RESULTS: Based on the literature, waste for each vial product was 23%, including injection error (15%) and syringe/needle dead space (8%). Among individual pens, product waste was highest for Humatrope 24 mg (14.3%) and lowest for Norditropin NordiFlex 5 mg (1.0%). Equal use of vials and pens from each manufacturer resulted in the following product waste: Tev-Tropin 23% (vial only), Nutropin 18.2%, Humatrope 12.2%, Genotropin 5.5%, Saizen 3.8%, and Norditropin 3.0%. Restricting use to the product with least waste (Norditropin) resulted in a 10.5% reduction in annual patient cost from $24,764 to $22,161 compared to a national share mix.

CONCLUSION: Pen delivery systems result in less waste than vial and syringe. Considering all approved delivery systems, Norditropin resulted in the least product waste and lower annual patient cost.

EVALUATION OF THE ASSOCIATION BETWEEN THE QUALITY OF LIFE, SOCIAL CLASS AND HEIGHT IN THE GENERAL ADULT UK POPULATION

Christensen T1, Djurhus C1, Andersen S2, Kragh N2, Clayton P3, Christiansen J4
1Novo Nordisk, Bagsvaerd, Denmark, 2University of Southern Denmark, Odense, Denmark, 3University of Manchester, Manchester, UK, 4Århus University Hospital, Århus, Denmark

OBJECTIVES: Short stature has been shown to influence social factors during childhood and adult life. However, limited data exist to determine the influence of short stature on Health Related Quality Of Life (HRQOL) due to underpowered studies and the fact that children find questionnaires very hard to complete. The objective of this study was to characterize the influence of height on social class and HRQOL for the general adult population in UK. METHODS: The Health Survey for England (HSE03) was commissioned by the Department of Health and collected data during the period 2003 to 2004. HSE03 consisted of a random population sample in England. Observations for 14,416 adults (age >18 years) were included in the analysis. The survey involved a questionnaire-based interview followed by a nurse visit, where measurements and blood samples were taken. HRQOL was measured using the EQ-5D questionnaire. Social class (I-V) were derived according to definition from UK National Statistics. Height was converted from centimetres to height percentiles (0%-100%) to obtain standardized scores.

RESULTS: A regression analysis showed increasing height had a significant influence on increasing HRQOL. The largest HRQOL differences were observed in the shorter groups. An ANOVA showed HRQOL for the shortest 2.5% (EQ-5D = 0.791) was significantly reduced (P = 0.007) compared with all other persons (EQ-5D = 0.873). The data showed a trend towards increasing height having an influence on number of persons in social class I + II. However, this trend could not account for the relationship between height and HRQOL in the shorter subgroups. CONCLUSIONS: Short stature negatively impacts upon HRQOL and does this independently of social class. The impact of height on HRQOL was largest in the shorter height subgroups. Effects of distinct causes of short stature can not be excluded, however statistically the majority of short persons will have idiopathic short stature.

GI DISORDERS

IS COMBINATION THERAPY OF LAMIVUDINE WITH INTERFERON-ALPHA SUPERIOR TO LAMIVUDINE MONOTHERAPY FOR HBEAG-POSITIVE CHRONIC HEPATITIS B? A META-ANALYSIS OF RANDOMIZED TRIALS

Sun X1, Zhou R2, Li Y3, Zhao L4
1West China Hospital, Sichuan University, Chengdu, China, 2West China Medical School, Chengdu, China, 3Center of Infectious Diseases, West China Hospital, Sichuan University, Chengdu, China


METHODS: Search MEDLINE, SCI-Expand, Current Content Connect, Cochrance Library and Chinese Biomedical Database to April 25, 2006, and screened reference lists of eligible trials. Randomized trials were included if comparing lamivudine plus interferon-alpha with lamivudine alone in patients with HBeAg-positive and ALT-elevated CHB. We recorded interventional and patient characteristics. Quality of trials was assessed by six items based on the Cochran recommendation. We used fixed and random effect model meta-analysis to pool the data. Two types of interventional strategies were available: a) lamivudine in both arms were administrated 52 weeks; and b) lamivudine was administrated 24 weeks in combination arm while 52 weeks in monotherapy. We stratified trials for analysis, and performed sensitivity analysis based on the dose of interferon-alpha, where appropriate. RESULTS: Twenty randomized trials were included. Quality was moderate in most. Both at 24-week (for both types) and 52-week (for type b) of treatment, loss of HBeAg (RR = 2.54 and 1.62, 95%CI = 1.91–3.37; 1.13–2.33, p = 0.000 and 0.009) and HBeAg seroconversion (RR = 3.12 and 1.73, 95%CI = 2.07–4.70; 1.20–2.51, p = 0.000 and 0.004) were significantly higher in combination than lamivudine monotherapy. Loss of HBV DNA, loss of HBsAg and normalization of ALT were not statistically significant. Two strategy types were limited in follow-up data. However, loss of HBV DNA was significantly higher in combination group after a 26-week follow-up in both strategies; no significant difference was found in serological and biomedical markers. CONCLUSIONS: It was suggested that combination therapy might be superior to lamivudine therapy in clearing serological markers but not for virological and biomedical ones during treatment. Further study was needed to investigate the long-term benefit of combination therapy.

PROTON PUMP INHIBITORS FOR THE TREATMENT OF REFLUX OESOPHAGITIS: ENDOSCOPIC HEALING RATES FROM A SYSTEMATIC REVIEW OF RANDOMISED CONTROLLED TRIALS

Edwards SJ1, Lind T2, Lundell L3
1AstraZeneca UK Ltd, Luton, Bedfordshire, UK, 2AstraZeneca R&D Mölndal, Mölndal, Västra Götaland, Sweden, 3Karolinska University Hospital, Stockholm, Huddinge, Sweden

OBJECTIVES: To compare the efficacy of esomeprazole with the European licensed standard dose of PPIs for the endoscopic healing of reflux oesophagitis (i.e. esomeprazole 40 mg compared with lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, and rabeprazole 20 mg). METHODS: Systematic review of CENTRAL, BIOSIS, EMBASE and MEDLINE for randomised controlled trials (RCTs) in patients with reflux oesophagitis was conducted in February 2005. Data on endoscopically verified healing rates at four and eight weeks were extracted and