episodes are associated with economic consequences for patients and employers. Hypoglycaemia has a negative impact on work productivity and patients’ presence at work. The reported mean medical costs were €4,753, €7,325, €407 (970) in France, Germany, and the UK, respectively. The costs were highest. Understanding differences in resource utilisation patterns between countries is necessary when examining cost of illness in AD.

**PHS5**
**HOSPITAL STAYs OF MULTIPLE SCHLeTOSIS PATiENTS IN GERMANY – ReasONS, FREQUENCIES, DURATION AND IMPACT ON dRUG tHERAPY**

KNIPEL C1, Wühl A2, Holz R3, Trommer T1

1Einzelpraxis Leipzig GmbH, Leipzig, Germany, 2Sanofi Deutschland GmbH, Berlin, Germany, 3Genzyme GmbH, Nienburg-Sulzbach, Germany, 4Genosuisse Göttingen Leipzig GmbH, München, Germany

OBJECTIVES: This study provides insights into hospital stays of German statutorily insured MS patients, compared to all insureds, not affected by the disease.

METHODS: Information was extracted from a large longitudinal database of German health claims data. Roughly 3,000 MS patients were identified by ICD-10 diagnoses of MS or information on drug prescriptions. The observational period was from 2006 until 2010. All hospitalisations of MS patients were included in the analysis.

RESULTS: In 2009, MS patients had 0.57 hospitalisations on average (SD 1.30) with a mean length of stay of 6.67 days (SD 8.0). Hospital stays of all insured patients were less frequent (0.20; SD 0.71) and had an average duration of 6.9 days (SD 11.9). Roughly 4.64% of the hospital stays of MS patients were due to MS. Among those, 78% were coded with the DRG B86D (treatment of MS and cerebral ataxia without complications or comorbidities [CCs]), while 19% were coded as treatment of MS and complications or comorbidities (CCs). Nearly 4% were coded as treatment of MS and cerebral ataxia with complications or comorbidities (CCs).

CONCLUSIONS: Hospital stays among MS patients are related to hospital and outpatient visits and total caregiver time was highest. Understanding differences in resource utilisation patterns between countries is necessary when examining cost of illness in AD.

**PHS54**
**USE OF HEALTH CARE ADMINISTRATIVE DATABASES TO ESTIMate THE BURDEN OF MULTIPLE SCHLeTOSIS: A POPULATION-BASEd STUDY**

Furneri G1, Ciampani R2, Scalone L2, Cerreti PA3, Fornari C2, Madotto F1, Chiandini V3, Mantovani LC4, Cesana G5,讫Charia Foundation, Milan, Italy, 2University of Milano - Bicocca, Monza, Italy, 3Federico II University of Naples, Naples, Italy

OBJECTIVES: To assess the economic burden of multiple sclerosis (MS) from a large population-based study. METHODS: A total of 1,941 eligible subjects were identified according to the inclusion criteria. The study population (35.1% male) had a mean age of 40.5 years at the index date (median: 39.0 years). Total hospital care costs were €7,325, €4,753, €407, €6,081 per patient-year at first, second, third and fourth year of observation, respectively. During the first year hospital costs, and afterwards were the costs driven (60% of total costs), with drugs and outpatient claims contributing to 30.4% and 9.6% of total costs, respectively. Over the following years (2, 3, 4) drug expenditure was the most relevant cost, accounting for 59%-68% of total costs. Among pharmaceutical costs, ATC-class L drugs (antineoplastic and immuno-modulating agents) contributed for 83%-90%, followed by ATC-class B drugs (blood system drugs; range: 4%-7%). Only 65% of the 1,020 patients (27.8%) received MS specific treatment interferon/and/or glatiramer acetate during the first year of follow-up.

CONCLUSIONS: Administrative database analysis is an efficient tool to track medical costs of MS. Diagnosis in the hospital setting is the main reason of costs at disease onset, with drugs becoming a very relevant cost with disease progression.

**PHS54**
**USE OF HEALTH CARE ADMINISTRATIVE DATABASES TO ESTIMAtE THE HEALTH CARE BURDEN OF BONE OR BONE MARROW METASTASIS DEASES IN THree EUROPEAn CAnCER PATIENTS: A POPULATION-BASEd STUDY**

Mantovani LC6, Scalone L7, Furneri G1, Ciampani R2, Cerreti PA3, Fornari C2, Madotto F1, Chiandini V3, Cesana G5

1Charia Foundation, Milan, Italy, 2University of Milano - Bicocca, Monza, Italy, 3Federico II University of Naples, Naples, Italy

OBJECTIVES: To assess the burden of disease of bone or bone marrow metastases (B/BMM) in breast cancer (BC) patients from a large population-based study. METHODS: Lombardy Region includes 9,4 million individuals. Eligible patients were identified through a data warehouse (DENALI), which matches with a probabilistic linkage demographic, clinical and economic data of different Healthcare Administrative databases. After excluding patients with diagnosis of BC during the 2000-2003 period, all female who during the year 2004 had a first hospital discharge with a ICD-9-CM code 174 XX, and diagnosis B/BMM (ICD-9-CM 198.5) were identified and followed up to 5 years or death (if occurring before the last day of observation). We evaluated demographic characteristics and total costs, (hospitalizations, drugs and outpatient examinations/visits) from the National Health Service’s perspective.

RESULTS: A total of 1,020 eligible subjects were identified according to the inclusion criteria. The study population (35.1% male) had a mean age of 40.5 years at the index date (median: 39.0 years). Total hospital care costs were €7,325, €4,753, €407, €6,081 per patient-year at first, second, third and fourth year of observation, respectively. During the first year hospital costs, and afterwards were the costs driven (60% of total costs), with drugs and outpatient claims contributing to 30.4% and 9.6% of total costs, respectively. Over the following years (2, 3, 4) drug expenditure was the most relevant cost, accounting for 59%-68% of total costs. Among pharmaceutical costs, ATC-class L drugs (antineoplastic and immuno-modulating agents) contributed for 83%-90%, followed by ATC-class B drugs (blood system drugs; range: 4%-7%). Only 65% of the 1,020 patients (27.8%) received MS specific treatment interferon/and/or glatiramer acetate during the first year of follow-up.

CONCLUSIONS: Administrative database analysis is an efficient tool to track medical costs of MS. Diagnosis in the hospital setting is the main reason of costs at disease onset, with drugs becoming a very relevant cost with disease progression.
tients with BC and B/BMM, which poses a significant burden in terms of both cost and mortality.

PHS54
INEQUALITIES AND AVOIDABLE COSTS OF IMAGING TEST IN THE DIAGNOSIS AND MONITORING OF PATIENTS WITH STROKE IN THE CANARY ISLANDS
Valcárcel-Nazco C1, Castilla-Rodríguez I2, Ramos-gutiérrez J1, Serrano-aguirre P3
1CIRCUNS, Santa Cruz de Tenerife, Canary Islands, Spain, 2Chiver de Epidemiología y Salud Pública (CHIBESPA), Santa Cruz de Tenerife, Tenerife, Spain, 3Canary Islands Health Service, Santa Cruz de Tenerife, Canary Islands, Spain

OBJECTIVES: To determine the variations and inequalities in accessing to diagnostic imaging tests in patients with stroke. Other objectives are to determine the degree of inadequate use of imaging and the subsequent avoidable costs at hospitals in the Canary Islands. METHODS: Data on patients with a diagnosis of stroke were extracted from hospital databases during the period 2005-2010. Trends in the use of diagnostic and monitoring test of stroke and the management of stroke patients during the years were analyzed. Inequalities in access to imaging tests were analyzed by using logistic regression models. The information was classified according to their scientific evidence in “adequate” or “inadequate”. Whenever imaging tests were classified as “inadequate”, avoidable costs were calculated. RESULTS: A higher Charlson comorbidity index and younger age increase the risk of receiving an MRI in patients with stroke. In addition, results show a slight increment in the use of MRI in recent years at four referral hospitals in the Canary Islands. We obtained a total avoidable cost of 0.27%. CONCLUSIONS: Although the variations found in the use of both tests are remarkable, only 0.3% of the total expenditure attributable to neuroimaging in patients with stroke could be avoided in a conservative scenario.

HEALTH SERVICES - Patient-Reported Outcomes & Patient Preference Studies

PHS55
CHANGING HEALTH-RELATED QUALITY OF LIFE AFTER OCCUPATIONAL THERAPY IN COMMUNITY-DWELLING DEPENDENT ELDERLY. A RANDOMISED CONTROLLED TRIAL
Noto S1, Uemura T2, Moriwaki K2
1University of Health and Welfare, Niigata, Japan, 2Kyorin University, Mitaka-shi, Japan

OBJECTIVES: To assess the change of health-related quality of life as an effect of occupational therapy in community-dwelling dependent elderly. METHODS: In a randomized controlled trial (RCT) we compared the effectiveness of occupational therapy in community-dwelling dependent elderly. A total of 230 participants aged 65-95 were randomly assigned to either an occupational therapy group that perform exercises according to their meaningful activities or usual exercise group. The intervention program was a 1h session two or three times per week. We evaluated all participants on activity of daily living (Barthel Index) and health-related quality of life (Health Assessment Questionnaire). RESULTS: Occupational therapy had beneficial effects on health-related quality of life in community-dwelling dependent elderly. The greatest effects were achieved through inclusion of a client-centered meaningful activity program.

PHS56
DEMOGRAPHICS AND HEALTH-STATE UTILITIES OF IRISH PATIENTS WITH HEPATITIS C INFECTION; USE OF THE 5-LEVEL EQ-5D QUESTIONNAIRE
Kieran J1, Mushtaq H2, Bergin C3, Norris S3, Barry M3
1Trinity College Dublin, Dublin, Ireland, 2St James Hospital, Dublin, Ireland, 3St James’s Hospital, Dublin, Ireland

OBJECTIVES: Hepatitis C (HCV) is a major public health problem which is estimated to affect up to 30,000 people in the Republic of Ireland. There is little information regarding demographics or health-state utilities in this population in Ireland. We aimed to establish demographics and health-state utilities among patients with chronic HCV and differing degrees of liver disease. METHODS: A convenience sample of consecutive patients with a current or past diagnosis of liver disease attending the Hepatology outpatient service was recruited. Informed consent was obtained from all patients recruited and the study was approved by the institutional ethics review board. Information was collected on demographic and clinical parameters and patients were asked to complete the 5-level EQ-5D health-related quality of life (HRQOL) questionnaire. Continuous variables were summarized with medians and standard deviations and compared using Students t-test. Categorical variables were summarized with proportions. P-values <0.05 were taken to indicate significance. RESULTS: A total of 323 patients with a current or past diagnosis of liver disease of Irish origin were recruited (median age 56 years). The majority were single (n=250, control group n=50). Mean age was 64.2 years old 52.1% of patients were women. The control group was selected to show an optimal comparability in terms of demographic and morbidity measures between the two groups. The intervention group showed better compliance (87.9% vs. 71.4%, p<0.001) initially and 63.2% vs. 55.6% at the end of the study (p<0.01) in the intervention group vs. control, respectively. The follow-up average cost per patient and year was €377.9 vs. €442.4, p<0.001 (reduction in intervention group: €66.5). 82% of patients in the intervention group vs. control, respectively. The follow-up average cost per patient and year was €377.9 vs. €442.4, p<0.001 (reduction in intervention group: 66.5% vs. 55.6% at the end of the study (p<0.01) with the occupational therapy group showing a greater improvement than the usual exercise group. However there was not a significant group-by-time interaction (p=0.051) by BI scores. CONCLUSIONS: Occupational therapy had beneficial effects on health-related quality of life in community-dwelling dependent elderly. The greatest effects were achieved through inclusion of a client-centered meaningful activity program.

PHS57
COMPARING PREDICTORS OF SELF-REPORTED ADHERENCE TO MAMMOGRAPHY SCREENING GUIDELINES IN APPALACHIAN WOMEN WHO UTILIZE MOBILE AND STATIONARY FACILITIES
Vyasa A, Mathuva N
West Virginia University School of Pharmacy, Morgantown, WV, USA

OBJECTIVE: To compare the characteristics of Appalachian women age 40 years and above who utilized a mobile mammography unit to get a mammogram with those who utilized a stationary screening facility and to compare the predictors of self-reported adherence in these samples. METHODS: Data from 1,161 women who participated in the Bonnie Wells Wilson Mobile Mammography Program and 1,104 women who utilized Betty Puskar Breast Care Center at least once in the past ten years and completed a six-page Mammography Screening Assessment were analyzed using the Andersen Behavioral Model to determine the predictors of self-reported adherence to mammography screening guidelines in these samples. RESULTS: A total of 48.2% of women who utilized the mobile unit and 92.3% of women who utilized the stationary facility reported having had a mammogram in the past two years consistent with current mammography screening guidelines. Women who utilized the stationary facility had greater proportion of women with higher levels of education, higher income, health insurance, and following preventive behaviors such as clinical breast exam (CBE), Pap test, and other screenings as compared to those who utilized the mobile unit. In women who utilized the mobile unit, older age, being unemployed, being obese, having a family history of BC, having had breast biopsy in the past and having had a Pap test were significant predictors of self-reported adherence. In women who utilized a stationary faciltiy, being overweight, having health insurance, being single, and having a family history of BC were significant predictors of self-reported adherence. CONCLUSIONS: Women who utilized mobile unit had substantially lower adherence to mammography screening guidelines than those who utilized stationary facility. Personal and/or community-based educational interventions need to be developed around mobile mammography unit to increase mammography adherence in the poor and underserved women.

PHS58
VALUE IN HEALTH 15 (2012) A277–A575

PHS59
PHS60
HEALTH-RELATED QUALITY OF LIFE IN HIV/HCV CO-INFECTED PATIENTS IN IRELAND
Mcgreal-bellone A1, Cleary S1, Farrell G2, Bergin C2, Barry M3, Kieran J1
1Trinity College Dublin, Dublin, Ireland, 2St James Hospital, Dublin, Ireland, 3St James’s Hospital, Dublin, Ireland

OBJECTIVES: Hepatitis C (HCV) is a major cause of liver disease and can lead to serious illness especially when co-infection with HIV occurs. With the development of new agents to treat HCV, Health-related quality-of-life (HRQOL) utilities in co-infected patients will become an important consideration in the assessment of the effectiveness of treatment approaches. The objective of this study is to establish standardized quality of life utility values for patients with chronic HCV and HIV in Ireland who have different degrees of liver disease severity. METHODS: A convenience sample of 41 patients with a diagnosis of HCV/HIV co-infection attending a specialist HIV/HCV co-infection outpatient service was recruited. Informed consent was obtained from all patients recruited and the study was approved by the institutional ethics review board. Information was...