PGI15

COST EFFECTIVENESS OF THE PHARMACOLOGIC TREATMENT OF IRREVERSIBLE BOWEL SYNDROME AT THE SOCIAL SECURITY MEXICAN INSTITUTE

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OBJECTIVES: Irritable Bowel Syndrome (IBS) is a chronic and relapsing sickness of high social and economic impact on society and patients’ life quality. The purpose of this study is to estimate the cost-effectiveness of treatment with ondansetron (OB) compared with naproxen sodium (PB). IBS symptom scores were evaluated using a Markov modeling approach. The model simulates cost and effectiveness outcomes in a 6-month period for treatment of IBS with OB (40 mg every 8 hr); PB (10-20 mg every 8 hr); and HD (50 mg every 8 hr). Three health conditions were considered ("symptom control", "continuing symptoms", and "relapse") over a 7-day cycle. Effectiveness measures: clinic success rate and symptomless time. The probabilities of transition were estimated from international random clinical trials.

COSTS AND RESOURCE USE WERE COLLECTED FROM HISTORICAL CLAIMS DATABASES AND PATIENT COSTS ASanio MEDICATIONS AND MEDICAL VISITS. RESULTS: The greatest effectiveness of clinical improvement was shown by patients treated with OB (76%) followed by those of PB (72%) and HD (66%). The greatest effectiveness in symptomless time was shown by OB (12 weeks) followed by PB (7 weeks) and HD (15 weeks). Thus, mean cost per patient were lower with OB ($US505.22) followed by PB ($US930.74) and HD ($US662.71). Regardign the ICER, OB resulted the dominant therapy. ACCEPTABILITY CURVES SHOWED OB AS THE MOST COST-EFFECTIVE OPTION IN 100% OF INDEPENDENTLY OF IMSS WILLINGNESS TO PAY. CONCLUSIONS: In Mexico, OB represents the best cost-effective alternative since it offers greater control and probability of a higher rate of symptomless time compared to patients treated with PB or HD. Based on this analysis, OB should be considered as the initial therapy for the treatment of IBS.

PGI16

RESOURCE UTILIZATION AND HEALTH CARE COSTS ASSOCIATED WITH DIVERTICULAR DISEASE: RESULTS FROM A RETROSPECTIVE CLAIMS DATABASE ANALYSIS IN THE UNITED STATES

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OBJECTIVES: To compare all-cause resource utilization and health care costs between patients with diverticulitis disease (DD) and matched controls. METHODS: Medical and pharmacy claims data from the Ingenix IMPACT Managed Care database were analyzed (2005-2008). All-cause resource utilization and all-cause costs were used to estimate resource utilization and health care costs. RESULTS: Cost were adjusted to 2009 dollars. RESULTS: Rates of resource utilization and health care costs were significantly higher for DD patients than for controls: hospitalization, ER visits, and office visits were 8-fold (Incidence Rate Ratio [IRR] = 8.1), 4-fold (IRR = 4.0), and 2.3-fold (IRR = 2.3) higher, respectively, than in controls; all P < 0.001. Due to higher resource utilization, adjusted mean total annual all-cause costs were substantially higher in DD patients than controls ($7,993 vs. $7,028; P < 0.001). Major drivers for the cost difference were hospitalizations ($6,554 vs. $1,374), ER visits ($1,022 vs. $120), outpatient/ancillary costs ($4,289 vs. $2,168), and office visits ($2,542 vs. $1,420), all P < 0.001. CONCLUSIONS: The economic burden of patients with DD is significant, with substantial costs occurring in cost sectors such as hospitalization, ER, and office visits. Interventions are needed to reduce diverticulitis occurrences and potentially decrease the costs associated with hospitalization, ER visits, and outpatient/ancillary services. Supported by funding from Shire Development Inc.

Gastrointestinal Disorders – Patient-Reported Outcomes & Preference-Based Studies

PGI17

HCV TREATMENT CONTINUATION RATES IN GENOTYPE 1 PATIENTS IN A REAL-WORLD SETTING IN THE UNITED STATES

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OBJECTIVES: Conventional antiviral therapy of treatment-naive genotype 1 hepatitis C virus (HCV)-infected patients consists of 48 weeks of pegylated interferon and ribavirin combination. The purpose of this study was to document real-life continuing rates of antiviral therapy for patients with chronic HCV infection (ICD-9-codes 070.44, 070.54, 070.70, 070.71) with documented genotype 1 lab results were identified from a large US claims database (Ingenix 2006-2009). Index date was treatment initiation of any combination of peginterferon and ribavirin. Only genotype 1 patients with one year retrospectively available data without HCV treatment (<1 year) were included. Time to discontinuation was analyzed using Kaplan-Meier and Cox proportional hazards regression. RESULTS: Of all patients with reported genotype, 82% (N=332) were genotype 1 patients. 95.2% initiated a combination of peginterferon and ribavirin. Mean time on treatment was 261 days. 7.2% of all patients only had one prescription without refill. For patients with at least one refill prescription, the hazard of treatment discontinuation was constant over time. While 34% of patients (N=93) had discontinued treatment, while 49.4% (N=154–54.6) of patients completed 48 weeks of therapy. Treatment discontinuations were not associated with age, gender or co-morbidity. CONCLUSIONS: While a 48-week therapy for treatment-naive genotype 1 patients is recommended with current standard of care to obtain sustained viral response (SVR), we observed that in daily clinical practice 50.6% of the patients discontinued therapy earlier. Low treatment continuation rates in real life may result in lower SVR rates compared with what is observed in clinical trial settings. Treatment completion rates may be higher with therapies allowing shortened treatment duration.

PGI18

FEASIBILITY OF ASSESSING UTILITY BY EQ-5D AND TIME-TRADE-OFF METHODS IN TAIWANESE CHRONIC HEPATITIS B PATIENTS

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OBJECTIVES: The extent of difference regarding quality of life (QOL) according to disease severity in chronic hepatitis B virus infection (CHB) has rarely been investigated. The aim of the study was to explore the adaptation and appropriateness of different utility measures of QOL in Taiwanese CHB patients. METHODS: Consecutive adult CHB patients who visited liver clinics at a medical center and a regional hospital from July to December 2010 were invited for interviews. Time-trade-off (TTO), Euroqol group and Markov EQ-5D methodology were used to measure utilities. RESULTS: A total of 120 patients (mean age: 48.02 ± 11.04 years, 85% male) were recruited, including 20 patients of cirrhosis and 14 patients of hepatocellular carcinoma. The mean utility and measurement success rates for EQ-5D index, EQ-5D VAS, and TTO were 0.83 (0.46–0.95), 0.6 (0.3–0.9), and 0.8 (0.5–0.9), respectively. The former two utilities were significantly associated with employment status whilst TTO were significantly associated with marital status. There was no difference in utility of EQ-5D VAS, EQ-5D index and TTO between CHB patients (0.91 ± 0.13, 0.77 ± 0.14, 0.65 ± 0.28), CHB patients concomitant with cirrhosis (0.86 ± 0.16, 0.72 ± 0.23, 0.69 ± 0.32) and CHB patients concomitant hepatocellular carcinoma (0.85 ± 0.14, 0.71 ± 0.20, 0.58 ± 0.27). CONCLUSIONS: EQ-5D questionnaire and EQ-5D VAS are feasible QOL measurement in Taiwanese CHB patients. Since Taiwanese preference weight for transferring EQ-5D assessment into EQ-5D index has not been established, further large-scale study is needed to cross validate this measurement and explore the differences of QOL in terms of disease severity.

PGI19

HEALTH-RELATED QUALITY OF LIFE IS LOWER FOR PATIENTS WITH DIARRHEAL AND NOCTURNAL GERD SYMPTOMS

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OBJECTIVES: This study assessed whether health-related quality of life (HRQoL) is lower for patients with both diurnal and nocturnal GERD than for those with no GERD symptoms. METHODS: Data were analyzed from Kantar Health’s 2010 National Health and Wellness Survey, a nationally representative dataset of US adults (collected over three waves, January 7 to August 13). Outcome variables were SF-12v2 mental and physical component summary (MCS and PCS) and SF-6D health utilities (measuring health status) scores. Lower scores indicate worse outcomes. Analyses of covariance (ANCOVAs) predicted MCS, PCS, and SF-6D from the four GERD groups and a range of covariates. RESULTS: There were 71,000 respondents: non-GERD (n=68,593), diurnal (n=710), nocturnal (n=1,493), and diurnal-and-nocturnal GERD (n=4,204). Estimated means adjusted for the following covariates (and others) at levels shown: gender (48% female); age (48.2% African American (11%); Hispanic (6%); BMI (overweight (32%) and obese (33%); Charlson co-morbidity index, excluding chronic hepatitis C virus (CHB) patients (0.20, 0.58 vs. 0.72); CHB patients (0.20, 0.58 vs. 0.72); CHB patients concomitant with both diurnal and nocturnal GERD were worse (0.69, SE = 0.30); all p < 0.001. CONCLUSIONS: Based on this analysis, respondents with either diurnal or nocturnal GERD were worse than those with neither, or only diurnal or nocturnal GERD. This suggests an unmet need to improve medical care especially for those who have both diurnal and nocturnal GERD.

PGI20

IBS-C PATIENT SYMPTOM REPORTS: ANALYSIS OF EXPLORATORY OPEN-ENDED QUESTIONS

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