comparison was applied to compare entecavir with interferon and the combination of interferon and lamivudine. When compared with lamivudine, the combination of interferon and lamivudine yielded the best efficacy which was about two times more likely to increase HBeAg seroconversion rate (OR = 2.38, 95% CI = 1.21–4.60) than entecavir (OR = 0.98, 95% CI = 0.66–1.44) and interferon (OR = 1.17, 95% CI = 0.44–2.24). In addition, when compared with either interferon or entecavir, interferon plus lamivudine was about two to three times more likely to enhance HBeAg seroconversion rate with the OR of 2.48 (95% CI = 1.05–5.42) or 2.71 (95% CI = 1.13–5.33), respectively. CONCLUSIONS: There was a significant increase in HBeAg seroconversion rate in patients with HBeAg positive CHB receiving the combination of interferon and lamivudine compared with lamivudine, entecavir and interferon.

GASTROINTESTINAL DISORDERS – Cost Studies

PG14 BUDGET IMPACT ANALYSIS OF ORAL ANTIVIRAL AGENTS FOR THE TREATMENT OF CHRONIC HEPATITIS B IN SOUTH KOREA

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OBJECTIVES: Hepatitis B is prevalent in South Korea and chronic hepatitis B (CHB) infection is an important public health issue due to its potential to evolve to cirrhosis, hepatocellular carcinoma. This study estimated the direct medical cost of CHB-related diseases in South Korea and compared the cost of South Korea with other countries such as the United States, Australia and China. It also aimed to analyze the impact of three therapeutic alternatives for CHB by Budget Impact Analysis (BIA). METHODS: Dynamic budget impact analysis was conducted based on a Markov model for 5 years. Three treatment scenarios were selected: first-line treatment of lamivudine, second-line combination of lamivudine and peginterferon, and development of drug resistance. First-line treatment of lamivudine, second-line treatment of entecavir 1.0 mg on the development of drug resistance, first-line treatment of entecavir 0.5 mg, second-line treatment of adefovir on the development of drug resistance, no treatment available. RESULTS: The BIA results of scenarios A, B, C, and no treatment were 75, 74.7, 85.9 and 48.1 billion Korean Won (KRW), respectively. The results were relatively insensitive to the TP and sensitive to the number of treated patients based on sensitivity analyses. The costs of annual direct medical costs in South Korea were 23.2%–65.8%, 16.2%–59.1%, and 75.8%–381.7% of the annual direct medical costs in the United States, Australia, and China. CONCLUSIONS: Scenario C (first-line treatment of entecavir 0.5 mg, second-line treatment of adefovir) was found to be 10.9–11.2 billion KRW more expensive than scenario A and B from payer’s perspective. In South Korea, the direct medical costs of CHB-related diseases are relatively lower compared with the United States and Australia. It suggests that such factors as the difference of GNP (Global National Product), health-care system and others contribute to the difference of the direct medical costs.

PG15 EVALUATION OF OCTREOTIDE COST AFTER PHARMACOEUTICAL CARE IMPLEMENTATION AT SURGICAL WARD

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OBJECTIVES: Our objective was to compare cost saving before and after of pharmaceutical care implementation and Octreotide use evaluation at surgical ward. METHODS: This study was conducted during October 1, 2008 to April 30, 2009. The research instruments were octreotide use criteria with approval by surgical staff. Pharmacist reviewed and evaluated the medical chart in order to identify medication related problems by focusing on medication regimens. Medication related problems were classified into three categories: inappropriate route, inappropriate duration and inappropriate indication of administration. Cost saving was based on drug costs. The pre- and post-pharmaceutical care implementation and octreotide use evaluation results were compared and analyzed with descriptive retrospective statistics and paired t-test at 95% significant level. RESULTS: There were 302 patients received Octreotide. One hundred ninety-three patients (63.9%) were prescribed Octreotide appropriately. Appropriately use and develop Octreotide use guidelines.

GASTROINTESTINAL DISORDERS – Health Care Use & Policy Studies

PG16 ANTIBIOTIC PRESCRIBING PRACTICES OF PRIMARY CARE PHYSICIANS FOR DIARRHEA IN NEW DELHI, INDIA

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OBJECTIVES: This study was conducted to obtain information on current prescribing practices for diarrhea antibiotics in India in order to identify areas of improvement in acute and non-specific diarrhea. Our objective was to understand which antibiotics were of choice and to identify areas of concern. In the absence of community-based databases on antibiotic use in developing countries recently a methodology was established for surveillance of antibiotic use at New Delhi by conducting ‘Exit Interviews’ of the patients. METHODS: Antibiotic use data was collected from public and private sector facilities from a 15 km radius around a tertiary care hospital where the antibiotic resistance work was being conducted. All the 10 public sector facilities (eight primary and two secondary health care) situated in the study area under Delhi government were enrolled. For private sector, 20 willing and cooperative general practitioners and 20 general practitioners practicing in the chosen areas were selected. Patients after consultation with prescriber were asked if they had diarrhea but without blood. Patients with diarrhea were enrolled for exit interview and their prescription was monitored. Antibiotic use data was collected for one month over 1 year (December 2007–November 2008). The percentage of patients receiving antibiotic and pattern of consumption for various antibiotics was analyzed. RESULTS: At public facilities 43% (171/398) and at private facilities 69% (76/110) of patients with diarrhea were prescribed at least one antibiotic. Main antibiotic class that was prescribed in public and private sector was fluoroquinolones (89% and 94%).