esomeprazole (EAC) results in direct medical cost savings compared with 1-week triple therapy (OAC) followed by three weeks omeprazole monotherapy, while offering comparable effectiveness.

**OBJECTIVE:** Two studies have reported results comparing esomeprazole 40mg and lansoprazole 30mg in the healing of reflux oesophagitis. The two studies come to different conclusions. One study shows superiority for esomeprazole at four and eight weeks while the other claims equivalence. The aim of this work was to combine the results of the 2 studies by meta-analysis to ascertain if there is a difference in healing rates with esomeprazole 40mg and lansoprazole 30mg.

**METHODS:** Meta-analysis of intention-to-treat (ITT) endoscopic healing rates at four and eight weeks. If the healing rates were not presented in an ITT format they were recalculated. ITT was defined as “patients being analysed in the treatment arm that they entered at randomisation, regardless of whether they dropped-out, received the incorrect treatment or withdrew before completion of the trial”.

**RESULTS:** At 4 weeks, esomeprazole 40mg is significantly more effective than lansoprazole 30mg in the healing of reflux oesophagitis (Relative Risk 1.05; 95% CI 1.02–1.09). Similarly, at 8 weeks esomeprazole 40mg is significantly more effective than lansoprazole 30mg (Relative Risk 1.04; 95% CI 1.01–1.06). A chi-squared test was carried out to investigate possible heterogeneity. Significant heterogeneity was not detected at four or eight weeks.

**CONCLUSIONS:** Esomeprazole 40mg is significantly more effective than lansoprazole 30mg in the healing of reflux oesophagitis at 4 and 8 weeks.

**OUTCOMES ANALYSIS OF RABEPRAZOLE (ACIPHEX) USE AT A VETERAN AFFAIRS MEDICAL CENTER**

**Gordon M**
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**OBJECTIVE:** To analyze the safety, effectiveness and cost savings of rabeprazole at the McGuire Veterans Affairs Medical Center. Similar effectiveness and safety profiles among the proton pump inhibitors (PPI) prompted a dose-per-dose interchange (1:1) of rabeprazole with currently prescribed PPIs (lansoprazole and omeprazole) when rabeprazole was added to the VA National Formulary. When rabeprazole was added to the VA National Formulary priced 75%–80% less than its competitors. Rabeprazole was also identified as drug-of-choice for future use in PPI-naive patients.

**METHODS:** Patients with active rabeprazole prescriptions (N = 3885) and those failing therapy (N = 249) as of 5/22/02 were selected for analysis (total N = 4134). Patients were divided into two subsets: those participating in the PPI therapeutic interchange: N = 2088; and PPI-naive patients prescribed rabeprazole after formulary addition: N = 1797. A retrospective database analysis of 14,565 PPI prescriptions from January 1, 2000–May 22, 2002 was conducted to assess PPI prescribing trends, pharmacy acquisition costs, tolerance, effectiveness and dose creep for these individuals.

**RESULTS:** Safety: Patients experience an adverse drug event (ADE): N = 65 (1.6%). Effectiveness: Patients failing rabeprazole: N = 184 (4.5%). Total number

**GASTROINTESTINAL DISEASES/DISORDERS—Clinical Outcomes**

**META-ANALYSIS OF ESOMEPRAZOLE 40MG AND LANSOPRAZOLE 30MG IN THE HEALING OF REFLUX OESOPHAGITIS**

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**OBJECTIVES:** In the assessment of NSAID related GI events, many authors focus on severe events leading to hospitalisation. This study aimed at describing medical practice, resource utilisation and costs of different GI events related to chronic NSAID use in osteo-arthritis (OA) and rheumatoid arthritis (RA) patients in Belgium.

**METHODS:** A random sample of 231 OA and RA patients with GI events associated with NSAID use was included in a multicenter GP level chart review. Charts were assessed by the GP and monitored by an independent researcher for all medical resource use related to the event. Direct medical costs were calculated by multiplying resource use with standard costs for the health insurance. GI events were categorised as GI discomfort (= minor event), symptomatic ulcer, anaemia with occult bleeding and severe (i.e. hospitalised) gastro-intestinal pathologies.

**RESULTS:** Thirty-five patients (15.2%) were RA patients, 196 (84.8%) OA. The average age of the sample was 61.0y (st.dev 14.7y). 45% were male. The median duration of a GI event was 10 days, the average was 23 days. The average cost per patient was €284. The median duration of a GI event was 10 days, the average cost per type of event (in €): GI Discomfort: 30,657 (46.7%); Ulcer: 5,688 (8.7%). It was thus shown that GI discomfort, due to the high number of patients, leads to 47% of total GI related costs.

**CONCLUSIONS:** Many patients with minor NSAID related GI events visit a physician. The resulting use of healthcare resources to manage these events should be taken into account in economic evaluations of measures to prevent GI events.

**ANALYSIS OF RESOURCE USE AND COSTS ASSOCIATED WITH MINOR NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAID) RELATED GASTRO-INTESTINAL (GI) EVENTS**

**Annemans L1, Vanoverbeke N2**
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**OBJECTIVES:** In the assessment of NSAID related GI events, many authors focus on severe events leading to hospitalisation. This study aimed at describing medical practice, resource utilisation and costs of different GI events related to chronic NSAID use in osteo-arthritis (OA) and rheumatoid arthritis (RA) patients in Belgium.

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**CONCLUSIONS:** Many patients with minor NSAID related GI events visit a physician. The resulting use of healthcare resources to manage these events should be taken into account in economic evaluations of measures to prevent GI events.