lar events and diabetic complications. After 100,000 individuals are assigned baseline characteristics by sampling UK data, their baseline risks are predicted and they enter a main module where these are applied. Periodic updating takes place at doctors’ visits and other events, such as premature treatment discontinuation and complications. Resource use, costs and utilities were obtained from UK databases. All outcomes are discounted at 3.5%/year. RESULTS: After one year treatment, patients on rimonabant plus diet and exercise lose more than three times the weight and show greater improvements in other cardiometabolic risk factors than patients on diet and exercise alone. With diet and exercise, 633 cardiovascular and 411 microvascular events are predicted to occur per 1000 patients, over 60 years. Lifetime costs average ≤5692/patient. One year of rimonabant reduces number of deaths by 3.2%, MI by 9.7%, stroke by 8.4%, and hospitalizations by 2% respectively, with a corresponding reduction in complication costs. Dis- counted life expectancy increases by 40.2 years, and QALYs by 113.8. Extending treatment to 5 years increases life years and QALYs by a further 38 and 48%, respectively. Extensive sensitivity analyses, including varying the cost of treatment with rimonabant, indicate that rimonabant is cost-effective over a wide range of inputs. CONCLUSIONS: Rimonabant for the treatment of overweight or obese patients with or without comorbidities in the UK should be associated with acceptable cost-effectiveness ratios under a wide range of assumptions.

ENTRY AND PRICE RESPONSE IN MARKETS WITHOUT PATENT PROTECTION: THE CASE OF PHARMACEUTICALS IN ARGENTINA

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OBJECTIVES: The goal of this paper is to test the leader-follower model in the Argentinean pharmaceutical markets where patent protection does not apply allowing immediate entry. METHODS: It was used a leader-follower model where followers take leader prices to decide their own ones and the leader strategically incorporates followers’ behavior in its decision. Two different groups of followers are studied separating the main three from the rest of the market competitors. The data used in this study is based in information published by Pharmaceutical Markets Argentina (PMA) complemented with indicators of needs and chronicity, obtained through interviews with physicians and pharmacologists, as well as the list of chemical entities used in the production of each product, and the nationality of manufacturers. RESULTS: From the group of 88 therapeutic classes selected, 56 classes kept the same leader during the period 1988–1995, although just in nine of those cases the first entrant remains as market leader. The cases where market leader remains the same during the sample period but they were not necessarily the first entrants are defined as loose leadership markets, while cases of strict leadership are those where first entrants remained as market leaders during the sample period. CONCLUSIONS: The leader-follower hypothesis is checked and supported by the data, mirroring the results obtained under a patent regime. In addition, the lack of patents also raises the question of difference in behavior among followers. Therefore, two differentiated groups of followers are studied separating the main three from the rest of the market competitors.

DIRECT MEDICAL COSTS OF STROKE ACCORDING TO HANDICAP LEVELS AFTER 12 AND 18 MONTHS

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STROKE IS THE LEADING CAUSE OF LONG TERM DISABILITY WORLDWIDE AND A FRENCH NATIONAL HEALTH SYSTEM CONTEXT. METHODS: Information provided by ECIC study on post-acute care delivered to 434 consecutive patients with stroke was considered to update data on the cost of stroke in France. Data on handicap levels assessed 10 days after stroke onset (Rankin scale), medication, rehabilitation, nursing care and ambulatory costs were obtained over 12 and 18 months after the initial acute hospital discharge. With a NHS perspective, only direct medical costs were considered. RESULTS: The mean direct medical cost of stroke in France, all handicap levels considered, is estimated at €15,644 and €17,699 over the first 12 and 18 month-periods respectively. At 18 months this cost increases from €8624.5 for patient with Rankin 1 to €39,010.5 for patients with Rankin 5. For patients with lower handicap (Rankin 1–3) hospitalisation for the acute management of stroke is the main driver of costs, whereas for patients with higher Rankin rehabilitation accounts for 70% of the total direct medical costs. CONCLUSION: Costs increase by five fold between the lowest and the highest handicap level. Whatever the Rankin considered, costs incurred during the first year represent almost 90% of cost at 18 months. New therapeutic advances reducing post-stroke consequences could have a major impact on health care expenditures.

TREATMENT COSTS OF DIFFERENT PHASES IN BREAST CANCER (BC) IN HUNGARY

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OBJECTIVES: While breast cancer has a high incidence worldwide, there is limited data on treatment costs to help decision-makers establish the cost-effectiveness of new treatments. This study’s objective was to determine treatment costs of BC stages for postmenopausal BC patients in Hungary. METHODS: BC-specific resource use items were collected retrospectively on three cohorts: early breast cancer (EBC), local regional recurrence (LRR) and metastatic breast cancer (MBC) patients. Data was obtained from National Health Insurance Fund claims databases on inpatients, outpatients and pharmaceuticals. Cohorts were determined using ICD, WHO, ATC, TNM and procedure codes. Age > 55 served as proxy for postmenopausal status. The first 100 relevant patients at each stage entering the Oncology Report database in 2003 were included and followed for 1 year. Average annual patient costs with 95% confidence intervals (95%CI) were established using Hungarian national fee schedules and reported in euros. RESULTS: The final cohort included 87 patients with incident EBC, 79 patients with LRR, and 99 patients receiving active or palliative care for MBC. The frequency of diagnostic and surgical procedures, consultant visits...
and prescriptions were summarized in natural units. Average (95% CI) out-patient, in-patient and drug cost/patient for EBC patients were estimated to be €1000 (780–1260), €1060 (800–1300) and €2470 (2100–2840) respectively. For LRR patients the corresponding figures were €274 (214–330), €2056 (1470–2600) and €2160 (1600–2700). In MBC values averaged €260 (210–310), €1150 (850–1550) and €3470 (2800–4150) respectively. Drug costs represented 23%, 40% and 29% of total treatment costs/patient in EBC, LRR and MBC. Costs were highest in MBC.

CONCLUSIONS: Inpatient costs represent the highest proportion of costs, followed closely by drug costs, possibly due to relatively low labour costs in Central Europe. These estimates and underlying treatment patterns will be useful in establishing the cost-effectiveness of new BC treatments in Hungary and potentially in the region.

**OSTEOPOROSIS & ARTHRITIS**

**QUALITY OF LIFE IN EARLY RHEUMATOID ARTHRITIS TREATED WITH COMBINATION VS. SINGLE DRUG THERAPY—RESULTS FROM FIN-RACO TRIAL**

**METHODS:** A total of 195 patients with early RA were included and compared to themselves in the same period of 2005 (January 1st and September 30th 2004 (“reference period”) were performed using data from the electronic records of 1200 French GPs. All patients aged 65 years and over, suffering from osteoarthritis and who were prescribed any COX-2 between January 1st and September 30th 2004 (“reference period”) were included and compared to themselves in the same period of 2005 (“observation period”). Patients were classified either as “continuers” if they received at least one COX-2 prescription in the “observation period”, or as “stoppers” if not. Discriminatory factors between the two groups were systematically searched for.

**RESULTS:** A total of 5589 patients were included. Mean age was 75 years and 68.2% were female. A total of 811 (14.5%) were classified as “continuers” and 4778 (85.5%) as “stoppers”. Among the latter 2914 (61.0%) stopped any NSAID treatment and 955 (19.9%) received no treatment at all (neither NSAID...