increased use of prophylaxis. Few studies have analyzed the total costs of treatment, hence we undertook this study. METHODS: To determine total costs and trends of treating children with severe hemophilia-A from 1978 to 1998, at the Hospital for Sick Children in Toronto, one patient chart reviewer identified resource consumption of all patients (n = 17). For each patient, costs for factor concentrate, clinic visits, physicians and healthcare professionals (physiotherapists/social workers), laboratory and other tests (x-ray, MRI, ultrasound) and hospitalizations were determined. Costs in Canadian dollars were taken from standard lists and discounted at 3%. RESULTS: Total average cost (range) was $69,322 ($14,471–$108,294)/patient of which the largest part, $65,184 ($8,250–$107,104), 94% (57%–99%) was accounted for by Factor-VIII. Hospitalizations accounted for $2,396 ($0–$57,063)/patient/year including drugs, nursing care and stay. Clinic visits and physician visits were $1290 ($122–$4143) and $177 ($0–$308), respectively. Healthcare professionals averaged $89 ($0–$252) and lab tests and other tests cost $156 ($26–$226) and $31 ($4–$70)/patient/year, respectively. The average number of bleeds was 12.9 (2.0–22.0)/patient/year. Since 1978, the average number of bleeds decreased by 0.71 (r² = 0.56)/patient/year. The average number of hospitalizations was 0.21 (0–4)/patient/year, in which patients stayed on average 10.7 (1–135) days. Since 1984, the number of hospitalizations has decreased by 0.5 hospitalizations/patient/year (r² = 0.74). Concurrently, the average costs of the treatment of severe hemophiliacs have increased by approximately $3740 (r² = 0.62)/patient/year. Clotting factor concentrate cost per patient increased by $4215 (r² = 0.66)/year, of which prophylaxis accounted for $1429 (r² = 0.60)/year, while on demand Factor-VIII costs decreased by $497 (r² = 0.16)/year. CONCLUSIONS: The annual cost of hemophilia care, of $69,322 per patient, is substantial. The number of bleeds and hospitalizations is decreasing while there was a clear trend in increasing costs of treating severe hemophiliacs, primarily associated with increasing use of prophylactic treatment.

HEMATOLOGIC/PITUITARY DISORDERS—Quality of Life/Preference Based Outcomes

PPT7

IMPROVEMENT IN QUALITY OF LIFE AND HEALTHCARE UTILISATION DURING GROWTH HORMONE REPLACEMENT THERAPY IN HYPOPITUITARY ADULTS IN THE NETHERLANDS
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OBJECTIVES: To investigate whether long-term growth hormone (GH) replacement therapy in GH deficient (GHD) adults results in improvements in Quality of Life (QoL), patient-reported outcomes and health care utilization (HCU) in the Netherlands. METHODS: The analysis was based on 74 patients (35 men, 39 women) and all patients were included in KIMS (Pharmacia International Metabolic Survey)—the largest pharmacoepidemiological survey of GHD adults on GH therapy. Data were available for all patients for the first year of treatment, and 2-year follow-up data were available for 38 patients. QoL was assessed using the Nottingham Health Profile (NHP) and disease-specific AGHDA questionnaire. Patient reported outcomes and data on HCU were obtained with the Patient Life Situation Form (PLSF). Statistical analyses were performed with repeated measurements technique. RESULTS: Both QoL questionnaires showed a significant improvement after 1 and 2 years of GH therapy (from 20.1 ± 2.6 to 10.1 ± 2.5 for NHP, from 9.3 ± 0.82 to 7.2 ± 1.11 for AGHDA). Data collected