identified 295 spinal injury patients, with a mean age at index of 44 years, an average follow-up time of 6 years, and over 90% were males. For 67% of the population we observed at least one UTI, which resulted in a care contact. Interestingly, a quarter of the population used prophylactic antibiotics (01XX05), corresponding to an average of 235 DDDs per year, amongst users. A majority of UTIs were handled in primary care, while over 90% of costs were contributed by UTI-related care contacts that occurred within 2006 and 2009(procedure code GB005). UTIs were identified through the following ICD-10 codes: N11.0, N19.0, N19.4, N12.9, and N30.9. A cost per UTI was calculated through considering UTI-related care contacts that occurred within 14 days from each other. Results: We identified 989 patients, with a high mean age at index of 65 years, 79% males, and an average follow-up time of 1.5 years. The disease burden of this population was mainly related to the genitourinary system, like retention of urine, benign prostate hyperplasia, cystitis, and neurogenic bladder, although essential hypertension was the third most common comorbidity. We observed an average frequency of one UTI every two years, while around one-fifth of patients had a yearly UTI-frequency of one or above. A majority of UTIs were handled in primary care, while around 80% of costs were contributed by UTI-related hospitalisation. CONCLUSIONS: Patients having received self-catheterisation training were on average of higher age and male. UTI-related hospitalisation was a clear driver of costs, although this effect was less pronounced for women.

PMDS5 RESOURCE UTILISATION RELATED TO URINARY TRACT INFECTIONS IN SWEDISH SELF-CATHETERISATION PATIENTS

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OBJECTIVES: To collect real-life data on costs and resource use, in order to understand the economic burden of urinary tract infection (UTI) amongst a population who has received self-catheterisation training. METHODS: We used the CERBERA database, which combines data from a public claims database for the South-West region of Sweden, comprising around 1.5 million individuals, with national Swedish registers on drug utilization and mortality. We identified a population of patients who had received self-catheterisation training anytime between 2006 and 2009(procedure code GB005). UTIs were identified through the following ICD-10 codes: N11.0, N30.9, N19.4, N19.9 X, N12.9, and N30.9. A cost per UTI was calculated through considering UTI-related care contacts that occurred within 14 days from each other. RESULTS: We identified 989 patients, with a high mean age at index of 65 years, 79% males, and an average follow-up time of 1.5 years. The disease burden of this population was mainly related to the genitourinary system, like retention of urine, benign prostate hyperplasia, cystitis, and neurogenic bladder, although essential hypertension was the third most common comorbidity. We observed an average frequency of one UTI every two years, while around one-fifth of patients had a yearly UTI-frequency of one or above. A majority of UTIs were handled in primary care, while around 80% of costs were contributed by UTI-related hospitalisation. CONCLUSIONS: Patients having received self-catheterisation training were on average of higher age and male. UTI-related hospitalisation was a clear driver of costs, although this effect was less pronounced for women.