GASTROESOPHAGEAL REFUX DISEASE: IMPACT ON WORK PRODUCTIVITY AND DAILY LIFE ACTIVITIES OF DAYTIME WORKERS. A FRENCH CROSS-SECTIONAL STUDY (ACTA)
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OBJECTIVES: Few studies have evaluated the impact of GERD-symptoms on work productivity and no French data are available. The aim of this study was to evaluate the impact of GERD typical symptoms on work productivity and daily activities in patients with nocturnal compared to diurnal symptoms. METHODS: A prospective, multicenter, observational study was carried out in French primary care setting. Each physician had to include the first two consecutive adult patients on full-time job who had experienced GERD typical symptoms at least once during the last 3 months preceding the inclusion visit: 1 with exclusively diurnal symptoms and 1 with nocturnal symptoms. Data collected by physicians were: patients’ characteristics, symptomatology and treatments. Work productivity loss was assessed using the validated self-administered Work Productivity and Activity Impairment questionnaire specific to GERD (WPAI-GERD). Predictors of work productivity loss were identified by multivariate regression models and its cost estimated. RESULTS: A total of 407 physicians included 716 eligible patients: 50.8% with nocturnal and 49.2% with exclusive diurnal symptoms (EDS). The mean age was 46.3 ± 15.2 years (SD 8.7), 62.8% were men, and 58.3% of patients still needed treatments for GERD. Work productivity and daily activities decreased by 31.4% and 32.6%, respectively. Decrease rates were higher in EDS-patients (p<0.001 each). Work productivity impairment was mostly due to impairment while working (presenteeism) rather than absenteeism. The mean symptom intensity and composite intensity index, reflecting disease severity, were identified as the main predictors of decreased work productivity. The mean cost of work productivity loss per patient was estimated as €313/week, also higher in EDS-patients (p<0.001). CONCLUSIONS: GERD incurs high work productivity loss which yields a substantial burden. Improving patients’ outcomes, especially in those with moderate or severe disease, with most effective tailored treatments and care management could be expected to reduce work productivity loss and associated costs.

A331 GASTROINTESTINAL DISORDERS - Patient-Reported Outcomes & Patient Preference Studies
PGI21 IMPACT OF TREATMENT RESPONSE ON QUALITY OF LIFE (QOL) AND WORK PRODUCTIVITY AMONG PATIENTS WITH IRITABLE BOWEL SYNDROME WITH CONSTIPATION: POOLED RESULTS FROM PHASE III CLINICAL TRIALS
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OBJECTIVES: To assess the impact of treatment response on quality of life (QOL) and work productivity for patients with irritable bowel syndrome with constipation (IBS-C). METHODS: Irritable Bowel Syndrome - QOL (IBS-QOL) score, EQ-5D index score, work productivity, and IBS symptom relief were collected in two phase III randomized placebo-controlled clinical trials of linaclotide, an investigational treatment for IBS-C. Treatment response for IBS-C was defined as (1) ≥ 14-point increase at Week 12 from baseline on the overall IBS-QOL score or (2) moderate or significantly relieved on a seven-point Likert scale on global symptom relief for ≥ 2 out of 3 months. Hours of work missed due to IBS-C were collected using the Work Productivity and Activity Impairment (WPAI) Questionnaire. Data from the intent-to-treat populations were pooled for linaclotide and placebo across two trials. EQ-SD index score and work productivity were evaluated among responders and non-responders. RESULTS: Patients were analyzed with available EQ-SD and IBS-QOL data (n=1,487) and available EQ-SD and IBS symptom relief data (n=1,158), with response rates of 46% and 14% respectively. Patients were analyzed with available WPAI and IBS-QOL data (n=1,056) and WPAI and IBS symptom relief data (n=1,103), with response rates of 47% and 15%, respectively. Responders had statistically significantly higher EQ-SD scores at Week 12 than non-responders, for both definitions (IBS-QOL: 0.85 vs. 0.81, IBS symptom relief: 0.91 vs. 0.81, both p=0.03). Responders significantly less missed work during 12 weeks for IBS-C (IBS-QOL: 16.0% vs. 21.7%, IBS symptom relief: 9.6% vs. 20.8%, both P<0.05). CONCLUSIONS: Improvements in disease-specific measures correlate with improvements in health utilities and reduced work absenteeism among patients with IBS-C.

PGI22 COST OF CHRONIC HEPATITIS C (HCV) IN POLAND – HEALTH CARE PROFESSIONALS SURVEY
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OBJECTIVES: To assess average direct medical costs of treatment of consecutive stages of HCV in Poland. METHODS: A questionnaire study in 7 medical centres among experienced clinicians (1200 patients managed annually in total) was performed. Six separate questionnaires were prepared and initially validated for defined health states and their related to the cost of liver transplantation in Poland (200000 PLN – 400000 in 2010) are as follow: mild with SVR–352PLN (996), 0.2%; mild with SVR–800PLN (1888), 0.4%; CoC with SVR–2018PLN (4756), 1.0%; mild no SVR–2384PLN (5614), 1.2%; mild no SVR–3097PLN (729), 1.5%; CoC no SVR–4959PLN (1175), 2.4%; Dec–1486PLN (3464), 7.3%; HCC–3852PLN (9159), 15.0%, PLT–2197PLN (4696), 9.8%. CONCLUSIONS: There is a marked increase of mean annual costs of standard treatment of HCV patients along with disease stage. Assuming that in Poland about 700000 individuals can be infected with HCV, most of them being unaware of the disease, high costs of complications of chronic hepatitis C are serious economical burden. National screening programme with effective antiviral treatment at early stages of disease can reduce this negative impact on society.

PGI30 ASSESSMENT OF PRACTICE PATTERNS AND TREATMENT-FAILURE COSTS AMONG PATIENTS WITH IRITABLE BOWEL SYNDROME WITH CONSTIPATION: FINDINGS FROM A PHYSICIAN SURVEY STUDY
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OBJECTIVES: To understand resource utilization and costs associated with referrals and testing for patients with irritable bowel syndrome with constipation (IBS-C) based on treatment failure. METHODS: A web-based study was con-