variances. RESULTS: Data were available for 1669 employees with FD and a control group of (274,206) employees without FD. The FD group’s costs (per employee/year) were twice as high ($3676) summed across all direct medical and work absence measures (P < 0.0001). The individual differences (favoring FD) in medical and pharmacy costs were $3420 and $365, respectively (both P < 0.0001). Work absence costs had differences of $103 (SL, P < 0.0001), $104 (STD, P = 0.0370), $7 (LTD, P = 0.6551). Measured units of productivity were 2 units less/hour with the FD group (P = 0.055). CONCLUSION: This study confirms earlier work from Sweden, but shows that in the US, FD can be costly to employers. Physicians and patients need more education on the ROME II criteria and how to integrate this information into improving medical and pharmaceutical costs.

DICLOFENAC-ASSOCIATED ULCER RISK IS REDUCED BY PROTON PUMP INHIBITORS: NESTED CASE CONTROL STUDY

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OBJECTIVES: The risk of gastrointestinal ulcers is enhanced by non-steroidal anti-inflammatory drugs (NSAID). Proton pump inhibitors (PPI) are used for gastroprotection, but their effectiveness has been documented only in few studies (Hooper et al. BMJ 2004; 329:948–57). We therefore investigated in the gastroprotective effects of PPI on diclofenac-induced ulcer risk.

METHODS: A nested case control study was performed based on claims data from a large German sickness fund. A cohort was constructed consisting of all beneficiaries enrolled in the health plan continuously from 2000 until 2004. Cases had an inpatient treatment due to peptic ulcer starting at or after January 1st 2003 with the case onset being the index date. All other beneficiaries were randomly allocated to an index date, and ten controls per case were drawn. For the 90 days before the index date it was checked, if diclofenac and/or PPI were dispensed. The influence of diclofenac alone as well as with concomitant PPI prescription on ulcer risk was analysed using logistic regression models.

RESULTS: We identified 979 cases and 10,319 controls in the cohort of 752,613 beneficiaries. The stratified analysis according to the prescription of diclofenac alone or in combination with PPI showed that diclofenac prescriptions within the 90 days before the index date increased the risk for hospitalization due to peptic ulcer significantly (odds ratio (OR) 3.21; 95%CI 2.59–3.96; p < 0.001). The risk was reduced (OR 1.26; 95%CI 0.68–2.30; p = 0.46), if PPI were prescribed concomitantly with diclofenac. The significance of the PPI effect was demonstrated by inserting an interaction term in a regression model without stratification, where a risk reduction of 63% (OR 0.37; 95%CI 0.18–0.74; p = 0.005) was found. CONCLUSION: The concomitant prescription of PPI and diclofenac decreases the hospitalization risk due to peptic ulcer thus supporting the use of PPI as gastroprotective agents.

COST-EFFECTIVENESS OF TRIPLE THERAPIES OF ESOMEPRAZOLE AND RABEPRAZOLE FOR H. PYLORI ERADICATION IN THE PUBLIC SECTOR OF HONG KONG

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OBJECTIVES: To assess the cost-effectiveness of two commonly used triple therapies for H. pylori eradication in a public hospital in Hong Kong. METHODS: A prospective observational design was adopted. Two cohorts of patients attending the GI Speciality Clinic at the Prince of Wales Hospital with endoscopically confirmed non-ulcer dyspepsia and H. pylori positive confirmed by CLO Test were recruited. Informed consent from patients and ethic approval from hospital were obtained. The patients were consecutively recruited to receive esomeprazole + amoxicillin + clarithromycin (EAC) or rabeprazole + amoxicillin + clarithromycin (RAC) therapies. One-week treatment was given and urea breath test was performed after 4 weeks to confirm if eradication was successful. Initial treatment failures were given quadruple rescue therapy (metronidazole + esomeprazole + daniol + tetracycline). All health care resources including clinic visits, laboratory procedures, medications, and professional services were recorded. RESULTS: One-hundred and three and 96 patients were recruited to the EAC and RAC groups respectively. The demographic characteristics were not significantly different except the RAC group had a lower rate of drinking and smoking habits. The success rates for eradication for the EAC and RAC groups were 88.5% and 85.4% respectively (p = NS). The cost/successful eradication for EAC group and RAC group was USD846 and USD843.7 respectively. The cost/successful eradication after quadruple therapy was USD871 and...