

PG15**COST OF ILLNESS STUDIES MAY LARGELY UNDERESTIMATE THE COST OF DISEASES WITH UNMET MEDICAL NEED SUCH AS IRRITABLE BOWEL SYNDROME (IBS)**Volmer T¹, Gehlert I², Behrens M¹¹Health Economics, Glaxo Wellcome GmbH&Co, Hamburg, Germany; ²University of Applied Science, Hamburg, Germany

OBJECTIVES: The usefulness of cost of illness studies is controversial. Nevertheless, they are carried out frequently and at least raise awareness and draw attention to any economic impact a disease may have on a particular health care system and society. The aim of this analysis was to quantify the cost of a disease with a high unmet medical need (Irritable Bowel Syndrome, IBS, ICD9 564.1), using official German health statistics. Although IBS is reported to have a prevalence of up to 20%, current evidence suggests, that existing statistics based on the ICD classification misrepresent the true economic burden.

METHODS: We used 1997 data from various available sources of health information and identified direct and indirect costs using a “top-down approach” employing selected ICD9 codes (564.1, 564.9), which were commonly used to document patients with IBS.

RESULTS: The total calculated burden to German society was 53.5 million Euro (?)

Cost category	ICD9 564.1	ICD9 564.9
Number of identified patients	810 000	102 000
1. Ambulatory services [mill. €]	22.5	3.1
2. Drugs [mill. €]	11.8	6.3
3. Hospital [mill. €]	7.0	3.9
4. Other direct [mill. €]	0.3	0.1
5. Indirect costs [mill. €]	11.9	1.5
6. Total costs [mill. €]	53.5	14.9
Mean cost per patient (direct only) [€]	51.4	13.1

CONCLUSIONS: Medical conditions with unmet need such as IBS are not well represented in official statistics. The number of identified patients, the documented resource use and the total cost of illness calculated using information based on ICD9 coding might largely misrepresent the burden of these diseases. Therefore, representative prospective studies are needed to document such areas of unmet medical need.

ECONOMIC AND OUTCOMES ISSUES OF WOMEN'S AND MEN'S HEALTH DISORDERS**PMW1****COSTS OF TREATMENT WITH DOXAZOSIN VERSUS TAMSULOSIN IN MEN WITH BENIGN PROSTATIC HYPERPLASIA**Thompson D, Edelsberg J, Pozniak A, Oster G
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OBJECTIVES: To compare the costs of treatment with doxazosin mesylate versus tamsulosin hydrochloride in men with benign prostatic hyperplasia (BPH).

METHODS: We used claims data (spanning August 1996 through December 1998) from a large health insurer in the New England region of the United States to examine differences in the utilization and costs of care over a 90-day period among men with BPH who received doxazosin versus tamsulosin. Study measures included all BPH-related prescription drug therapy, office-based physician services, tests and procedures, and hospital inpatient and outpatient services.

RESULTS: Subjects who received doxazosin (N = 394) and tamsulosin (N = 167) were generally similar in terms of age, comorbidity status, and pretreatment health-care costs. Subjects in the doxazosin group had fewer physician visits during the 90-day period of follow-up (18 fewer per 100 patients; 95% CI: 6, 30) than those in the tamsulosin group (28 vs 46 per 100). The mean cost of BPH drug therapy was \$11 lower (95% CI: \$5, \$17) among patients who received doxazosin (\$71 vs \$82 for tamsulosin), and mean costs of follow-up physician visits were \$16 lower (95% CI: \$4, \$27) (\$18 vs \$34 respectively). Although there were no significant differences in the utilization or costs of diagnostic tests, surgical procedures, or hospital services, nominal differences in these measures favored doxazosin. The mean total cost of BPH treatment over 90 days was \$173 (95% CI: \$92, \$253) in the doxazosin group and \$247 (95% CI: \$124, \$370) in the tamsulosin group, yielding a difference of \$74 (95% CI: -\$73, \$221).

CONCLUSIONS: Men with BPH who received doxazosin versus tamsulosin had lower costs of BPH-related prescription drug therapy and follow-up physician services, and nominally lower overall costs of BPH treatment.

PMW2**THE VALUATION OF ERECTILE DYSFUNCTION: CONVERTING CLINICAL OUTCOMES INTO UTILITIES**

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OBJECTIVES: We converted disease specific outcomes of treatment for erectile dysfunction (ED) using sildenafil (Viagra) into Quality Adjusted Life Years (QALYs). Due to size and complexity of most disease specific questionnaires, application of this (recommended) strategy is scarce and detailed reports about valuation exercises of disease specific health states are lacking. Such valuation studies are needed to adapt existing methods to this new strategy.

METHODS: 200 subjects from the general public and 110 ED-patients valued 25 ED-states with Time Trade-Off to convert the outcomes of a clinical trial into utilities. The health states reflect different gradations of ED, as categor-