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ESOMEPRAZOLE VS. OMEPRAZOLE IN THE CURATIVE TREATMENT OF REFLUX OESOPHAGITIS

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OBJECTIVES: Gastro Esophageal Reflux Disease (GERD) is a chronic condition that may affect patients’ quality of life. It is one of the most common complaints in primary care settings with relevant consequences on health economics in terms of increasing health costs and limiting resources. An objective of this multicentre trial was to evaluate the time of action of rabeprazole 20 mg daily (RAB) and omeprazole 20 mg daily (OME) in inducing symptom relief in patients with reflux oesophagitis in the curative phase. A prospective health economic analysis was performed to compare the costs of the 2 treatments in obtaining symptoms improvement. METHODS: A total of 484 patients, with mild to severe reflux oesophagitis (Savary-Miller grade I to II), were randomised in a double-blind, parallel group fashion, to receive RAB or OME for a period of 4 to 8 weeks with control visits every 2 weeks. The patients had to fill in a daily diary regarding to the number of tablets/capsules taken, and the daytime and night time heartburn intensity using the following score: absent, mild, moderate, severe and terrible. The economic analysis was designed and carried out from a societal and National Health Service perspective. RESULTS: In the curative phase of reflux oesophagitis (4–8 weeks) treatment with RAB (20mg) resulted less expensive than OME (20mg). The estimated mean total costs were found to be lower in RAB group (58.04€) than in the OME one (64.34€; p < 0.001). With regard to numbers of symptom-free days, RAB (67.1%) was found to be more effective than OME (66.8%). CONCLUSIONS: Rabeprazole (20mg) once daily is cost effective compared with omeprazole (20mg) once daily in the curative phase of reflex oesophagitis. Rabeprazole represents good value for money and efficient use of health care resources in the treatment of reflux oesophagitis.

PHARMACOECONOMIC ASPECTS OF CROHN’S DISEASE IN SLOVAKIA

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OBJECTIVES: There have been only a few studies published in the world literature to date dealing with the pharmacoeconomics of Crohn’s disease including east and central European countries. METHODS: The retrospective cost of illness study was carried out by the analysis of all medical records and by special questionnaire of patients suffering from Crohn’s disease in 1999–2000. RESULTS: Of 54 patients, 30 women, and 24 men, with the average age of 48.8 years and with the average duration of illness of 75.8 months, were divided into 3 subgroups from the point of view of pharmacoeconomics: A—uncomplicated, 24 persons, B—with chronic corticosteroid treatment, 12
persons, and C— with surgery to cure the disease itself or its complications, 18 persons. The average costs were 1060€ per person and year. The average of yearly costs per person in the subgroup A were 485€, in the subgroup B it was 1500€, and in the subgroup C, it was 1,530€. The highest costs per one patient in the subgroup B were 4265€ and in subgroup C it was 6235€. The ratio of own patients to all costs was 17.5%, to health care costs 72.1%, and to social costs 10.4%. Pharmacotherapy reached 49.7% of the total costs, diagnostic procedures 0.9%, ambulatory care 19.0%, hospital care 26%, spa care and travel costs 4.4%. CONCLUSIONS: Crohn’s disease belongs to the more expensive diseases in the Slovak Republic. There is a significant difference in the ratio-structure of costs in comparison with western countries and the USA. Next pharmacoeconomic studies in the Slovak Republic should be designed as prospective, cost of utility studies.

GASTROINTESTINAL DISEASES DISORDERS

GASTROINTESTINAL DISEASES DISORDERS—Quality of Life/Utility/Preference Studies

IS HELICOBACTER PYLORI “TEST AND TREAT” A COST-EFFECTIVE MANAGEMENT APPROACH FOR PATIENTS WITH TYPICAL REFLUX SYMPTOMS IN A POPULATION WITH A HIGH PREVALENCE OF H. PYLORI INFECTION

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OBJECTIVES: Overlap of gastro-oesophageal reflux disease (GERD) and peptic ulcer disease (PUD) in a population with high prevalence of Helicobacter pylori infections creates clinical dilemmas in Hong Kong. Testing and eradication of H. pylori may be a cost-effective alternative for empirical proton-pump inhibitor (PPI) therapy. To examine the potential clinical and economic impact of H. pylori “test and treat” and empirical PPI therapy for GERD patients with typical reflux and high prevalence of H. pylori infection. METHODS: A Markov model was designed to simulate the outcomes of the two treatment strategies over 12 months. The transition probabilities and resource utilization were derived from literature. Percentage of patients with PUD treated, total number of quality-adjusted life-years (QALY’s) gained and total direct medical cost were estimated. RESULTS: H. pylori “test & treat” was more effective (92.6% ulcer treated and 0.919 QALY’s gained) than empirical PPI (72.6% ulcer treated and 0.909 QALY’s gained). The direct medical cost per patient in the H. pylori “test and treat” and empirical PPI arms were USD1901 and USD1770, respectively. The direct medical cost per patient was sensitive to the variation in the prevalence of PUD in H. pylori-infected GERD patients. CONCLUSIONS: H. pylori “test & treat” appeared to be more effective than empirical PPI therapy, with an incremental cost, for GERD patients with typical reflux in Hong Kong.

HEALTH RELATED QUALITY OF LIFE AMONG POLISH GASTROESOPHAGEAL REFLUX DISEASE PATIENTS

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OBJECTIVES: To assess health related quality of life (QOL) and its predictors among Polish patients with gastroesophageal reflux disease (GERD). METHODS: National survey study was carried out among 192 Polish general practitioners on out-patients presenting with GERD symptoms. Data on patients’ clinical characteristics, symptoms, treatment and QOL were collected. The Carlsson’s diagnostic test was used to assess symptoms. A cutoff score of four or higher was considered positive for GERD. QOL was measured with SF-36. For the statistical hypothesis testing the significance threshold was set to 0.01. RESULTS: Data on QOL was collected for 3290 patients, mean age: 48.9 years (95%CI: 48.4–49.4; males: 47.8% (95%CI: 46.1%–49.5%). Mean health related QOL score was 58.5 (95%CI: 57.9–59.2). Patients with longer history of GERD-associated symptoms reported statistically significantly lower QOL (19.1% decrease in QOL for patients with gastroesophageal reflux disease history lasting for five to 10 years compared to patients reporting it for less than three months). Adjusting for case-mix the following symptoms were associated with statistically significantly lower QOL: dysphagia, odynophagia, weight loss, anaemia, age over 65, hoarseness, rhonchus, fullness, vomiting, while heartburn and chest pain or burning sensation and chronic cough were not. CONCLUSIONS: GERD is associated with poor QOL, especially for chronic patients. Some symptoms represent good predicting value for QOL deterioration.

PSYCHOMETRIC VALIDATION OF TWO GASTROINTESTINAL (GI)-SPECIFIC PATIENT-REPORTED OUTCOME (PRO) INSTRUMENTS IN RENAL TRANSPLANT PATIENTS WITH AND WITHOUT GI COMPLICATIONS

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OBJECTIVES: Gastrointestinal (GI) complications associated with immunosuppressants are frequently reported by renal transplant recipients. Mycophenolic acid has been associated with an increased incidence of GI complaints. GI complications may affect patient Quality of Life (QoL). The purpose of this study was to psychometrically validate two GI-specific patient-reported outcome (PRO) instruments in the renal transplant population. METHODS: The Gastrointestinal Symptom Rating Scale (GSRS) and Gastrointestinal Quality of Life Index (GIQLI) were selected for validation. Renal transplant recipients receiving a calcineurin inhibitor and mycophenolate mofetil were recruited in a cross-sectional study from 5 clinical centers across 4 countries. Patients completed the GSRS, GIQLI, Psychological General Well-Being Index (PGWB) and EQ-5D. Statistical analyses employed Cronbach’s alpha, correlations, t-tests and ANOVA. RESULTS: Of 96 patients recruited (mean age: 47.4 ± 12.3 years; male: 56%); 41 (43%) suffered from no, 37 (39%) mild, 12 (13%) moderate, and 6 (6%) severe GI symptoms. Internal consistency reliability (Cronbach’s alpha) was >0.7 for all GIQLI and all but 1 of the GSRS dimensions (abdominal pain). Correlations between GIQLI and PGWB and EQ-5D were higher (range: 0.24–0.76) than correlations between GSRS and PGWB and EQ-5D (range: 0.05–0.54). All GSRS subscales and the GIQLI total score and 4 subscales significantly differentiated between patients with and without GI complications (p < 0.05), as did the PGWB total score and EQ-5D. The generic instruments were unable to discriminate between GI severity levels; conversely, the disease-specific instruments discriminated to some extent between GI severity levels. GSRS abdominal pain subscale discriminated between patients at all levels of severity.