were discounted at 3.5%. The base case analysis used a conservative estimate of 80 kg for the patient. Uncertainty around the cost effectiveness estimates was explored using one-way and probabilistic sensitivity analysis. RESULTS: Infliximab versus celecoxib resulted in an ICER of €19,290 while infliximab therapy dominated standard care and surgery. Changing the utility of remates, medium term celecoxib, coloectomy probability, and long term treatment effect results in the ICER values being above the cost effectiveness threshold of €30,000 per QALY. CONCLUSIONS: Infliximab can be considered as a cost effective treatment compared to standard care in patients with severely active colitis (UC) hospitalised with an acute exacerbation in Scotland.

RESOURCES UTILIZATION AND DIRECT MEDICAL COST OF CHRONIC HEPATITIS C (CHC) IN THAILAND: A HEAVY BUT MANAGEABLE ECONOMIC BURDEN

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OBJECTIVES: To estimate resource utilization and direct medical cost of chronic hepatitis C (CHC) from a Thai payer perspective. METHODS: Medical records of CHC patients treated during 2003-2006 were collected from 7 major tertiary-care hospitals in Thailand were retrospectively reviewed. Data on CHC-related resource use were collected from diagnosis date to the end of 2007 or the last follow-up date or death date, depending on which date came first. Using micro-costing method, resource utilization categories included laboratory tests, outpatient visits (OPD), inpatient admissions (IPD), procedures and medications were measured for 6 health states of CHC, i.e., CHC compensated cirrhosis (CC), compensated cirrhosis (DC), hepatocellular carcinoma (HCC), liver transplantation at year 1 (LT1), and subsequent years post-transplantation (LT2). Costs were estimated using reference prices published by Ministry of Public Health and were valued in year 2008 Thai Baht (35 Baht = 1 USD). RESULTS: A total of 542 patients were identified with 1378 person-years of follow-up time. OIPD rate was highest in HCC (7 visits/patient/year). IPD rates increased by 289% from CC to DC and 177% from CC to HCC. Mean lengths of stay per admission were 9 days in DC and 8 days in HCC. Usage rates of medications for liver complications were also increased in DC and HCC. Annual average treatment costs per patient were CHC: 243,292 Baht (US$6,951); CC: 251,148 Baht (US$7,176); DC: 154,686 Baht (US$4,335); LT1: 605,771 Baht (US$17,393) and LT2+ 100,818 Baht (US$2,881). CONCLUSIONS: Resource utilization rates in CHC patients increase as the disease progresses. Although inpatient bed charges are relatively low and no doctor fee paid for outpatient visits in public hospitals, consumption of these health care resources could have avoided. Interventions which prevent the delay liver disease progressions will profoundly reduce economic burden of CHC.

TREATMENT OF MODERATE TO SEVERE PAIN WITH OXYCODEONE/NALOXONE TO REDUCE OPIOID-INDUCED CONSTIPATION: A COST-UTILITY ANALYSIS IN BELGIUM AND THE NETHERLANDS

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OBJECTIVES: To assess the extent and main drivers of health care resource consumption in pain patients admitted with non-variceal upper gastrointestinal bleeding (NVUGIB). METHODS: This observational, retrospective cohort study (NCT00797641; EUPN) was conducted in several European countries (Belgium, Greece, Italy, Norway, Portugal, Spain and Turkey). Eligible patients were those consecutively admitted to hospital (1 October–30 November 2008) who underwent endoscopy for overt NVUGIB (haematemesis, melaena or haematochezia, with other clinical/laboratory evidence of acute upper gastrointestinal blood loss). Management of patients proceeded according to routine care at each centre. During a 30-day follow-up period, data on various clinical outcomes were collected from patient medical records. The present analysis reports differences between countries in consumption of health care resources. RESULTS: A total of 2463 patients (65% men; mean age 67.7 years) were enrolled. The mean number of days of hospitalisation (standard deviation (SD)) was 8.9 (5.9) days. A wide inter-country variation was observed, ranging from 7.4 (4.9) days in Turkey to 10.8 (7.5) days in Belgium. Empirical treatment for NVUGIB was administered pre-endoscopy in 65% of patients (range 35% [Belgium] to 77% [Turkey]), most frequently proton pump inhibitors (PPIs) (66.0% of patients, ranging from 32.8% [Belgium] to 87.7% [Turkey]). Therapeutic procedures were performed during endoscopy in 35.8% of patients (range 24.9% [Greece] to 40.6% [Belgium]). Most commonly performed related procedures were transsections (any intravenous fluid, 84.6% of patients, ranging 74.0% [Belgium] to 92.3% [Portugal]) and additional endoscopies (28.7%, range 12.6% [Turkey] to 53.6% [Belgium]). Treatment for NVUGIB was administered post-endoscopy in 93.2% of patients, most commonly PPIs (92.6%); a narrow inter-country range was observed. CONCLUSIONS: Management of NVUGIB is associated with substantial consumption of health care resources in European countries. There is wide variation across Europe; generally, the highest rates of resource utilisation are observed in Belgium and the lowest in Turkey.

GASTROINTESTINAL DISORDERS – Patient-Reported Outcomes Studies

EFFECT OF SUBCUTANEOUS (SC) METHYLNAHTREXONE ON GENERIC HEALTH RELATED QUALITY OF LIFE USING THE EQ-5D INDEX IN PATIENTS WITH CHRONIC NON-MALIGNANT PAIN AND OPIOID-INDUCED CONSTIPATION

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2OBJECTIVES: To assess the effect of subcutaneous Methyltrelaxone on generic Health Related Quality of Life using the EQ-5D index scores in patients on opioid therapy for chronic non-malignant pain with opioid-induced constipation. METHODS: In this study, 469 subjects were randomized to either methyltrelaxone daily (QD), every other day (QOD) dosing or placebo for 4 weeks. Eligibility criteria included an