on mortality associated to ID and CAP, for the base case scenario. It predicts that vaccination of 3.4 deaths (PYLL) in the 0-11.03 deaths (PYLL) per 100,000 vaccinated infants. Besides, PHD-VC would reduce 221.5 more morga-

omies and 3,891 more AOM cases than PCV-13, per 100,000 vaccinated infants. The direct medical costs averted (undiscounted) due to ID and CAP is similar for both vaccines. Instead, PHD-VC would save 1.9 times more AOM medical costs than PCV-13. Both vaccines are cost effective, but PHD-VC would generate more QALY gains (1176 additional QALYs) and in addition, would be cost saving. It was esti-
mated that PHD-VC requires a reduced annual investment of 10 million (PAHO prices) or 1.6 million (price parity) USD, compared to PCV-13. CONCLUSIONS: Both vaccines would significantly improve pneumococcal diarrheal disease and CAP, but PHD-VC will generate more QALYs gain and will be cost saving compared to PCV-13, due to its greater effects over AOM.

PHI29
THE COST EFFECTIVENESS OF CLINICALLY PROVEN TREATMENT STRATEGIES FOR ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) IN ADULT PATIENTS
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OBJECTIVES: Despite recent progress in our understanding of the economics of ADHD in children and adolescents, little is known about the comparative cost effectiveness of treatment strategies for adult ADHD. Even for ADHD in children, there is a shortage of robust data supporting the cost effectiveness of psychothera-
pic interventions. METHODS: A randomized, double-blind, placebo-controlled multicenter study has been initiated in Germany, enrolling 448 adult patients with ADHD. Patients are assigned to one out of four parallel treatment arms: 1) a struc-
tured disorder tailored psychotherapy (diabetical behavioral therapy, DBT) plus medication (methylphenidate), 2) DBT and placebo, 3) psychotropic counseling with-
out specific behavioral interventions (clinical management) plus medication; or 4) clinical management and placebo. DBT and clinical management are administered weekly for the first 12 weeks and on a four-weekly basis thereafter, until the end of the observation period. An additional follow-up investigation is sched-
uled at 18 months after treatment termination. RESULTS: Endpoints include symp-
tomatic improvement (primary endpoint: Conners’ Adult Rating Scale, blind-ob-
server rated), general psychopathology, clinical global impression, and a disorder-
specific quality of life questionnaire. In order to facilitate cost utility analysis, health-related quality of life is also measured by means of the EQ-5D and SF-36. For primary analysis, the perspective of Statutory Health Insurance will be adopted; resource use and costing from a societal perspective will be done for secondary analyses. Probabilistic sensitivity analyses will be done using nonparametric boot-
strapping on the basis of patient-level study data. CONCLUSIONS: The COMPAS Study will, for the first time, provide insights into the cost effectiveness of a disor-
ter tailored psychotherapy for adult ADHD. Key hypotheses are: 1) that combined treatment (study arm 3) is more effective than either option (DBT or medication) alone, both short and long term, and 2) that a tailored psychotherapeutic interven-
tion will meet broadly accepted benchmarks of cost effectiveness.

PHI30
ENDOMETRIOSIS-ASSOCIATED PELVIC PAIN TREATED WITH DIENOGEST OR GnRH ANALOGUES: COST-UTILITY COMPARISON WITH 5 YEARS TIME HORIZON
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OBJECTIVES: To estimate the cost effectiveness of dienogest versus GnRH analogue (GnRH-a) for the treatment of endometriosis-associated chronic pelvic pain in Slo-
vakia for 5 years time horizon. METHODS: A cost-utility Markov model based on results of randomized controlled trial (AU19) was adapted to a Slovakian setting. The AU19 trial, which compared dienogest and GnRH-a (Leuproide) in the treat-
ment of endometriosis-associated chronic pelvic pain over a 6 month period, showed no statistically significant differences in response rates. The dienogest annual relapse rate was derived from 52-weeks extension study, while relapse rates for the GnRH-a were derived from the literature. Local cost data was based on published price lists, clinical guidelines, product labels and expert opinion. QoL related utilities were derived from individual patient SF-36 scores from AU19 da-
taset. Effectiveness was measured in quality-adjusted life years (QALY). ‘Time ho-

rizon was set at five years and a payers’ perspective was adopted. Discount rate was 5% per year for both costs and effects according to valid Ministry of Health (MoH) guidelines for health economic evaluation. Both one-way and probabilistic sen-
titivity analyses were performed. RESULTS: Dienogest showed that it was cost ef-
fective compared to a GnRH-a, with an overall cost reduction of 426 € and a QALY gain of 0.069 per patient. Cost reduction was due to both the differences in the average drug cost during the two year period and the average laparoscopy cost. In probabilistic sensitivity analysis 50% of simulations were below 18,000 €/QALY which is the officially published threshold for willingness to pay in Slovakia. In 79% of cases dienogest treatment was dominant over GnRH-a. CONCLUSIONS: Dieno-
gest is a cost-effective alternative to GnRH analogue for the treatment of endome-
triosis-associated chronic pelvic pain in a Slovakian setting in a five-year time horizon.

PHI31
ANTI-VIRAL TREATMENT OF CHRONIC HEPATITIS C IN A PAEDIATRIC POPULATION: A COST-EFFECTIVENESS ANALYSIS
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OBJECTIVES: The majority of individuals with chronic hepatitis C virus (HCV) are adults, and there is much experience in Australia with interferon-based treat-
ment regimens, compared to pegylated-interferon and ribavirin treatment. Pegylated-interferon alfa-2b was first approved for adult use in Australia and for reimbursement in 2003. It is currently reimbursed for initial treatment, and for a single retreatment course. Nonetheless, a limited number of children and adoles-
cents in Australia contract the virus. Currently these patients are not regist-
ered or reimbursed approved therapies available to them. This analysis reports a cost-effectiveness analysis of a single course of initial pegylated-interferon alfa-2b therapy in paediatrics with a bodyweight of at least 27 kg, reflecting the lowest dosage that will be supplied in Australia. METHODS: A cost-utility analysis was conducted using a lifetime Markov model. Analysis of paediatric treatment versus no treatment was undertaken to determine the impact expansion of reimburse-
ment would have on the cost-effectiveness of the total population. Data were sourced from a study assessing sustained virological response, and the literature reporting the natural history and utility weights regarding HCV. RESULTS: Down-
stream cost-offsets associated with treatment reduce the total incremental cost from AU$13,208 to AU$747. These cost-offsets arose from avoidance of down-
stream transitions to more severe and costly states of health. Treatment was also shown to be associated with improvements in health-related quality of life due to the downstream avoidance of more serious health states as well as the obvious improvement in viral cures. Over the lifetime of a patient, the base case analy-
sis estimates 2.0 QALYs, a saving of 2.0 QALYs, a saving of approximately 2.0 QALYs, a saving of $237 per QALY. CONCLUSIONS: Expanding reimbursement to include paediatric treatment of chronic HCV is a highly cost-
effective way to equitably treat chronic HCV, regardless of age.

Individual’s Health – Patient-Reported Outcomes & Preference-Based Studies

PHI32
WHAT ARE THE FACTORS INFLUENCING PARENTAL APPREHENSION ABOUT CONSENTING CHILDREN TO PARTICIPATE IN PEDIATRIC OBSERVATIONAL STUDIES? A SURVEY CONDUCTED IN FRANCE WITH IN FINE PHARMA, A PHARMACIST NETWORK
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BACKGROUND: Conducting pediatric studies is complex and the most significant barrier is infant enrollment by parental consent. This obstacle is currently found both for healthy and sick infants. The reason for the parents’ refusal to consent is not obvious and may be due to multiple factors.

OBJECTIVES: To identify the fac-
tors influencing parents’ decisions to refuse infant participation in pediatric studies. METHODS: Observational, transversal study carried out by French phar-
macists randomly selected among the 2,090 pharmacies of the In fine PHARMA network (representative of French pharmacies in terms of geographic location and sales). Parents presenting to participate in pediatric studies were interviewed. Data were collected through questionnaires fulfilled by participating parents. RESULTS: Twenty-one pharmacists agreed to participate and enrolled 105 participating par-
ents. Among them, 78 (74%) filled out a questionnaire. Participating families had an average of 1.3 children in an urban environment. Most of the parents (97%) had never enrolled their children in a study. Main deterrents to parental consent were: they viewed pediatric studies as risky (35%), they did not want their infant to be treated as an experimental animal (20%), their infant was not ill (12%), the information provided by the physician was too confusing and/or complicated (10%). Parents may have been willing to have their child participate in a study only if the study was evaluating a new drug, their child’s participation would further medical research (31%), their child suffered from severe illness (24%), and they had great confidence in their physician (22%). CONCLUSIONS: The results of this survey show that the factors negatively influ-
encing parents’ decisions to consent were the perceived risk presented by the studies, the lack of interest to medical research if their child was not ill, and the lack of information about the study.

PHI34
COVERAGE REPORTED REASONS FOR MEDICATION NONADHERENCE: A SURVEY
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OBJECTIVES: Medication nonadherence among patients with chronic conditions is a significant barrier to achieving therapeutic outcomes. The objective of this study was to identify patient reported factors and reasons associated with medication nonadherence. METHODS: Online cross-sectional survey of patients taking medica-
tion for asthma (asthma/COOP), hypertension, cardiovascular disease, diabetes, neuropathic pain, osteoporosis, and rheumatoid arthritis. The first 50 patients to respond to the survey for each of the seven conditions were evaluated (total n = 350). Patients provided demographic information and answered questions about their drug therapy including knowledge and satisfaction with their medications, difficulties in taking their medications, and how often they take their medication as prescribed. Adherence was defined as patients self-reporting that they always take their medication as prescribed. Nonadherence was defined as never, sometimes or often take medications as prescribed. Multivariate logistic regression was performed to identify patient factors and reasons associated with nonadherence. RESULTS: Among the 350 patients who completed the survey, the