hospital admissions. RESULTS: The study cohort included 36,914 patients (GOLD A: 38.4%, GOLD B: 18.1%, GOLD C: 18.1%, GOLD D: 27.0%). Average age at diagnosis was 66 years; 52.0% were male. Annual exacerbation rates increased with severity of COPD, ranging from GOLD A 0.83 (95% CI: 0.81–0.85) to GOLD D 2.51 (95% CI: 2.47–2.55) exacerbations per person-year (PPY). Annual rates of GP visits also increased with severity from GOLD A 4.82 (95% CI: 4.74–4.93) to GOLD D 7.44 (95% CI: 7.31–7.61) visits PPY. COPD-related hospitalisations increased with symptom severity from less (GOLD A: 0.28, GOLD C: 0.39 admissions PPY) to more severe symptom severity (GOLD D: 0.94 admissions PPY). No differences were observed across severity groups in non-COPD hospitalisations.

CONCLUSIONS: Patients in the most severe category (GOLD D) experienced nearly three times the number of exacerbations and COPD-related hospital admissions as those in the least severe category (GOLD A). Management of COPD and early disease progression could be beneficial for reducing exacerbation frequency and healthcare resource utilisation. PRS76 RELIABILITY OF MANUFACTURERS’ BUDGET IMPACT ESTIMATES FOR ELIMINATION DIET IN PATIENTS WITH ALLERGY TO COW’S MILK IN POLAND

Tatar T1, Iwanuczuk T1, Zawadowski S1, Śliwowska A1, Bzowska M2

1Agency for Health Technology Assessment and Tariff System in Poland (AOTMiT), Warsaw, Poland; 2Medical University of Lodz, Lodz, Poland

OBJECTIVES: To compare the total value of payer’s expenditures on Nutramigen LGG 1, Nutramigen LGG 2, Neocate LCP, Neocate Advance in patients with allergy to cow’s milk protein estimated in the manufacturers’ Budget Impact Analyses (BIAs) submitted with the reimbursement applications to AOTMiT and actual expenditures of the National Health Fund (NHF). METHODS: BIAs were compared with actual expenditures reported by the NHF for the first and second year of the reimbursement for each drug. RSSs were not taken into account. Analysed drugs were chosen on the basis of the same indication. Actual expenditures and number of package were taken from the financial reports of the NHF for the first and second year of the reimbursement for each drug. RESULTS: For Nutramigen LGG 1/2 and Neocate LCP/Advance also were analysed. The expenditures estimated in BIAs were overestimated by 939% in the first year of the reimbursement and 257% in the second year of reimbursement. The number of packages of the Nutramigen LGG 1/2, Neocate LCP/Advance also were analysed. The expenditures reported by the NHF: 5,3 million PLN and 16,14 million PLN, respectively. The number of packages was underestimated in comparison to actual expenditures reported by the NHF: 4,99 million PLN and 17,28 million PLN. CONCLUSIONS: Despite a small number of existing studies, we found that the extensive and variable resource utilisation costs represented in manufacturers’ BIAs for Nutramigen LGG 1, Neocate LCP, Neocate Advance in patients with allergy to cow’s milk protein, the sum of total expenditures estimated in BIA submitted with the reimbursement applications was 55,158 million PLN in the first year and 57,637 million PLN in the second year, and they were higher than the actual expenditures reported by the NHF: 4,99 million PLN and 17,28 million PLN, respectively. The expenditures estimated in BIAs were overestimated by 939% in the first year and 257% in the second year of reimbursement. The number of packages was underestimated in comparison to NHF reports: 4,99 million PLN and 17,28 million PLN. CONCLUSIONS: In the case of drugs chosen for this analysis, total payer’s expenditures estimated in BIAs submitted with the reimbursement applications were overestimated in comparison to the real life expenditures of the NHF in Poland. PRS77 RESOURCE USE AND HEALTH CARE COSTS OF COPD PATIENTS AT THE END OF LIFE: A SYSTEMATIC REVIEW

Fauks K1, de Pêne A2, Veenman L1

1University of Ghent, Ghent, Belgium; 2Vrije Universiteit Brussel, Brussels, Belgium

OBJECTIVES: Patients with COPD in their final months of life place a potentially large burden upon healthcare systems. The aim of this systematic review was to improve understanding of the role of clinical computing technologies in tailoring end of life care in patients who don’t perceive long-term significant decline in respiratory function, and those with severe atopic persistent uncontrolled BA (68% boys; mean age 13.6; basic control heterogeneity. A comparison of interventions was performed after extracting the correlation coefficients found in the systematic review indicate that when lung function improves or sputum eosinophil decreases, the resource utilization decreases. Furthermore, non – smoking related factors support this hypothesis and suggest there may be a correlation between hospital visits and blood eosinophil levels.

PRS79 THE OPPORTUNITIES OF INTERNET TECHNOLOGY AND TELEMEDICINE IN INTERACTION BETWEEN DOCTOR AND PATIENT

Namasuva Barasona 1, Vishoko E, Smirnov V, Antonova E, Alekseeva A, Levin I

1Faculty of Pharmacy, Bahauddin Zakariya University, Multan, Pakistan. Department of Clinical Pharmacy, Faculty of Pharmacy, MAHSA University, Selangor, Malaysia, 2Department of Clinical Pharmacy, Faculty of Pharmacy, Bahauddin Zakariya University, Multan, Pakistan. Department of Clinical Pharmacy, University of Dundee, Dundee, UK

OBJECTIVES: Previous research to determine the effectiveness of web or computer based interventions, designed to reduce smoking have been reported. However, a lacuna regarding the use of same during consultations exists. The objective of this review was to improve understanding of the role of clinical computing systems during consultations on smoking cessation in general dental, medical, and community based practices or hospitals. METHODS: The Cochrane Library, PubMed, ISI Web of Knowledge, EMBASE, and Google Scholar were accessed up to January 2010 using a combination of various Medical Subject Headings and other keywords to retrieve relevant studies not restricted to any geography. Studies were included based on a range of predefined inclusion criteria. Each study was quality scored (0-10) using a validated scoring system. The FRISMA checklist was used as the critical appraisal tool. Pre-developed forms were employed for extracting the data. RESULTS: Five studies fulfilled the selection criteria. A descriptive comparison was drawn between different studies since a meta-analysis was not possible as results for the I2 statistic were approximately 50%, indicating moderate heterogeneity. A comparison of interventions was performed after extracting data from two studies using ExExTM spreadsheet, and presented as a forest plot. Findings indicated positive impact of clinical computing systems in physician consultations in increasing smoking abstinence in patients by 2% in clinical decisions and system in general dental care. CONCLUSIONS: Tailored letters proved more effective when compared to brief advice and CDSS. Multi-faced approaches involving elements of behavioral sciences, epidemiology, health promotion and health information will be the key for future research. PRS81 PHYSICIANS’ PRESCRIBING PATTERN FOR TUBERCULOSIS: EVIDENCES FROM COMMUNITY PHARMACIES IN PUNJAB, PAKISTAN

Iqbal M1, Iqbal M2, Iqbal MZ2, Bahari MB3

1Faculty of Pharmacy, Bahauddin Zakariya University, Multan, Pakistan. Department of Clinical Pharmacy, Faculty of Pharmacy, MAHSA University, Selangor, Malaysia, 2Department of Clinical Pharmacy, Faculty of Pharmacy, Bahauddin Zakariya University, Multan, Pakistan. Department of Clinical Pharmacy, University of Dundee, Dundee, UK

OBJECTIVES: To examine the occurrence and distribution of medicines for the treatment of tuberculosis in community pharmacies in Pakistan. METHODS: A literature search was made using keywords such as “asthma”, “eosinophil”, “respiratory function”, “resources”, and “costs”. The search was conducted in the electronic databases MEDLINE, EMBASE and PubMed from January 2000 to February 10th, 2013. In eligible studies, authors focus on asthmatic patients, include pulmonary or eosinophilic measurements, and resource utiliza-