

efits to patients with ESRD, at a lesser cost. It may be more cost-effective to manage patients starting on RRT with preemptive KT or HD, than CAPD.

PUK12

ASSESSING THE EFFICIENCY OF INTERSTIM® IN FECAL INCONTINENCE (FI) IN THE SPANISH SETTING. A COST-EFFECTIVENESS SIMULATION MODEL

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Fecal incontinence (FI) is one of the most psychologically and socially debilitating condition in an otherwise healthy individual. Sacral Nerve Stimulation (SNS) is the option in cases where conservative treatments have been ineffective and before undergoing surgery procedures like dynamic graciloplasty or artificial anal sphincter in patients with intact anal sphincter (IAS) and before Sphincteroplasty in patients with structural deficient anal sphincter (SDAS). Interstim® is a relatively new effective and safety therapy that has shown to be more effective than surgery in almost all patients. **OBJECTIVE:** To assess the efficiency of introducing Interstim® in management of patients suffering FI in the Spanish setting using a cost-effectiveness model. **METHODS:** A decision analytic model was developed to estimate the costs and outcomes of patients with FI managed with and without Interstim®. Clinical and economic data were retrieved from published studies and an expert panel. The analysis was run over a 5 years time horizon from a NHS perspective and the primary outcome was quality-adjusted life years (QALYs). Cost data were obtained from SOIKOS™ Spanish's health care costs database. Costs and benefits were actualized to euros 2004 and discounted at 3% annum. Sensitivity analyses were performed in order to handle uncertainty. **RESULTS:** Preliminary results show that the introduction of Interstim® in the management of FI increases treatment costs in 1211 in IAS patients and 1024 in SDAS patients (5246 to 6456 and 7648 to 8671 respectively), yielding to improvement in quality adjusted life expectancy of 0.234 and 0.228 respectively. Discounted cost per QALY gained of the introduction of Interstim® are 5182 and 4486. **CONCLUSIONS:** The use of Interstim® as an alternative to current surgical procedures in certain circumstances (as second or third treatment line in IAS and SDAS IF patients) is associated to an improvement of IF patients at a reasonable extra cost.

PUK13

COST-MINIMISATION-ANALYSIS ON THE TREATMENT OF URINARY INCONTINENCE WITH TROSPIUM CHLORIDE IN COMPARISON WITH OXYBUTYNIN IN GERMANY

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OBJECTIVES: To compare both drugs in terms of efficacy and costs. **METHODS:** The efficiency of incontinence treatment, as perceived by third party payer, will be calculated. Due to comparable efficacy, a cost-minimisation-analysis was conducted to evaluate the costs of a treatment of urinary incontinence with trospium chloride and with oxybutynin. Based on data obtained from literature, a decision tree model was compiled to portray the course of treatment. Adverse drug reactions (ADR) were also be considered. Costs for treatment of incontinence, treatment of ADR, and for second-line therapy taken if the treatment failed, will be taken into consideration. After calculation of all the emerged costs, total costs were determined by means of the DATA-program. To analyse the influence of different parameters on total costs, from the perspective of the statutory health insur-

ance, two sensitivity-analyses were conducted. **RESULTS:** Trospium chloride caused third party payer expenses amounting to €2,032, whereby the expenses for oxybutynin were €1968. Because of the higher drug costs of trospium chloride, the treatment costs were accordingly 3.3 % higher. The model was proven robust. **CONCLUSION:** Treatment of urinary incontinence with trospium chloride is as efficacious as the well-established oxybutynin and costs are comparable despite the higher price of trospium chloride. The advantages however of trospium chloride over oxybutynin are obvious by its adverse event profile—the risk of ADR is reduced. From the above mentioned facts, it may be concluded that the treatment of urinary incontinence with trospium chloride offers an adequate treatment alternative from the perspective of the statutory health insurance in Germany.

PUK14

COST OF ILLNESS OF FEMALE LOWER URINARY TRACT SYMPTOMS (LUTS)

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OBJECTIVES: Since 1992, legislative actions were taken to face the increasing pharmaceutical expenditure in Italy. In this context, evaluating the cost of illness on the NHS and the patient becomes crucial, especially for high prevalence conditions, like females LUTS. **METHODS:** This economic evaluation is part of the FLOW project, a 2-year observational study aimed at evaluating the frequency and clinical progression of symptoms in Italian women suffering from LUTS for >=3 months presenting at 39 Urology Centres. Data on NHS expenditure such as specialist visits, hospitalization, therapy and laboratory tests were collected retrospectively between May 2002 and May 2003. Direct costs sustained by patients were collected using the Dowell-Bryant Incontinence Cost Index (DBICI) which investigates costs of disposable pads, re-usable incontinence products, laundry expenditure, health professional expenditure, surgery/diagnostic investigation and medication. **RESULTS:** Costs sustained by NHS: After a one-year follow-up, 550 women [mean (SD) age = 53.5 (13.8) years] were evaluated. The direct yearly total cost for this cohort was €284,943,08. Of the total expense, more than half (50.8%) was devoted to surgical therapy, 30% to laboratory and instrumental tests and 12.5% to rehabilitative therapies. The estimated annual average direct cost per patient with LUTS was €518,08. For the urinary incontinence (UI) group the annual expense was €635,00. Costs sustained by patients: 200 women with UI compiled the DBICI. Estimated annual average expenditure per patient was 276.04 euro. Of the total personal expenditure, the disposable incontinence products accounted for 38% and medication for 22%. **CONCLUSION:** In Italy, little is known about the economic impact of LUTS. UI seems to be the most expensive LUTS problem from the NHS point of view. Diapers and medication represent the most expensive products for the patient.

PUK15