DALYs, 14.6%). For the age group 65 and over, after adjusting for population, the burden increases 7 fold. The 3 conditions, overall, represent 2,295 DALYs per 1,000 Colombia. CONCLUSIONS: Despite the lower incidence of pneumococcal disease in adults, as compared with children, its burden is still significant, comparable, for example, to that of schizophrenia or epilepsy in Colombia. This study may provide a benchmark for future preventive interventions and for efficient resource allocation.

PIN65 THE CHANGING NATURE OF HIV IN THE PAST 5 YEARS: IMPLICATIONS FOR ECONOMIC MODELING
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OBJECTIVES: To review the changes in HIV in terms of course of the disease over the past five years and its consequences, to assess whether existing economic models in HIV would need to be updated to account for these changes in case these were built assuming the course of the disease at the time of their development. A systematic literature review was carried out in PubMed, using both MeSH and key words, focusing on the following areas: opportunistic infections (OIs), health consequences, costs, quality of life, adherence and compliance and efficacy of treatments. In addition, current guidelines were identified and reviewed. For treatments we focused on maraviroc, etravirine and raltegravir. RESULTS: A total of 1785 hits were obtained from the above-mentioned strategy. Finally data on 341 articles extracted. For treatments, data from six trials on efficacy and adverse events data were extracted and used in a meta-analysis (not reported here). In terms of OIs it was observed that the number of events suffered from those infections compared to the early 2000s. Data on costs indicated that new costs were available by CD4 cell count. There are substantial new data available on quality of life in HIV, however, with several publications providing data by CD4-cell strata. Data on health consequences showed that events increasing enough to suffer from LT health consequences such as cardiovascular disease and cancer. Guidelines indicated that treatment algorithms had changed markedly in the last five years and that comparison to OBT is no longer an acceptable comparator strategy in economic modelling. CONCLUSIONS: The management of HIV has changed substantially since 2006. Patients live longer, are healthier and suffer from “common” health consequences such a cardiovascular disease and cancer. Any health economic model in this disease area should take these aspects into consideration.

PIN66 CONSTANT VS TIME-DEPENDENT: TWO DIFFERENT APPROACHES TO DETERMINE TRANSITION PROBABILITIES FOR LT IN MODELING THE COURSE OF DISEASE – THE CASE OF HEPATITIS C
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OBJECTIVES: When modeling the course of disease it is crucial to make proper assumptions concerning transition probabilities between health states. Two different approaches may be adopted: constant or time-dependent probabilities (i.e. survival curves). Most of published economic analyses of hepatitis C treatment are based on models with constant probabilities. Using survival curves is more time-consuming and complex but may result in more accurate estimates. Our aim was to compare the impact of both methods on results of chronic hepatitis C modeling. METHODS: A Markov model was developed to describe hepatitis C patients flow. Time horizon of 50 years was chosen, cycle length was 1 year. Health states distinguished in the model were: fibrosis, compensated cirrhosis (CC), decompensated cirrhosis (DC), hepatocellular carcinoma (HCC), liver transplant (LT) and death. The possible transitions were: fibrosis—>CC, CC—>DC, DC—>HCC, DC—>HCC, DC—>LT and death. Transition probabilities between health states were estimated based on clinical trials evaluating the natural course of chronic hepatitis C progression; either by calculating constant yearly rates or by using Weibull curves estimated from reported Kaplan-Meier curves (the same data source for each transition). Time spent in each health state was compared between those patients on regimen A (81%) had switch. PSS1 RELIEVING THE PRURITUS OF ATOPIC DERMATITIS: A META-ANALYSIS
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OBJECTIVES: Atopic dermatitis is a chronically relapsing inflammatory skin condition accompanied by pruritus which, when severe, can negatively impact a patient’s quality of life. The objective of this meta-analysis was to perform a meta-analysis of randomized controlled trials (RCTs) of topical therapies compared against their vehicles, and systemic therapies compared against their placebos, and to record how these therapies changed the magnitude of pruritus associated with atopic dermatitis. METHODS: Data for this meta-analysis were extracted from Medline, Embase, and the Cochrane Controlled Clinical Trials Register, as well as follow-up references in retrieved articles from years 1977 to 2011. Initial search of systemic therapies in relieving the pruritus of atopic dermatitis yielded 205 studies. Out of the 205 studies, 52 studies met the inclusion criteria, with 41 and 11 studies involving topical and systemic treatment of pruritus of atopic dermatitis, respectively. Standard inverse variance fixed-effects meta-analysis was used to calculate the pooled estimates for RCTs falling under each type of treatment. RESULTS: The 52 studies were analyzing STATA SE 10 version 10. Meta-analysis results showed that overall, compared to systemic medication of atopic dermatitis, the topical medication was significantly reduced in their pruritus scores (SMD -0.619, 95% CI, -0.677). Among the topical medications, compared to the use of vehicle, the use of anti-histamines, calcineurin inhibitors and topical corticosteroids as therapeutic agents significantly reduced the pruritus of atopic dermatitis by 27%, 36% and 34% in patients, respectively. CONCLUSIONS: The topical treatments were more successful at reducing atopic pruritus compared to the systemic treatments. Overall, calcineurin inhibitors were the most effective antipruritic agents. Verifiable pruri-