46% and 36% for HCV genotype 1 and 76% and 61% for genotype 2/3. The impact of predictability testing at 12 and 24 weeks on the cost-effectiveness ratio was explored in the model. Quality of life and costs were based on literature and on estimated UK treatment patterns, respectively. Costs were discounted at 6% and benefits at 1.5%. RESULTS: In genotype 1 patients, peginterferon alfa-2a (40KD)/ribavirin increases quality-adjusted life expectancy (QALY) by 0.43 years compared to interferon alfa-2b/ribavirin. The incremental cost per QALY gained is £5596. In genotype 2/3 patients, peginterferon alfa-2a (40KD)/ribavirin increases QALY by 0.65 years and is cost saving (dominant) to the NHS. The incremental cost-effectiveness ratio for all genotypes was £914. At a cost effectiveness threshold of £30,000 probabilistic sensitivity analysis demonstrated peginterferon alfa-2a was the cost effective treatment strategy in 96% of the simulations. CONCLUSIONS: In the UK setting, peginterferon alfa-2a (40KD)/ribavirin is cost-effective compared with conventional interferon alfa-2b/ribavirin for treatment of naive adults with CHC in genotype 1 patients and a cost-saving/dominant therapy in genotype 2/3 patients.

**PIN20**

COST-MINIMIZATION ANALYSIS OF VORICONAZOLE AND CASPOFUNGIN FOR THE TREATMENT OF INVASIVE CANDIDA AND ASPERGILLOSIS INFECTIONS IN SPAIN

Domínguez-Gil Hurlé A1, Martín Herranz I2, García Vargas M2, Rejas J3
1Department of Pharmacy, University Hospital at Salamanca, Salamanca, Salamanca, Spain; 2Department of Pharmacy, Juan Canalejo Hospital, A Coruña, Spain; 3Medical Unit, Euroclin Institute, Madrid, Spain; 4Pfizer SA, Alcobendas, Madrid, Spain

OBJECTIVES: There are no studies carried out to date comparing the cost of systemic fungal infection treatment with voriconazole and caspofungin. The aim of the study was to estimate the in-hospital cost of voriconazole versus caspofungin, plus oral continuation therapy (OCT), for the treatment of invasive Candida and Aspergillus infections in Spain. METHODS: A cost-minimization analysis model was performed from the hospital perspective in year 2004, as the same efficacy was assumed. Data on duration of treatment (intravenous + oral) and weight of patients were obtained from a local study: The Fungcost study. The incidence of drug-related adverse events was obtained from published clinical trials. Only direct cost for each episode were considered; medications (injectable and oral) at their hospital selling prices, the cost stemming from a drug-related adverse reactions treatment; and administration costs. Oral voriconazole was considered as the OCT for voriconazole arm, and oral fluconazol or itraconazol for caspofungin arm. Mean expected cost and incremental cost were calculated. Univariate and bivariate sensitivity analysis were carried out varying patient's weight and intravenous treatment duration. RESULTS: The mean cost expected per episode (mean weight 68.6 Kg) was 6302.97€ (cost of intravenous treatment 5798.33€) for voriconazole, and 7487.29€ (6982.65€) for caspofungin in the treatment of invasive aspergillosis, with an incremental cost of 1184.32€. The treatment of candidiasis showed a mean costs of 6154.82€ (cost of intravenous treatment 5951.14€) and 7182.71€ (7169.49€), respectively, with an incremental cost of 1027.89€. Results were robust to any intravenous duration of treatment, and sensitive to an increase of patient’s weight above 103.3 Kg in aspergillosis and 101.1 Kg in candidiasis. CONCLUSIONS: Using costs and treatments patterns of fungal infections in Spain, voriconazole is more cost-effective than caspofungin in the treatment of invasive candidiasis and aspergillosis for patients below 101.1/103.3 kilograms, respectively.
120,458 HUF per life years saved. In the Activated Protein C treatment arm the average cost–effectiveness was 312,085 HUF per life years saved (societal viewpoint). CONCLUSION: Incremental efficiency of Activated Protein C treatment was compared to incremental efficiency of dialysis and renal transplantation. Robustness of results was examined through a sensitivity analysis.

PIN23

PROSPECTIVE STUDY ON ACUTE LOWER RESPIRATORY TRACT INFECTION IN CHILDREN YOUNGER THAN 3 YEARS IN GERMANY (PRI.DE)—ECONOMIC IMPACT OF COMMUNITY-ACQUIRED CASES TREATED BY OFFICE-BASED PEDIATRICIANS (PRIMARY CARE)

Ehlken B, Berger K, Ihorst G, Petersen G, Forster J
1MERG, Medical Economics Research Group, Munich, Germany; 2MERG Medical Economics Research Group, Munich, Germany; 3Institute for Medical Biometry and Medical Informatics, and Center for Clinical Trials, Freiburg, Germany; 4Wyeth Pharma GmbH, Münster, Germany; 5St. Josef Krankenhaus, Freiburg, Germany

OBJECTIVES: To calculate the average cost per patient (case) and to estimate the cost of primary care of lower respiratory tract infection (LRTI) in children younger than 3 years of age in Germany. Costs were evaluated from perspectives of third party payer, parents and society. METHODS: This economic analysis was part of the PRI.DE study, a prospective, multicenter, population-based epidemiological study carried out over 2 years (1999–2001) in children with community-acquired LRTI aged 0 to 36 months in Germany. Inclusion of children with pneumonia, bronchitis, bronchiolitis, croup and apnea by 11 office-based pediatricians. Nasopharyngeal secretions were tested for RSV, parainfluenza-(PIV), and influenza viruses (IV) by Hexaplex PCR (Prodesse, USA). Drugs and medical services consumed were generated by chart abstraction. Data regarding parental expenses were collected via telephone interviews. RESULTS: In 568 out of 1329 cases (43%) total costs could be calculated. On average, total costs per case were €123 (SD 161). About 54% was direct medical cost, 11% direct non-medical cost and 35% indirect cost. Cost for pneumonia was €205 (SD 264); for bronchiolitis €146 (SD 179); for bronchitis €101 (SD 141) and for croup €82 (SD 75). Total cost caused by RSV infections amounted to €163 (SD 172), caused by parainfluenza €100 (SD 113), caused by influenza €223 (SD 279) and caused by other pathogens €111 (SD 159). Based on the annual incidence of 682.128 LRTI cases (children: 0–3 years) and median total cost (€71), economic burden due to LRTI amount to €48.46m in Germany annually. CONCLUSION: Treating LRTI caused by influenza and RSV was more expensive than LRTI caused by parainfluenza or other pathogens. Community-acquired LRTI in children up to the age of 3 years causes a considerable economic burden to the health care system in Germany.

PIN24

IMPROVEMENT IN PATIENT-REPORTED DEPRESSION IN HIV+ PATIENTS EXPERIENCING GRADE 2 SIDE EFFECTS AFTER SUBSTITUTION OF THEIR PROTEASE INHIBITOR (PI)/NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI) WITH LOPINAVIR/RITONAVIR (LPV/R)

Abbott Laboratories, Abbott Park, IL, USA

OBJECTIVES: Depression is a common mental health problem in HIV+ patients; however, symptoms of depression frequently go unrecognized. With the development of the Center for Epidemiologic Studies—Depression (CESD) scale, it is possible to identify depression using patient-reported outcomes. This study evaluates a) the prevalence of depression using patient-reported vs. physician-diagnosed outcomes & b) whether substitution to LPV/r affects depression in HIV+ patients. METHODS: PLATO is an open-label, multi-center, multi-country, Phase IV study. Patients who were virologically controlled (2 consecutive viral loads <400c/mL), but experiencing Grade 2 PI/NNRTI-associated side effects were randomized (4:1) to immediate substitution at Baseline or deferred substitution at Week (Wk) 4 of their PI/NNRTI with LPV/r, while remaining on Baseline NNRTIs. Patients completed the CESD at Baseline & Wk8. Physician assessments were performed at Baseline, Wk4 & Wk8. Viral load, safety, & bothersomeness of HIV & treatment related symptoms (ACTG Symptoms Distress Module, plus 2 items for nephrolithiasis) were also followed. RESULTS: In total, 717 of 849 patients (84%) enrolled were not on antidepressant medication at Baseline & completed CESD (79% male, mean age 41 yrs). At Baseline, 295 of 717 patients (41%) self-reported signs of clinical depression (CESD ≥16) compared to 32 (4.5%) with physician-diagnosed Grade 1-2 depression (κ = 0.059; 95% CI: 0.020–0.097). Prevalence of patient-reported clinical depression was reduced to 26% (Baseline-Wk8; P < 0.0001) following 4–8 Wks of LPV/r, while the prevalence of physician-diagnosed depression was reduced to 4% (Baseline-Wk8; P = 0.1). Substitution to LPV/r also improved physician-diagnosed depression compared to Baseline (P = 0.002). CONCLUSION: Substitution to LPV/r can significantly improve physician-diagnosed depression in antiretroviral-experienced patients with PI/NNRTI-associated side effects.