time may be more influential, but more research is needed to ensure appropriate consideration and valuation of leisure.

PATIENT REPORTED OUTCOMES

HEALTH RELATED QUALITY OF LIFE IN DIFFERENT STATES OF BREAST CANCER

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OBJECTIVES: The aim of this study was to describe the health related quality of life (HRQoL) in different breast cancer disease states using preference-based measures. METHODS: A total of 361 consecutive breast cancer patients attending the breast cancer outpatient clinic at Karolinska University hospital Solna for outpatient visits between April and May 2005 were included in the study. The EQ-5D self classifier and a direct Time Trade Off (TTO) question was used to estimate the HRQoL in different breast cancer disease states. RESULTS: All of the different disease states had lower HRQoL compared to the general population. Patients in their first year after a primary breast cancer had a mean EQ-5D index value of 0.696 (95% confidence interval (CI): 0.634–0.747). Patients in their first year after a recurrence had a mean EQ-5D index value of 0.779 (CI: 0.700–0.849). Patients whom had not had a primary breast cancer diagnosis or a recurrence during the previous year had a mean EQ-5D index value of 0.779 (CI: 0.745–0.811). Patients with metastatic disease reported the lowest HRQoL values, and had a mean EQ-5D index value of 0.685 (CI: 0.620–0.735). The main driver behind the reduction in HRQoL was pain and discomfort as well as anxiety and depression. TTO values were higher for all diseases states compared to the EQ-5D index values. CONCLUSION: This study shows that breast cancer is associated with a reduction in HRQoL. This effect is most pronounced for patients with metastatic disease. Our results also indicate that breast cancer has a permanent negative effect on HRQoL, even if the patient remains recurrence free.

ESTIMATING UTILITY VALUES FOR HEALTH STATUS USING THE SPANISH VERSION OF THE SF-36. DATA OF VALIDITY OF THE SF-6D VS EQ-5D IN SPAIN

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OBJECTIVES: A new utility index derived of the SF-36, the SF-6D, was recently developed and has generated an increasing interest in different groups of patients and has also been compared with other utility measures, as it is the EQ-5D. The purpose of the present work is to validate this index in the Spanish version of SF-36 with respect to the Spanish version of the EQ-5D. METHODS: A total of 1843 complete measures of the SF-36 (version 2) and the EQ-5D (5 items and visual analog scale-VAS) from 1283 patients who received a solid organ transplant (kidney, liver, heart or lung) were used. Data were collected at different moments during the first year after the surgery in the context of the Spanish Research Network on Transplantation. SF-6D values were calculated using the model proposed by its creator. EQ-5D values were calculated using Spanish VAS tariff (VAS-t) and time-trade off tariff (TTO-t). Spearman correlation coefficients were calculated between SF-6D and EQ-5D values. RESULTS: Mean value (SD) of SF-6D was 0.67 (0.15) (range 0.3–1.0), of EQ-5D VAS-t, 0.69 (0.24) (range –0.08–1.0) and of TTO-t, 0.70 (0.32) (range –0.7–1.0). Percentage of subjects scoring the maximum was 1.1% for SF-6D, and 24.5% for the EQ-5D. SF-6D values had moderate correlation with EQ-5D VAS-t (r = 0.734) and EQ-5D TTO-t (r = 0.731) (both p < 0.001). CONCLUSIONS: The SF-6D index derived from the Spanish version of SF-36 seem to be a valid utility index to be used with the SF-36 databases from studies made in Spain. However the moderate correlation between both utility measures indicates that probably they partially measure different concepts.

LOW ADHERENCE WITH GASTROPROTECTIVE AGENTS WHEN CO-PRESCRIBED WITH NSNSAIDS ASSOCIATED WITH INCREASING RISK OF GI-RELATED HOSPITALISATION

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OBJECTIVE: Lack of adherence with gastroprotective agents (GPA) may increase risk of hospitalisation for gastrointestinal (GI) conditions. This study assessed the effect of frequent nsNSAID use with varying levels of GPA use on GI outcomes. METHODS: Prescription data from a primary care database (DIN-LINK), representative of the UK population, containing records of over 800,000 patients, was used. Odds ratios of GI-related hospitalisation between cohorts of varying GPA use were calculated. Additional analysis was performed according to GP risk factors. RESULTS: The database identified 15,956 patients with an NSAID prescription for at least 75% of the examined period, and of these, 8890 patients with a GPA co-prescription with at least 20% use. The rate of GI-related hospitalisation for the defined period was 2.49% with full (100%) GPA use. The odds ratio for GI related hospitalisation of the sub-cohorts vs. that with 100% adherence (95% CI), in decreasing order according to adherence, was 1.57 (1.14–2.16), 1.49 (0.95–2.36), 2.85 (1.84–4.43), 3.52 (2.28–5.44), 1.47 (1.19–1.81). The odds of GI-related hospitalisation were up to 3.5 times higher for NSAID users with poorer GPA adherence. CONCLUSION: Analysis of observational clinical and prescription data revealed that the lower the GPA use of frequent NSAID users, the higher the rates of hospitalisation for GI conditions.

PREFERENCES OF PEOPLE WITH DIABETES FOR INHALED AND INJECTABLE INSULIN REGIMENS

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OBJECTIVE: To elicit single-index preferences from people with diabetes for treatment with inhaled insulin compared to injectable insulin. METHODS: Written descriptions were developed for five clinical scenarios in Type 1 and Type 2 diabetes (T1D and T2D): 1) pre-mixed insulin in T1D; 2) basal-bolus insulin in T1D; 3) pre-mixed insulin in T2D; 4) oral treatment in T2D; and 5) oral treatment plus basal insulin in T2D. In each scenario, adjustment or initiation of insulin treatment was
required due to poor glycaemic control. Two alternative insulin regimens were described for each scenario: injectable-only or inhaled insulin to replace or reduce the number of daily injections. Only the characteristics of treatment varied; equal efficacy was assumed. Computer-assisted personal interviews were conducted at six US locations with people with diabetes aged over 18 years. After demonstration of the inhalation and pen injection devices, 344 respondents (66% male), 132 (mean age 49 years) with T1D and 212 (mean age 63 years) with T2D, rated scenarios by time trade-off (TTO) and EQ-5D. RESULTS: A majority of respondents preferred inhalation variants; the proportions ranging from 63% to 81% across the scenarios, with generally less than 10% indifferent between variants. Mean differences between variants in TTO scores were 0.074, 0.076, 0.088, 0.053 and 0.043 for the 5 scenarios respectively (p < 0.005 for all comparisons). Mean EQ-5D differences between variants were 0.043, 0.029, 0.037, 0.020, 0.021 for the 5 scenarios respectively (p < 0.05 for scenarios 1 and 3), driven mainly by differences in pain/discomfort. Mean self-rated health was similar between T1D and T2D respondents, at 0.83 (TTO) and 0.75 (EQ-5D). CONCLUSIONS: Inhaled insulin may offer the prospect for improved patient satisfaction when a patient’s injectable insulin regimen requires adjustment. TTO was more sensitive than EQ-5D to differences between scenarios and differences between treatment variants within scenarios.

SCHIZOPHRENIA

SZ1

EFFECTIVENESS AND COSTS OF ATYPICAL VERSUS TYPICAL ANTIPSYCHOTIC TREATMENT FOR SCHIZOPHRENIA IN ROUTINE CARE

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OBJECTIVES: To analyse the effectiveness, costs and side-effects of atypical versus typical antipsychotics for schizophrenia in routine care. METHODS: A retrospective cohort study using routine data from a statutory sickness fund in Germany with 5.4 million insured. Patients discharged from hospital with an ICD-10 diagnosis of schizophrenia in 2003 were followed for 12 months. Rehospitalisation rates, mean hospital days, time to first hospital readmission, cost of inpatient and pharmaceutical care and prescriptions to treat side-effects during follow-up were analysed. To control for confounding, a severity index was constructed using data on prior hospitalisations due to schizophrenia in 2000, 2001 and 2002. RESULTS: A total of 3121 patients were included into the study. There were no statistically significant differences in the effectiveness of atypical versus typical antipsychotics on rehospitalisation during follow-up (rehospitalisation rate ratio 1.07, 95% CI 0.86 to 1.33). Patients treated with atypical antipsychotics received significantly less medication to treat extrapyramidal symptoms than those receiving typical drugs (relative risk 0.26, 95% CI 0.18 to 0.38). There were consistent but statistically non-significant observations of atypical drugs being more effective for severe cases (>61 prior hospital days per year), whereas for new cases (no prior hospitalisation in 2000–2002) and those in the mild and moderate severity strata (0–14 and 14–61 prior hospital days per year) typical antipsychotics seemed more effective in reducing various rehospitalisation outcomes. Costs were largely driven by inpatient care. CONCLUSIONS: The effectiveness of atypical antipsychotics for schizophrenia on rehospitalisation measures appeared similar to typical drugs, whereas atypical antipsychotics clearly had a favourable side-effect profile with less medication against extrapyramidal symptoms prescribed. Atypical antipsychotics might be more effective for severe cases, typical drugs for new, mild and moderate cases. With the exception of severe cases, the higher costs for atypical antipsychotics were not offset by savings from reduced inpatient care.

SZ2

TREATMENT PERSISTENCE WITH DIFFERENT ANTIPSYCHOTICS IN PATIENTS WITH SCHIZOPHRENIA

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OBJECTIVES: To profile trends in the levels of treatment persistence over time across several typical and atypical antipsychotics among patients with schizophrenia in the Veterans Health Administration (VA). METHODS: Using VA fiscal years 2000–2004, we defined initiation of the target agent as 6-month “clean” period of no target drugs prior to initiation and reserved one year following the initiation to calculate treatment persistence, or time to discontinuation, as defined by a gap of >15 days (a sensitivity analysis was also conducted using a gap of >30 days). Using a floating data approach, we created four time periods for which analyses were conducted for each period. We calculated hazard ratio using Cox proportional method and used a multi-stage regression model, in which one set of covariates was introduced into the model sequentially. RESULTS: Compared to patients who initiated typical antipsychotics, those who initiated atypical antipsychotics tended to have better treatment persistence as reflected in longer stay on the medication within one year between initiation and the first gap of >15 or >30 days (99 vs. 141 days on average; p < 0.001). However, between October 1, 1999 and March 31, 2003, treatment persistence with typical antipsychotics remained the same, whereas treatment persistence with atypical antipsychotics decreased from 149 to 135 days. Among individual typical antipsychotics, treatment persistence with chlorpromazine decreased from 110 to 102 days, treatment persistence with haloperidol remained the same, whereas treatment persistence with perphenazine increased from 116 to 128 days. CONCLUSION: Despite being efficacious in reducing symptoms of schizophrenia, the likelihood of sustaining control of schizophrenia may depend on treatment persistence. However, poor treatment persistence with antipsychotics is a common problem among patients with schizophrenia. Future research needs to explore factors associated with different levels of treatment persistence across different antipsychotics.

SZ3

PREDICTORS OF GAF CHANGES IN AUSTRALIANS WITH SCHIZOPHRENIA TREATED WITH RISPERIDONE LONG-ACTING INJECTION (RLAI): INTERIM RESULTS FROM THE E-STAR STUDY

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OBJECTIVE: To determine predictors of Global Assessment of Functioning (GAF) score changes in Australian subjects with schizophrenia treated with risperidone long-acting injection (RLAI). METHODS: e-STAR (electronic-Schizophrenia Treatment Adherence Registry) is an ongoing international observa-