stable, responsive to persistent toxin therapy for ≥1 year before and after drug crossover, did not receive other medications that affect neuromuscular transmission, and were not involved in another drug study. Mean per-patient, per-visit and total toxin dose, dosing ratio (Dysport: BOTOX), and frequencies of adverse drug reactions (ADRs) were computed along with break-even drug cost equivalence in 5 of 6 participating sites. RESULTS: One hundred fourteen screen-qualified patients (70 cervical dystonia, 44 blepharospasm) were assessed, providing 1,399 injections for evaluation. Ratios of mean dose (units) Dysport: BOTOX ranged from 2:1 to 11:1, with 88% of patients greater than 3:1, regardless of study site or direction of drug cross-over. ADRs were more frequently reported during Dysport treatment (11%) than during BOTOX treatment (4.25%). Drug unit cost equivalence (Dysport to BOTOX) based on local pricing were 2.0:1 for the Czech Republic, 3.91: 1 in the UK (Hull and Essex), 4.16: 1 in Slovenia, and 5.24:1 in Poland. When observed mean dose ratios were compared to cost equivalent ratios, the proportion of patients that would contribute to cost savings if BOTOX were exclusively utilized is 63%. CONCLUSION: BOTOX utilization likely leads to cost savings, based on utilization and current pricing compared to Dysport. When other important considerations such as ADRs are considered, overall savings may be even greater.

PMN18

COST-EFFECTIVENESS OF Z DRUGS (ZOLPIDEM, ZOPICLONE AND ZALEPLON) VERSUS BENZODIAZEPINES FOR THE SHORT-TERM MANAGEMENT OF INSOMNIA: A SYSTEMATIC LITERATURE REVIEW

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OBJECTIVES: To carry out a systematic review of the published literature that compares the cost-effectiveness of newer hypnotic drugs (zolpidem, zopiclone and zaleplon) with more established hypnotic drugs (benzodiazepines). The aim of this review was to identify economic evaluations that had been undertaken in the context of high quality randomised controlled trials in order to inform UK NHS decision-making. METHODS: The search included a number of strategies. Search terms for electronic databases (MEDLINE, EMBASE, HTA, DARE, NHSEED, OHE-EED, Cochrane Trials Register) included a combination of index terms (e.g. sleep initiation and maintenance disorders or insomnia) and free text words (e.g. insomnia or sleeplessness) combined with specific drug terms (e.g. zaleplon or sonata, zolpidem or stilnoct). Clinical terms were combined with economic terms (e.g. cost or economic). After scanning the abstracts, all papers that appeared to be of potential value to the study were obtained. Using explicit, predetermined criteria, two reviewers independently identified studies for inclusion in the cost-effectiveness review process. Disagreements were resolved through discussion. RESULTS: Although a large number of papers (n = 925) was identified by the cost-effectiveness search strategies, only 33 were assessed for inclusion in the review, none of which met the inclusion criteria. No full economic evaluations alongside randomised controlled trials were identified either between or across drug groups. Consequently the results of this literature search did not lead to the identification of any papers for inclusion in the review. CONCLUSIONS: The burden of disease associated with insomnia is significant. However, there is a paucity of published economic evidence to support NHS decision-making in this area. It is imperative that economic evaluations alongside randomised clinical trials be conducted in order to build a clinical and economic evidence base to inform decision-making not only in the UK, but also throughout the world.
sibility) are likely to be highly profitable from a societal point of view.

NEUROLOGICAL DISORDERS/MIGRAINE—Quality of Life Studies

**PMN20**

**VALIDATION OF SINGAPOREAN ENGLISH AND CHINESE EQ-5D VERSIONS IN PATIENTS WITH PARKINSON’S DISEASE**

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**OBJECTIVE:** The purpose of this study was to investigate the validity and reliability of Singaporean language versions (English and Chinese) of the EQ-5D self-report questionnaire (EQ-5D) in patients with Parkinson’s disease. **METHODS:** Patients with Parkinson’s disease recruited from a patient support group and a hospital outpatient clinic completed a questionnaire containing the EQ-5D and the Parkinson’s disease questionnaire (PDQ-39) twice in a 2-week period. Test-retest reliability was assessed for EQ-5D items, utility index and visual analog scale (EQ-VAS) using Cohen’s kappa or intraclass correlation coefficients (ICC). Construct validity of EQ-5D utility and EQ-VAS scores was assessed using Spearman’s rank correlations between EQ-5D and PDQ-39 summary index (PDQ-39SI) scores. **RESULTS:** One hundred fifty-six subjects (English-speaking: n = 87) completed baseline and 106 subjects (English-speaking: n = 68) completed follow-up questionnaires (median interval: 12 days). Kappa values of EQ-5D items ranged from 0.58 to 0.75 (English version) and from 0.38 to 0.55 (Chinese version). ICC values for utility/ EQ-VAS scores were 0.78/ 0.83 (English version) and 0.62/ 0.72 (Chinese version) respectively. Spearman’s correlation coefficients between utility/ EQ-VAS scores and the PDQ-39SI were −0.66/ −0.45 (English version) and −0.76/ −0.44 (Chinese version) respectively (p < 0.001 for all). **CONCLUSION:** Both Singaporean English and Chinese EQ-5D versions appear to be valid and reliable outcome measures for Singaporeans with Parkinson’s disease.

**PMN21**

**PIRIBEDIL IMPROVES QUALITY OF LIFE IN PATIENTS WITH PARKINSON’S DISEASE IN RUSSIA**

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**OBJECTIVES:** To investigate quality of life at application piribedil in patients with idiopathic Parkinson’ Disease (PD). **METHODS:** A total of 43 patients with PD (men age: 67.3 ± 5.4 years, duration of disease: 4.3 ± 2.8 years) were investigated during 2 years. They were observed during 1 year with basic treatment and during 1 years after addition piribedil (non-ergot Dopamine Agonist) to basic treatment. To estimate efficacy of treatment we used Unified Parkinson’s Disease Rating Scale (UPDRS). To evaluate quality of life we used the disease-specific Health-Related Quality of Life scale Parkinson Disease Questionnaire (PDQ-39). **RESULTS:** During the 1-year follow-up before piribedil treatment patients had minor clinical deterioration and deterioration of quality of life because illness progressed. Early PD patients showed increase at 6.3% of UPDRS values and 9.9% of PDQ-39 values (p < .05) per 1 year, advanced PD patients showed increase at 5.7% of UPDRS values and 5.4% of PDQ-39 values (not significant) per 1 year. Addition of piribedil in early PD patients resulted in improvement at 8.9% of UPDRS values per one year (p < .01) and 10.7% of PDQ-39 values (p < .001). The most essential were changes in the following subscales of PDQ-39: “Mobility”, “Activities of Daily Living”, “Emotional well being” (p < .01) and “Stigma” (p < .05). Changes in the others subscales were not significant. Advanced PD patients also demonstrated positive changes on piribedil treatment: 7.0% decrease of UPDRS values (p < .05) per one year and 7.7% of PDQ-39 values (p < .05) per 1 year. Patients had significant improvement only in subscales “Mobility” and “Activities of Daily Living” (p < .05). **CONCLUSIONS:** Addition of piribedil improves quality of life in PD patients. More expressed improvements in quality of life is observed in early PD patients in Russia.

**PMN22**

**SOCIO-ECONOMIC IMPACT OF PARKINSON’S DISEASE ON SPOUSES: THE COMPAS STUDY**

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The management of a chronic disease must integrate the needs induced by the disease on the patient’s surroundings. **OBJECTIVE:** The objective of the COMPAS study is to assess the socio-economic consequences on the daily life of the spouse of a patient diagnosed with Parkinson’s disease and to identify their worries and needs. **METHODS:** Self-administered questionnaires, created on the basis of interviews with the spouses of parkinson patients, were sent to general practitioners, neurologists as well as to members of patients’ associations (France-parkinson), who then distributed them to the families concerned. **RESULTS:** The results concerned a population of 1013 spouses. Patients had been diagnosed since 10.4 years on average at the age of 58.8 years old. The spouse is often a woman (66%), retired (68%) and more than 70 years old (40%). She is the only person looking after the patient (49%). She spends on average 7.5 hours per day in taking care of the patient. This high level of involvement greatly modifies her daily life: specific organ-