For the validation three validated instruments which measure hrQol in children and adolescents were utilized (KINDL, KIDSSCREEN and ChildDynHA). T-Tests were conducted to audit potential differences in the EQ-5D scores depending on age and sex of the children. Descriptive statistics were used to summarize EQ-5D scores as well as scores of the additional instruments. **RESULTS:** The correlation between the EQ-5D and the other instruments was quite high (0.46–0.61). The highest correlation was found in the mobility dimension. The CF groups show the highest rates of reported problems (42%), the rates of children who report no problems are quite similar for the obese and the healthy children (25 versus 27). **CONCLUSIONS:** This pilot study of the questionnaire showed that the German child-friendly version of the EQ-5D is a valid and feasible instrument to measure hrQol.

**METHYLPHENIDATE PRESCRIPTIONS FOR CHILDREN AND ADOLESCENTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD): NEW DATA FROM NORDRHEIN/WESTFALEN/GERMANY**

Schänder M1, Schwarz O1, Viapiano M2, Bonauer N2

1Institute for Innovation & Valuation in Health Care (InnoVal-HC), Eschborn, Germany, 2Kassenaerztlche Vereinigung Baden-Wuerttemberg, Karlsruhe, Germany

In line with international trends, methylphenidate prescriptions in Germany have been growing 20-fold over the last decade. This has contributed to concern about growing tolerance and inappropriate and excessive psychostimulant treatment for youths. **OBJECTIVE:** To clarify methylphenidate prescriptions for children and ado-
lescents with ADHD, using the comprehensive medical claims database of Nordbaden/Germany, covering an insured population of 2.234 m (hereof, 468,000 children and adolescents) in 2003. METHODS: A total of 11,245 children and adolescents with a diagnosis of ADHD (ICD-10-codes for “Hyperkinetic Disorder”, F90.0, F90.1) were identified. For a retrospective analysis of methylphenidate prescriptions by age, gender, and comorbid conduct disorder, administrative data from the organization of licensed physicians (Kassenarztliche Vereinigung) in Nordbaden/Germany were combined with data from the regional vdk, an association of statutory sick funds. RESULTS: For the regional population, methylphenidate treatment prevalence rates were approximately 1.7% (children) and 0.6% (adolescents). Among those with a diagnosis of ADHD, 4.3% of preschoolers (age 0–6) were administered methylphenidate. Among children (age 7–12), 35.1% (95%-CI, 33.0%-37.1%) were prescribed methylphenidate; in adolescents (age 13–19), this rate increased to 46.2% (42.7%-49.8%). Across ADHD groups analyzed, children with concomitant conduct disorder (42.4%; 39.4%-45.5% versus 27.9%; 26.2%-29.7%), and boys (34.4%; 32.6%-36.2% versus girls: 25.5%; 22.7%-28.4%) were more likely to be treated with methylphenidate. Very few patients (<1%) received higher doses than recommended. Child and adolescent psychiatrists accounted for 35% of methylphenidate prescriptions for patients with ADHD (pediatricians, 40%; general practitioners, 12%). During 2003, the number of defined daily doses prescribed in Nordbaden increased by a compound annual growth rate of 27%. CONCLUSIONS: Though methylphenidate prescriptions continued to increase during 2003, the present data do not provide evidence for overuse. Of note, a limitation of administrative database analyses is lack of information on the accuracy of diagnoses.—The low rate of methylphenidate prescriptions for preschoolers corresponds to clinical guidelines.

PODIUM SESSION II: CARDIOVASCULAR I

COST-EFFECTIVENESS OF EPTIFIBATIDE IN PATIENTS UNDERGOING PERCUTANEOUS CORONARY INTERVENTION IN GERMANY

De Wilde S1, Bruggenjuren B2, Welte R3, Willich SN4
1United BioSource Corporation, Brussels, Belgium, 2Alpha Care, Celle, Germany, 3GlaxoSmithKline, Munich, Germany, 4Charite University Medical Center, Berlin, Germany

OBJECTIVES: To estimate the cost-effectiveness of adding eptifibatide to medical therapy (aspirin, heparin, thienopyridine) in acute coronary syndrome patients undergoing percutaneous coronary intervention (PCI; including stent procedures) who are at high risk of subsequent myocardial infarction (MI), target vessel revascularization (TVR) or cardiovascular death, from a hospital perspective. METHODS: A Markov model was constructed to evaluate eptifibatide (two i.v.-infusions of 180 μg/kg, followed by an i.v.-infusion of 2.0 μg/kg/min for 18–24 h) versus placebo in addition to aspirin, heparin, and thienopyridine (mostly clopidogrel, oral loading dose 300 mg) before PCI. The model has 4 disease states (no event, post-ML, post-TVR, death), two tunnel states (TVR, non-fatal MI) and runs for the expected lifetime of the patient. Patient's history of TVR and MI is tracked. The effectiveness parameters were taken from the 1-year ESPRIT clinical trial and extrapolated with an estimated Weibull function. Direct medical costs in 2006 prices were considered from a hospital perspective. Resource utilization was based on hospital expert-elicited treatment patterns from three German urban hospitals and was valued with averaged prices of these hospitals. Utilities were derived from published literature. Future costs and effects were discounted at 5%. RESULTS: When compared to treatment with aspirin, heparin, and thienopyridine, adding eptifibatide before PCI renders incremental net savings of €297 and provides an additional 0.06 QALY per patient. Similarly, treating 1000 patients additionally with eptifibatide before PCI avoids 11 fatal and 44 non-fatal MIs, but leads to 7 additional TVRs due to increased survival. Were there no differences in survival, eptifibatide would avoid 45 non-fatal MIs and 1 TVR. These results are sensitive to the price and effectiveness of eptifibatide. CONCLUSIONS: Adding eptifibatide before PCI in the investigated patient population (at high risk of subsequent MI, TVR and death) seems to substantially reduce hospital costs and increase patient relevant health outcomes.

CV2

RECURRENT INFREQUENT UNEXPLAINED PALPITATIONS (RUP) STUDY: COMPARISON OF IMPLANTABLE LOOP RECORDER VERSUS CONVENTIONAL DIAGNOSTIC TESTING

Giada E1, Raviele A2, Ponzi F3, Colangelo P4
1Umberto I Hospital, Mestre-Venice, Venice, Italy, 2Medtronic Italia, Sesto San Giovanni (MI), Italy, 3Medtronic Italia, Sesto San Giovanni, Milan, Italy

OBJECTIVES: The current diagnostic management of patients with palpitations sometimes fails to establish a diagnosis. The aim of the Recurrent Unexplained Palpitations (RUP) study was to compare the diagnostic yield and the costs of prolonged monitoring strategy using an implantable loop recorder (ILR) with that of conventional diagnostic testing, in patients with infrequent unexplained palpitations. METHODS: RUP is a multicenter, prospective, randomized study. We studied 50 consecutive patients (mean age 55 ± 18 years, 33 females) without or with only mild heart disease, and with clinically significant, infrequent (>2 per patient per month), sustained (>1 minute) palpitations. Before enrolment, patients had a negative initial evaluation including ECG, 24 hour Holter monitoring, and blood chemistry examinations. Enrolled patients were randomized either to conventional strategy (n = 24) or to ILR implantation (n = 26). In order to evaluate the cost-effectiveness of ILR strategy, full hospital cost of procedures was calculated. RESULTS: In the conventional testing group a diagnosis was obtained in 5 patients (1 atrial fibrillation, 4 supraventricular tachycardia). In the ILR group a diagnosis was obtained in 19 subjects (2 sinus rhythm, 6 supraventricular tachycardia, 4 sinus tachycardia, 4 atrial fibrillation, 2 atrial flutter, 1 paroxysmal AV block). Thus, the diagnostic yield of ILR was significantly higher respect to conventional strategy (73% vs 21%, p < 0.001). The average cost per patient was €1,410 in the conventional strategy group and €2,233 in the ILR group (p < 0.001). Considering the total cost for each group, the cost per diagnosis was €6,767 and €3,036 respectively. CONCLUSIONS: The ICER obtained is low if compared to further examinations and acute events management necessary in case of less of diagnosis. The results of cost-effectiveness analysis could be useful to design further research protocols. Furthermore, these results could help decision makers to allocate resources based on cost-effectiveness evidences.