WTP provides monetary estimate of over all benefit of TB prevention and treatment program. The study results suggest socio-economic factors and knowledge about TB as major determinants of WTP.

**PIN28**

**ASSESSMENT OF BODY CHANGES AND DISTRESS (ABCD) LIPODYSTROPHY QUESTIONNAIRE: CULTURAL ADAPTATION AND PSYCHOMETRIC VALIDATION IN FRENCH**

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OBJECTIVES: Lipodystrophy may have a great impact on quality of life (QoL). Current HIV specific instruments do not measure this impact. We performed a cultural adaptation and psychometric validation in French of a new lipodystrophy specific instrument Assessment of Body Change and Distress (ABCD). METHODS: ABCD consists of three parts: signs of lipodystrophy (6 items), global satisfaction (1 item) and 20 QoL items. Items were generated in US. Our study consisted of two parts: 1) Cultural adaptation; 2) Psychometric validation in a survey in comparison with specific (MOS-HIV) and generic (SF-12) QoL questionnaires. RESULTS: The approach of French patients was to some extent different from US patients, and needed cultural adaptation of several concepts. A total of 155 HIV French outpatients (143 with lipodystrophy) from 2 Parisian hospitals and one general practice were included. Mean age was 43 ± 10 yrs. Mean duration of HAART was 4.5 ± 1.7 yrs. Discriminant validity: QoL scores decreased according to the number of sites with lipodystrophy, ranging from 85 ± 16 (none) to 42 ± 10 (6 sites), p < 0.001, and according to whether patients were thinking about plastic surgery or not, from 68 ± 20 (never) to 33 ± 13 (always), p < 0.001. Internal consistency was high (Cronbach alpha = 0.94). Factorial analysis yielded a 4-factor structure. Convergent validity: the highest correlations were between ABCD QoL and health distress and social dimensions of the MOS-HIV (r > 0.6) and with the mental component of the SF-12 (r = 0.65). CONCLUSIONS: The psychological and social distress related to the body changes must be measured in clinical trials, to make sure that life is not lengthened at the expense of its quality. ABCD questionnaire is a validated questionnaire which can now be used in French.

**INFECTION (including HIV, CAP)**

**INFECTIONS (including HIV, CAP)—Health Policy**

**PIN29**

**ECONOMIC EVALUATION OF MENINGOCOCCAL C VACCINATION PROGRAMMES AND ITS IMPACT ON DECISION MAKING**

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OBJECTIVES: Investigate the role economic evaluations played in supporting decision making for meningococcal C conjugate (MCC) vaccination. METHODS: We performed an extensive literature review (Pubmed, Embase, HEED, NEED) and contacted experts to identify a) the incidence of meningococcal C disease, and b) economic evaluations for MCC immunisation programmes and their influence on decision making. RESULTS: Data were obtained for Australia, Canada, Israel, the US and 17 European countries. The yearly meningococcal C incidence per 100,000 persons varied between 0.04 (Italy) and 4.91 (Iceland) in 2001. Ten countries have implemented MCC vaccination programmes. In all of them except Greece high meningococcal C incidence was reported between 1999 and 2001 (one year ≥0.8 per 100,000) but economic evaluations were performed in only four. While economic evaluation influenced decision making strongly in Australia, Canada (Quebec) and The Netherlands, its impact was limited in the UK. Of the 11 countries without MCC vaccination programmes, only Portugal and Switzerland conducted economic evaluations. These were performed after the initial decision to not implement MCC vaccination was made, but nonetheless (may) inform subsequent decision making in both countries. All reviewed economic evaluations were modelling studies, each showing that routine childhood MCC vaccination is slightly less effective but much more cost-effective early in the second year of life (about 2500€ to 19,000€ per life-year or QALY gained) than during the first year of life (about 42,400€ to 2.4m€ per additionally gained life-year or QALY compared to immunisation in the second year). The reported results were most sensitive to meningococcal C incidence, vaccine price and specific methodological characteristics. CONCLUSIONS: Only in a minority of investigated countries economic evaluation of MCC vaccination influenced decision making. The divergence and importance of methodological characteristics in the analysed studies demonstrates the need of firmer international guidelines and better adherence to these guidelines.

**FREQUENCY OF POTENTIAL DRUG-DRUG INTERACTIONS WITH TRIAZOLE ANTIFUNGAL USE IN DUTCH HOSPITAL SETTINGS**

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Some of the expected adverse drug reactions of the systemic triazole antifungals (fluconazole and itraconazole) may contribute to drug-drug interactions. OBJECTIVES: To quantify the frequency of concurrent drug use that may cause drug-drug interactions (DDI) with triazole antifungals. METHODS: A retrospective observational study was conducted of adult patients who received systemic triazole treatment in 6 hospitals comprising the PHARMO Inpatient database during 1994-2002. The list of triazole interacting drugs, the severity and effect of interaction was obtained from the Drug-Reax® system and the Drug Interaction Facts. Concomitant use of triazole interacting drugs was identified for each day of systemic triazole treatment. RESULTS: The study cohort comprised 1374 patients with a total of 1522 hospitalizations during which fluconazole (n = 1329) or itraconazole (n = 193) were prescribed. The majority of hospitalizations were for neoplasms (21.6%), respiratory (15.2%) and digestive disease (14.3%). The median duration of triazole treatment was eight days. Among patients receiving fluconazole, 55.3% were prescribed at least one interacting drug (95% with potential for moderate or severe consequences) with 32.5% of patients receiving more than one interacting drug. The most frequently co-prescribed interacting drugs with fluconazole were haloperidol, digoxin, prednisolone, acenocoumarol and theophylline. Among patients on itraconazole, 65.3% received at least one interacting drug (74% moderate or severe), 41% received more than one interacting drug. The most frequently co-prescribed interacting drugs with itraconazole were ramitidine, acenocoumarol, prednisolone, pantoprazole and theophylline. The most frequent occurring effect of the DDI...