Duration was estimated from the number of treatment days per patient. Resource use (medications, physicians visits, referrals [excluding hospitalisations]) were retrieved from patients’ medical records. Economic analyses were performed to estimate the average direct cost of PHN management from the National Health Service (NHS) perspective. RESULTS: 25,002 patients with HZ were included in the analyses. Mean age was 67.9 years, 61.1% were females. One-month definition: 19.5% (95% CI 19.0%; 20.0%) of patients developed PHN, 65.4% were females; mean age was 71.2 years. Three-month definition: 13.7% (95% CI 13.2%; 14.1%) of patients developed PHN, 66.6% were females; mean age was 71.1 years. The mean PHN duration was 7.5 and 9.0 months using the 1 and 3-month definitions respectively. The mean direct cost of PHN management per episode was €284.38 and €340.04 for the NHS (1 and 3-months definitions) increasing with severity (mild: €166.62, severe: €519.62 for the 1-month definition). CONCLUSION: This study confirms that PHN episodes remain frequent and costly sequelae of HZ. Therefore, the future implementation of a prophylactic Zoster vaccine is expected to significantly decrease the economic burden of PHN.

**THE ECONOMIC BURDEN OF DRUGS FOR CHILDREN CARE IN GENERAL PRACTICE: AN OBSERVATIONAL STUDY IN FRANCE**

Pelletier-Fleury N, Le Vaillant M, Rosman S, Franc C
1Cermes, Inserm U750 (National Institute of Health and Medical Research), Le Kremlin Bicêtre, France. 2Cermes, Inserm U750 (National Institute of Health and Medical Research), Le Kremlin Bicêtre, France. 3Cermes, Inserm U 750 (National Institute of Health and Medical Research), Le Kremlin Bicêtre, France.

In France, children represent about 15% of GPs’ consultations. The reasons for the doctor-child encounter have not yet been extensively studied, and no research gave insights into the economic burden of children care in general practice. OBJECTIVES: This study aimed to: 1/ provide a descriptive analysis of the main reasons for encounter, 2/ to examine the breakdown of the cost of drugs prescribed and 3/ to estimate the economic burden of drugs for children care in general practice in 2003 (the prevalence method was used). METHODS: We carried out an observational study in a representative sample of 922 French GPs (BKL-Thalès® panel). We observed 60 consecutive visits per doctor and registered data concerning all the children’ visits during this period of time. Patients’ demographics, reasons for encounter and related treatments were collected directly during the consultation (patient management software).

RESULTS: A total of 6652 consultations out of 50,848 (13.08%) concerned children (up to 15 years old). They were on average 6.8 ± 4.3 years old (29.2% were 3 or less), 52.1% were males, 11.1% of them consulted the GP for the first time, only 1.3% had a chronic illness. The main reasons for encounter were respiratory tract infections in 54.8% of cases, vaccination or routine examination and prevention in 13.6%, abdominal complaint in 4.3% and dermatosis in 4.1%. The top 3 of the cost of drugs prescribed was: antibiotics with 21.7% of the costs (€12,652 in the sample), local treatment for URTI with 19.9% (€11,575) and vaccines with 11.8% (€6898). The economic burden of drugs for children care in general practice was estimated at €179.6 million for the year 2003.

CONCLUSION: We identified an area of high expenditure where inefficiencies may exist and saving be made; this remains to be explored.

**EXPENDITURES ON PHARMACEUTICALS: DEMOGRAPHIC CHANGE AND INNOVATION—AN EMPIRICAL ANALYSIS**

Ilgin Y, Eisen R
Johann Wolfgang Goethe University, Frankfurt, Germany

OBJECTIVES: Several studies forecasting health care expenditures (HCE) predict continuously increasing expenses due to at least three factors: ageing, technical progress, and prices. The aim of this study is to identify the effects of selected influencing factors on the expenditures of prescribed drugs (EPD), e.g. the share of 65 aged and older (POP65), doctors’ consultations (DOC), and R&D expenditures of pharmaceutical industry (PHARM_R&D). As EPD have grown faster than any other major components of HCE since the late 1990s, cross-national differences in pharmaceutical expenditures are of great interest. METHODS: With panel data of seven countries (Australia, Canada, Finland, France, Germany, Japan, and US) from 1991 to 2001 a dynamic panel estimator, namely the first-differenced General Method of Moments (GMM) has been applied to test the following hypotheses. If POP65 as well as DOC, and PHARM_R&D increase, then EPD will increase. If the real life expectancy at age 65 (LIFEPOP65) as well as PHARM_R&D increase, then innovations instrumented as patent applications (PAT_AP) will increase. RESULTS: The one-period lagged EPD (0.646; 99% CI) was highly significant, POP65 (0.018; 90% CI) and DOC (−0.024; 95% CI) were significant, and PHARM_R&D was marginally significant.