Abstracts

PGI22

BURDEN OF ILLNESS IS HIGHEST IN PATIENTS WITH SEVERE PAIN SYMPTOMS

Ten Berg MJ1, Goetsch WG1, Siiskonen SJ1, Van den Boom Gi, Smout AJPM1, Herings RMC1
1PHARMO Institute for Drug Outcomes Research, Utrecht, The Netherlands; 2Novartis Pharma B.V, Arnhem, The Netherlands; 3University Medical Centre Utrecht, Utrecht, The Netherlands

BACKGROUND: Irritable bowel syndrome (IBS) is a prevalent functional gastrointestinal disorder. Previous studies have shown that the burden of illness of IBS is high. It has been suggested that the quality of life and medical costs of IBS patients are associated with the severity of pain. This study aimed to quantify the burden of illness of IBS in relation to the severity of IBS symptoms.

METHODS: Patients identified at community pharmacies as mebeverine users were administered a questionnaire regarding 1) the Rome II criteria for IBS, 2) predominant type of stool during symptomatic episodes, 3) severity of symptoms (abdominal pain and discomfort), 4) generic (SF-36) and disease-specific quality of life (IBS-QOL), 5) current health status (utilities, EQ-5D and SF6D), and 6) loss of productivity. Associations between severity of symptoms and burden of illness (including SF-36, IBS-QOL, EQ-5D, SF6D, direct medical cost and loss of productivity) were assessed.

RESULTS: For 168 patients, who met the Rome II criteria for IBS, information on severity of symptoms was available. The majority of patients (98, 58%) were categorized as having severe symptoms of IBS. 47 (28%) patients were suffering from moderate symptoms and 23 (14%) patients had mild symptoms or were asymptomatic. All components of SF-36 scored lower as the symptom severity increased. The IBS-QOL score was lower (71.4, 95%CI: 67.5–75.3) for patients with severe symptoms than for patients with moderate IBS and mild/asymptomatic IBS (81.8, 95%CI: 78.6–85.0 vs. 81.3, 95%CI: 75.5–87.1). The EQ-5D score was also lower (58.3, CI95%: 59.5–65.3) for patients with severe symptoms compared to the two other groups (68.8 and 66.3).

CONCLUSIONS: This study clearly indicates that the burden of illness of patients with IBS increases with increasing severity of symptoms.

PGI23

ESOMEPRAZOLE TREATMENT IN PATIENTS WITH UNINVESTIGATED NON-GERD DYSPEPSIA LEADS TO SIGNIFICANT IMPROVEMENTS IN PRODUCTIVITY WHILE AT WORK AND IN DAILY ACTIVITIES—RESULTS FROM A RANDOMISED, PLACEBO-CONTROLLED CLINICAL STUDY

Wahlqvist P1, Bergenheim K1, Persson T1, Brun J1, Flook N1, Lauritsen K1, Väldhuzen van Zanten S1, Talley NJ1
1AstraZeneca, Malmö, Sweden; 2AstraZeneca, Lund, Sweden; 3AstraZeneca, Södertälje, Sweden; 4University of Alberta, Edmonton, Alberta, Canada; 5Odense University Hospital, Odense, Denmark; 6University of Wisconsin Medical School, Milwaukee, WI, USA; 7Dalhousie University, Halifax, Nova Scotia, Canada; 8Mayo Clinic College of Medicine, Rochester, MN, USA

OBJECTIVES: To assess the effect of acid suppression treatment on patient-reported productivity in uninvestigated non-GERD dyspepsia.

METHODS: A clinical study aimed to investigate whether response to a 1-week acid suppression trial with esomeprazole is predictive of the response to four to eight weeks of esomeprazole therapy was performed in patients with uninvestigated non-GERD dyspepsia (patients with predominant symptoms of pain or burning in the center of the upper abdomen, and who had not been previously investigated by endoscopy). Disease-specific absence from work, reduced productivity while at work, and reduced productivity while carrying out regular daily activities were obtained by using the Work Productivity and Activity Impairment (WPAI) questionnaire. Patients were randomised to double-blind treatment with esomeprazole 40mg qd or bid for 7 days, followed by either esomeprazole 40mg qd or placebo for a further 7 weeks. Symptoms were recorded in a daily diary.

RESULTS: Before start of treatment (n = 453), employed patients (n = 349) reported an average of 2.0 hours absence from work and 19.8% reduced work productivity (=6.6 hours equivalent; percent reduced productivity × hours actually worked) during the past week, as well as 26.8% reduced productivity in daily activities (all patients). In patients who were identified as responders to the 1-week test treatment with esomeprazole, productivity improvements were all statistically significant (except for hours absent from work) for esomeprazole versus placebo after both 4 and 8 weeks of treatment, corresponding to a gain of 2.0 to 3.4 work hours and 5.1 to 5.8 percent-units in daily activities per patient and week (p < 0.05). Further analyses of the relationship between treatment response and productivity change supported the validity of these results.

CONCLUSION: Effective acid suppression treatment with esomeprazole in patients with uninvestigated non-GERD dyspepsia leads to significant improvements in productivity while at work and in daily activities.

HEMATOLOGICAL DISORDERS

PHM1

COST-EFFECTIVENESS OF REGULAR CONTINUOUS PROPHYLACTIC TREATMENT IN ADULT PATIENTS WITH SEVERE HAEMOPHILIA A

Monzini M1, Gringeri A2, Ravera S1, Mantovani LG1
1Center of Pharmacoeconomics, Milan, Italy; 2Haemophilia and Thrombosis Centre, Milan, Italy

OBJECTIVES: Regular prophylactic replacement therapy has been proved to be effective in reducing the bleeding rate and incidence and/or severity of haemophilic arthropathy in children with severe haemophilia. No study is so far available that evaluates efficacy of prophylaxis in adolescents and adults with haemophilia A. This study is aimed to provide cost effectiveness evaluation of prophylaxis in adult with haemophilia A.

METHODS: A prospective, open study was designed. Patients with haemophilia A aged 18 years or more, with frequent bleeding episodes, switching from on-demand treatment to prophylaxis, have been enrolled. All patients were treated with a recombinant B-domain-deleted factor VIII concentrates for all bleeding events/patient/month during PT (median 2.0, 1.5–15) vs. 0.51 = 0.16, 0–1.7). Clotting factor mean consumption was 22,010 during ODT (median 3.6 during ODT (median 77,500, 4500–50,000) and 28,817IU/patient/month during PT (median = 28,333IU, 21,333–38,333). Mean cost of concentrates in ODT was 10,911 (median = 9607, 2193–23,500) while during PT was 19,883 €/patient/month (median = 19,550, 14,720–26,450). The mean cost to treat one bleeding in ODT was 14,720–26,450. The incremental cost-effectiveness ratio, i.e. the cost for bleed avoided, was €2803. CONCLUSIONS: These findings...