ing 95.51 ± 10.09. Mean rate of own health on EQ-VAS was 80.30 ± 15.21 and mean EQ-5D index, based on the original TTO value set, was 0.54 ± 0.07 (in the range from -0.52 to 1). Students of 1st year reported the highest difference compared to the measurement used: EQ-VAS 76.4 ± 17.7 and EQ-index 0.92 ± 0.07. CONCLUSIONS: Generic ques-
tionnaires used in the survey are sensitive enough for measuring quality of life in young and relatively healthy population. Students of 1st year reported lowest qual-
ity of life with all questionnaires. The survey needs to be continued in next years.

PH51
WHAT DO PATIENTS WITH RARE DISEASES EXPERIENCE IN THE MEDICAL ENCOUNTER? EXPLORING PATIENT-PHYSICIAN-INTERACTION PATTERNS, ITS ANTecedENTS AND ITS CONSEQUENCES
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OBJECTIVES: A growing body of evidence links effective physician-patient communica-
tion and the ability and willingness to accept the patient as an expert to higher satisfaction of both patient and physician. However, when it comes to rare diseases, the patient is forced to become knowledgeable about his own disease state and therapies. Our objective was to describe and specify the experiences of patient-physician-interaction in rare diseases, to develop an empirically derived typology of interaction patterns and to explore the challenges associated with each of these patterns. METHODS: We designed a multi-case study as a series of semi standardized interviews with patients suffering from rare diseases. Therefore we extracted six different rare diseases: Amyotrophic lateral sclerosis, Marfan’s syn-
drome, Wilson’s disease, Epidermolysis bullosa, Duchenne muscular dystrophy and Neurodegeneration with brain iron accumulation. A total of 120 interviews were recorded, transcribed and analyzed thematically based on emerging codes. RESULTS: As suggested, insufficient expertise of the health care providers proved to be a major problem, especially in the highly specialized and heterogeneous nature of rare diseases. Here, it is often the patient himself who becomes an expert to determine what kind and how much service he needs. Thus, we could identify the patient-directed interaction as a widely experienced communication pattern among patients with rare diseases. Physician’s ability and willingness to accept the patient as an expert emerged as a major determinant for patient satisfaction. CONCLUSIONS: People with rare diseases often face challenges due to the low prevalence and the resulting lack of knowledge among their providers. Our study showed the relevance of the provider’s ability to acknowledge the active role of the patient as an informed, involved and interactive partner in the treatment process. However, allowing the patient to control therapy may require a change of mind-set with some long-standing traditional roles in healthcare.

Individual’s Health – Health Care Use & Policy Studies

PH52
MEDICINE PRESCRIBING PATTERNS IN HIV/AIDS AND NON-HIV/AIDS CHILDREN: A COMPARATIVE STUDY IN THE PRIVATE HEALTH CARE SECTOR OF SOUTH AFRICA
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OBJECTIVES: Although the prevalence of human immunodeficiency virus (HIV) infection among children is reported to be high, little is known about antiretroviral (ARV) medication patterns. This study aims to compare medicine prescribing pat-
terns of children with HIV/AIDS to those without HIV in the private health care sector of South Africa. METHODS: A quantitative, retrospective drug utilisation review was performed utilizing medicine claims data of a pharmacy benefit manage-
ment company for a four year period (January 1, 2005 to December 31, 2008) were analysed. The study population consisted of all children ≤12 years, divided into those receiving ARV medications and a control group (not receiving ARVs). Data were analysed using the SAS® Programme (9.1). RESULTS: A total of 0.2% of all children in 2005 (N = 197 923) received ARVs versus 0.4% in 2008 (N = 98 939). HIV/AIDS children received 7.39 ± 4.69 prescriptions for ARVs per year during 2005 versus 9.72 ± 4.49 in 2008. An average 3.05 ± 0.65 ARVs were prescribed per prescription in 2005 versus 3.19 ± 0.58 in 2008. HIV/AIDS children received 11.51 ± 7.17 prescriptions for other medication (non-ARVs) per year during 2005 and 11.46 ± 7.14 during 2008 compared to 3.86 ± 3.71 (d = 0.8) prescriptions per year in 2005 and 4.36 ± 4.05 (d = 1.25) in 2008 for the control group. HIV/AIDS children received mostly sulfonamides and combinations, followed by antitussives and expecto-
rants, penicillin and combination analgesics whereas the control group received mostly penicillin followed by antitussives and expectorants, combination analge-
sics and analgesics/antipyretics. CONCLUSIONS: There was an increase in the number of children with HIV/AIDS over the study period. These children received significantly more prescriptions per year than the control group. Further research is needed to investigate the future medicine treatment cost of HIV/AIDS children in the South African private health care sector.

PH53
ALPHA BLOCKERS, 5-ALPHA REDUCTASE INHIBITORS, PDE-5 INHIBITORS AND ANTIMUSCARINIC MEDICATION USE IN US PATIENTS Diagnosed WITH BENIGN PROSTATIC HYPERPLASIA, AND LOWER URINARY TRACT SYMPTOMS WITH AND WITHOUT ERECTILE DYSFUNCTION
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OBJECTIVES: To evaluate the alpha blockers, 5-alpha reductase inhibitors, PDE-5 inhibitor and antimuscarinic medication use in US patients diagnosed with benign prostatic hyperplasia (BPH), lower urinary tract symptoms (LUTS) and erectile dys-
function (ED). METHODS: Employing a retrospective study design on a large US healthcare claims database (MarketScan), male patients aged 18+ with a diagnosis for BPH, LUTS, or ED between 1/3/07 and 12/31/09 were identified. Patients with prostatectomy were excluded. Eligible patients had 24 months of continuous phar-
macueal and medical benefit coverage. Chi-square and Wilcoxon tests were used to make statistical comparisons between cohorts: BPH Only (BPH), ED Only (ED), BPH+ED, BPH+LUTS to ED and BPH+LUTS w/ED. RESULTS: There were 308,844 patients that met inclusion criteria, and overall 33%, 15%, 19%, and 6% had a prescription for alpha-adrenergic antagonist, 5-alpha-reductase inhibitor, phos-
phodiesterase-inhibitor, and antimuscarinic, respectively. Overall, 53% had medi-
cation use where 6% received combination therapy, 19% switched therapy and 36% discontinued therapy. BPH patients had higher rates of combination medication use (8% vs. 1%, p<0.0001); switching (8% vs. 7%, p=0.0017) and medical visits (17 vs. 14 mean visits, p<0.0001) than ED patients. However, ED had higher rates of ther-
apy discontinuation (27% vs. 15%, p<0.0001) than BPH and ED. In addition, BPH+ED patients had higher rates of combination medication use (15% vs. 8%, p<0.0001) and medical visits (19 vs. 17 mean visits/yr, p<0.0001) than BPH. Further-
more, BPH+LUTS w/ED had higher switching (24% vs. 18%, p <0.0001), discontin-
uation (27% vs. 22%, p=0.0001) and incurred more medical visits (25 vs. 23 mean visits/yr, p<0.0001) than BPH+LUTS w/o ED. CONCLUSIONS: BPH and BPH+LUTS patients with ED had higher switching and discontinuation rates than patients without ED. Thus, patients with comorbid ED may require more extensive phar-
macologic management and monitoring, resulting in more medical visits than patients without ED.

PH54
ANALYSIS OF THE FORMULARY ENSURE CHILDREN’S HOSPITALS IN UKRAINE: FIRST RESULTS
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OBJECTIVES: The Order of Ministry of Health (N 529 from July 22, 2009) was intro-
duced system of formulary medicines in Ukraine. In 2011 the third edition of the Ukraine’s Formulary for children was made. However, the State formulary for children in Ukraine has not been adopted. METHODS: We conducted a retro-
spective analysis of a local formulary for children, according to two divisions - Children’s neonatology and intensive care in children in an Lviv medical hospital. We used the method of ABC-analysis, the costs and rates of provision children’s medicines by public funds and cost-to-benefit ratios. RESULTS: The local formulary of children’s health-care setting contains 443 medicines with 14 ATC -groups. The major share of exchanges takes four groups: A-20%, R-16%, J -14%, N - 12%. Determined that the cost of treatment of pulmonary surfactant replacement for child (June 1, 2011, 1 Euro = 11,40 UAH). Provision of surfactant for infants for the budget is only about 28%, the rest is funded by parents. In the Formulary 17 includes antibiotics, of which only 24% provided by the budget, the rest - at the expense of patients. Innovational antibiot-
ics financed only by 2%-4% of the requirement. In children’s hospitals 2.5% took medicament in temporal production, in particular antibiotics, pow-
ders with folic acid, solution for rehydration, and others. CONCLUSIONS: Real data of medicines in children’s hospitals do not meet the need. Necessary to create the State formulary for children, costs to be financed from public funds. The method of “willingness to pay” to determine the list of medicines that will pay parents.

PH55
INCREASING OF ADMISSIONS AND HOSPITALIZATIONS IN SELECTED TEACHING UNIVERSITY AFFILIATED AND PRIVATE HOSPITALS OF SHIRAZ, IRAN IN 2007
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OBJECTIVES: The use of acute hospital beds is an issue of concern both to policy-
makers and practitioners. In most countries attempts to improve efficiency and reduce costs in this sector. One of the most widely used instruments for assessing inappropriate hospital use is Appropriateness Evaluation Protocol (AEP), which consists of a set of standards based on objective criteria relating to the condition of the patient or clinical services received. The aim of this study was to measure inappropriate of admission and inpatient stays in four major hospitals of Shiraz, Iran. METHODS: One of the most widely used instruments for assessing inappropriate hospital use is Appropriateness Evaluation Protocol (AEP), which consists of a set of standards based on objective criteria relating to the condition of the patient or clinical services received RESULTS: Results showed that 22% of the total admissions in four hospitals were rated as inappropriate. Most and least inappropriate admissions were found in both teaching university affiliated hospitals. Data show that 29.6% of all inappropriate hospital stays in the sample were judged to be inappropriate. The result of Least Significant Difference (LSD) Test showed a significant association between the mean days of inappropriate stay and turn of admission in all hospitals. In all hospitals, a significa-
ticant increase between inappropriate hospital stays in the hospitals was mostly fixed and similar factors. To solve this problem we can use some strategy such as: Improving the performance of the referral system, using standard criteria for an appropriate evalu-
ation protocol by the medical staff, Extending of outpatient diagnosis services for reducing of inappropriate hospitalization.