DOING OF BENZODIAZEPINE HYPNOTICS IN ELDERLY PATIENTS
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OBJECTIVES: Use of benzodiazepines in elderly patients has been associated with adverse outcomes including motor vehicle accidents and hip fractures from falls. Evidence exists showing greater risk of adverse outcomes with higher doses of these drugs regardless of drug half-life. Initial administration of lower doses to elderly and debilitated patients is generally recommended for benzodiazepine hypnotics. We analyzed whether these recommendations are generally followed when prescribing these drugs to inpatients. METHODS: Demographic and hospital information for all patients receiving flurazepam, triazolam, or temazepam between January 1998 and June 2000 was extracted from Solucient’s Projected Inpatient International Classification of Clinical Services (pICCS) database. This database contains demographic, hospital, clinical, and detailed service level information for inpatients from over 150 short-term, non-federal, US hospitals. The percent of elderly patients (over age 65) receiving the recommended dose was determined. The relationship of patient age, hospital teaching status, bed size, and geographic region on the likelihood of following dosing recommendations was analyzed. RESULTS: We extracted information for 14,929 inpatients receiving flurazepam, 8,147 inpatients receiving triazolam, and 125,625 patients receiving temazepam. Among elderly patients receiving one of these drugs, 72.1% of patients receiving flurazepam, 49.8% of patients receiving temazepam, and 7.1% of patients receiving triazolam received the recommended dose. For all three drugs, patient age was directly correlated with the likelihood of receiving the recommended dose. There was no consistent relationship between teaching status, hospital bed size, or geographic region and the likelihood of receiving the recommended dose, although teaching hospitals were much more likely than non-teaching hospitals to provide the recommended dose for temazepam and triazolam (OR 5.3 CI 4.9–5.8 for temazepam; OR 2.7 CI 2.2–3.2 for triazolam). CONCLUSIONS: Many elderly inpatients are prescribed higher than recommended doses of hypnotic benzodiazepines, suggesting need for systemic interventions to avert adverse outcomes.

PAIN & NEUROLOGIC DISORDERS

AN INTERNET STUDY OF WTP FOR MIGRAINE PHARMACOTHERAPIES
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BACKGROUND: There are a wide range of therapeutic options for migraine headaches that have different costs and benefits, and little is known about the cost-effectiveness of specific therapies. OBJECTIVE: Assess patients’ preferences for outcomes of treatment of migraine headache based on their marginal willingness to pay (WTP) for treatment attributes. METHODS: In an Internet-based study, we used computer software to measure importance ratings of attributes of pharmacological migraine therapies, then elicited their WTP for an ideal drug (one that was 100% effective, worked quickly, and had no adverse effects) and for “less than ideal” drugs with relatively poor performance in one specific attribute of performance. Patients: 429 self-identified migraineurs recruited via an Internet web site. RESULTS: A high proportion of patients in the study had symptoms consistent with migraine etiology of headache (91% in enrollees, 99% of patients providing WTP ratings). Expert review confirmed a large proportion of symptom profiles as being consistent with migraine (90% of the first 109 enrollees). Median WTP for an ideal migraine therapy was $65.42% of estimated monthly income or $130 (US), and was associated with severity of pain, frequency of headaches, and the types of medications used in the past. WTP was reduced when pharmaceuticals offered less benefit (median reductions of a $75 per month for 50% chance of causing a rebound headache; $62 for rendering user unable to work, $50 for a two-hour delay in effect; and $15 for failure to relieve nausea). Reductions in WTP were largely consistent with importance ratings for attributes except for “speed of relief,” which was more highly valued. CONCLUSIONS: Elicitation of patients’ WTP for specific attributes of a therapy appears to be a feasible method to quantify patients’ preferences for outcomes. Further work is needed to compare this approach to traditional methods for measurement of WTP.

USE OF GALANTAMINE IN THE NETHERLANDS FOR THE TREATMENT OF MILD TO MODERATE ALZHEIMER’S DISEASE
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OBJECTIVES: To estimate the costs and long-term health effects of using galantamine in Dutch patients with mild to moderate Alzheimer’s disease (AD). METHODS: A pharmacoeconomic model was developed. It consists of two components: an initial module based on two galantamine clinical trials and a subsequent module that uses trial results and equations derived from recently published data to forecast the time until patients require full time care (FTC) or die. The analyses compare treatment with galantamine 24 mg to no pharmacologic treatment. Cost estimates were based on resource use profiles of patients with AD in the Netherlands and are reported in 1998 guilders (NLG) determined from the perspective of a comprehensive care payer. Future costs are dis-