120,458 HUF per life years saved. In the Activated Protein C treatment arm the average cost-effectiveness was 312,085 HUF per life years saved (societal viewpoint). CONCLUSION: Incremental efficiency of Activated Protein C treatment was compared to incremental efficiency of dialysis and renal transplantation. Robustness of results was examined through a sensitivity analysis.

PIN23
PROSPECTIVE STUDY ON ACUTE LOWER RESPIRATORY TRACT INFECTION IN CHILDREN YOUNGER THAN 3 YEARS IN GERMANY (PRI.DE)—ECONOMIC IMPACT OF COMMUNITY-ACQUIRED CASES TREATED BY OFFICE-BASED PEDIATRICIANS (PRIMARY CARE)
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OBJECTIVES: To calculate the average cost per patient (case) and to estimate the cost of primary care of lower respiratory tract infection (LRTI) in children younger than 3 years of age in Germany. Costs were evaluated from perspectives of third party payer, parents and society. METHODS: This economic analysis was part of the PRI.DE study, a prospective, multicenter, population-based epidemiological study carried out over 2 years (1999–2001) in children with community-acquired LRTI aged 0 to 36 months in Germany. Inclusion of children with pneumonia, bronchiitis, bronchiolitis, croup and apneia by 11 office-based pediatricians. Nasopharyngeal secretions were tested for RSV, parainfluenza-(PIV), and influenza viruses (IV) by Hexaplex PCR (Prodesse, USA). Drugs and medical services consumed were generated by chart abstraction. Data regarding parental expenses was collected via telephone interviews. RESULTS: In 568 out of 1329 cases (43%) total costs could be calculated. On average, total costs per case were €123 (SD 161; for bronchitis 101 (SD 141); for bronchiolitis 146 (SD 179); for bronchitis 101 (SD 141) and for croup 82 (SD 78). Total cost caused by RSV infections amounted to 1636 (SD 1726), caused by parainfluenza 1000 (SD 1130), caused by influenza 223 (SD 2796) and caused by other pathogens 111 (SD 1596). Based on the annual incidence of 682.128 LRTI cases (children: 0–3 years) and median total cost (716), economic burden due to LRTI amount to 48.46 million in Germany annually. CONCLUSION: Treating LRTI caused by influenza and RSV was more expensive than LRTI caused by parainfluenza or other pathogens. Community-acquired LRTI in children up to the age of 3 years causes a considerable economic burden to the health care system in Germany.

PIN32
THE COST OF ANTIBIOTIC THERAPY IN PATIENTS UNDERGOING SURGERY FOR COLORECTAL CANCER
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OBJECTIVE: Post-operative infections are associated to increase of morbidity and mortality. The objective of this study was to estimate the hospital cost of antibiotic therapy in patients undergoing colorectal cancer surgery and the possible influence of infections in hospital cost. METHODS: We conducted a naturalistic, longitudinal, retrospective study, considering data from medical records of all patients undergoing colorectal surgery in 2002 at the Surgical Division of the IRCCS “S. de Bellis” of Castellana Grotte. RESULTS: Data from 83 patients (mean age 68.6, from 38 to 92 years, 48.2% men) were collected. In order to prevent infections, when the intervention started, and for at least the 48 hours, all patients but one (a patient allergic to antibiotics) were treated with 5-nitroimidazole and/or cephalosporin. If infections occurred, they were treated with one or more antibiotics: quinolones, carbapenems, amynoglicosides, cyclosporines and penicillines, according to the type of complication. Seventeen patients (20.5%) had post-operative infections, with a higher frequency in older patients (mean age 73.6 vs 67.3, P = 0.024). Drug therapy cost (expressed as €/hospitalization) to the hospital was 206.0€ (0.0€–849.2€), for the most part attributable to prophylactic therapy: a mean of 178.1€ was spent for prophylaxis, while a mean of 28.3€ were spent for therapy administered if infection occurred. In patients with infections the average cost (362.5€) was more than twice than cost for patients without infections (166.3€). On average drug cost accounted for 3.7% of hospitalisation reimbursements. The average post-operative length of stay was sensitively longer in patients with infections (10 vs. 18 days, P < 0.0001). CONCLUSIONS: A therapeutic strategy aimed at preventing chirurgical infections can accelerate patients’ remission, with repercussion on drug and hospital cost.

Infection (including HIV, CAP)

INFECTIONS (including HIV, CAP)—Quality of Life/Utility/Preference Studies

PIN24
IMPROVEMENT IN PATIENT-REPORTED DEPRESSION IN HIV+ PATIENTS EXPERIENCING GRADE 2 SIDE EFFECTS AFTER SUBSTITUTION OF THEIR PROTEASE INHIBITOR (PI)/NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI) WITH LOPINAVIR/RTONAVIR (LPV/R)
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OBJECTIVES: Depression is a common mental health problem in HIV+ patients; however, symptoms of depression frequently go unrecognized. With the development of the Center for Epidemiologic Studies—Depression (CESD) scale, it is possible to identify depression using patient-reported outcomes. This study evaluates a) the prevalence of depression using patient-reported vs. physician-diagnosed outcomes & b) whether substitution to LPV/r affects depression in HIV+ patients. METHODS: PLATO is an open-label, multi-center, multi-country, Phase IV study. Patients who were virologically controlled (2 consecutive viral loads <400c/mL), but experiencing Grade 2 PI/NNRTI-associated side effects were randomized (4:1) to immediate substitution at Baseline or deferred substitution at Week (Wk) 4 of their PI/NNRTI with LPV/r, while remaining on Baseline NRTI's. Patients completed the CESD at Baseline & Wk8. Physician assessments were performed at Baseline, Wk4 & Wk8. Viral load, safety, & bothersomeness of HIV & treatment related symptoms (ACTG Symptoms Distress Module, plus 2 items for nephrolithiasis) were also followed. RESULTS: In total, 717 of 849 patients (84%) enrolled were not on antidepressant medication at Baseline & completed CESD (79% male, mean age 41 yrs). At Baseline, 295 of 717 patients (41%) self-reported signs & symptoms of depression (CESD ≥16) compared to 32 (4.5%) with physician-diagnosed Grade 1–2 depression (x = 0.059; 95% CI: 0.020–0.097). Prevalence of patient-reported clinical depression was reduced to 26% (Baseline-Wk8; P < 0.0001) following 4–8 Wks of LPV/r, while the prevalence of physician-diagnosed depression was reduced to 4.5% (Baseline-Wk8; P < 0.0001) following 4–8 Wks of LPV/r.
depression (3.5%) was mostly unchanged (Baseline-Wk8; P = 0.059). Clinical depression (patient-reported) was associated with increased bothersomeness of other symptoms (fatigue, loss of appetite, nervousness) at Baseline & Wk8 (P < 0.05). CONCLUSIONS: Patient-reported depression outcomes should be valued during HIV treatment, as more patients who were virologically controlled but experiencing Grade 2 PI/NNRTI-valued during HIV treatment, as more patients who were virologically controlled but experiencing Grade 2 PI/NNRTI-associated side effects self-reported signs of clinical depression than were diagnosed by physicians. Prevalence of clinical depression was reduced following substitution to LPV/r.

PIN25

ASSESSMENT OF HEALTH-RELATED QUALITY OF LIFE MEASURES IN HIV AND AIDS

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OBJECTIVES: The widespread use of highly active antiretroviral therapy (HAART) has greatly prolonged life expectancy in patients with HIV. Therefore, health-related quality of life (HRQoL) has become an increasingly important endpoint in clinical trials to assess interventions for people with HIV. We reviewed the HRQoL measures that have been used in HIV/AIDS since 1990 to establish the most appropriate measures to use in future research and clinical trials. METHODS: A comprehensive, unbiased review of generic and HIV-specific HRQoL measures was conducted using predefined selection criteria. Generic and HIV-specific measures were assessed for practicality (length, administration time and mode). Generic measures were also assessed for their ability to elicit utility data and provide normative values. Measures of HRQoL that were considered practical and were capable of producing utility data and normative values (generic measures) were assessed in detail in terms of their psychometric properties, patient derived content (HIV-specific measures), and use in clinical trials. RESULTS: Two generic measures (EuroQol five dimension [EQ-5D] and Medical Outcome Study [MOS] Short Form 36 [SF-36]) and six HIV-specific measures met the initial selection criteria and were reviewed in full. EQ-5D and SF-36 were very similar in terms of the selection criteria and two HIV-specific measures (Functional Assessment of HIV Infection [FAHI] and MOS-HIV) were selected on the basis of their superior psychometric properties. CONCLUSIONS: We recommend using either the EQ-5D with the MOS-HIV, or the SF-36 with the FAHI to assess HRQoL in HIV/AIDS patients when planning future research. Administration of these measures in combination would enable utility scores to be calculated, patient scores to be compared with normative data, and disease-specific HRQoL to be assessed. Future research should concentrate on the sensitivity of the different measures at each stage of infection in patients on HAART.

PIN26

VALIDATION OF 5-ITEM SKIN SYMPTOM SEVERITY MEASUREMENT IN PATIENTS WITH ACUTE BACTERIAL SINUSITIS

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OBJECTIVES: To validate a symptom assessment instrument for patients with acute bacterial sinusitis (ABS). METHODS: Data were obtained from a randomized, double-blind, equivalency study of adults with radiographic evidence of ABS treated with telithromycin 800mg od for 5 days (n = 159) or moxifloxacin 400mg od for 10 days (n = 163). A 5-item Acute Sinusitis Daily Symptom Survey (ASDSS) was developed for use in the trial. The five items of the ADSS (nasal congestion, runny nose, postnasal discharge, thick nasal discharge, and facial pain/pressure) used a six-point adjectival scale ranging from zero (“no problem”) to five (“problem as bad as it can be”). Overall ASDSS score was the sum of item responses. Subjects completed the ASDS daily for the first 17 days of the study. At Visits 1 (Day 1) 2 (Day 3–5), and 4 (Day 17–24), subjects were assessed for quality of life (SF-36, acute form), treatment outcomes (success/failure), and infection-related signs/symptoms. Data were pooled across treatment groups. RESULTS: Survey completion rates ranged from 100% (Day 3) to 79.8% (Day 17). Pearson correlations between the ADSS items ranged from 0.258 to 0.639. Test-retest intraclass correlation coefficients (ICC) measured over a 5 day interval (Day 1–5) were: nasal congestion (0.681), runny nose (0.612), postnasal discharge (0.689), thick nasal discharge (0.669), and facial pain/pressure (0.679). Cronbach’s alpha was 0.788 and test-retest reliability (ICC) of the total score was 0.694. Pearson correlations between ASDS and the SF-36 scales at Visit 4 ranged from –0.293 (mental health) to –0.496 (vitality). Pearson correlations with the ASDSS at Visit four were 0.599 for major and 0.634 for minor symptoms of infection. Mean ASDSS scores at Visit four were 3.34 for subjects deemed treatment successes and 10.35 for treatment failures (F = 2.60, p < 0.0001). CONCLUSIONS: The ASDSS appears to be a valid symptom assessment instrument for patients with ABS.

PIN27

WILLINGNESS TO PAY FOR PREVENTION AND TREATMENT OF TUBERCULOSIS (TB) IN RURAL NEPAL: A CONTINGENT VALUATION STUDY

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OBJECTIVES: In the mountain kingdom of Nepal, nearly 44,000 new cases of the tuberculosis (TB) appear every year. This study explores community valuation of TB prevention by estimating household and community willingness to pay (WTP) for the prevention of transmission and treatment of TB in the rural areas of mid-Nepal. METHODS: A contingent valuation survey was used to assess individual WTP for specific prevention and treatment interventions for TB. In order to estimate confidence limits in mean WTP and to generate a distribution of WTP for the community, accounting for uncertainty in regression coefficients and variability within the population, a two-dimensional Monte Carlo simulation was also developed. RESULTS: The study results show a mean WTP of $0.81 per month per household (90% CL: $0.43, $1.61) to prevent transmission of TB. However, the mean WTP for TB treatment was estimated to be $2.31 per month (90% CL: $1.32, $3.47) per household. Nearly 22% and 47% of household were not willing to pay for prevention and treatment of TB, respectively. As expected, income positively affected estimates of mean WTP for both TB treatment and prevention. An individual’s familiarity with TB and superstitions significantly negatively influenced WTP for treatment and prevention. Contrary to expectation, WTP for TB treatment and prevention was not influenced by religion and ethnicity in the rural villages of Nepal. In our study, sex and health education do not show any significant affects on WTP for transmission prevention and treatment interventions of TB. CONCLUSIONS: These results show that the majority of the community places a positive value on both prevention and treatment of TB. Mean