specific markers, e.g. growth hormone (GH) and insulin-like growth factor [IGF-I] and to compare the results of the 22-item [8 physical and 14 psychological] Acromegaly Quality-of-Life questionnaire [ACROQOL] and Short Form-36 Health Survey [SF-36] in this population. Some of data collected will support also the ongoing validation of ACROQOL questionnaire.

**METHODS:** This is the largest European multinational, open, non-comparative, single evaluation, observational trial evaluating the HRQOL of patients with acromegaly treated with Sandostatin® LAR®. This preliminary analysis presents interim results from 208 Italian and 71 Spanish patients. Recruitment is ongoing in England, France, Germany, Greece, Portugal, and Turkey. A total of more than 500 patients are expected. GH and IGF-I levels were measured within two months of completion of the questionnaires and sociodemographic data were also recorded. Multivariate analyses were used to explore relationship between HRQOL score and clinical and sociodemographic variables. RESULTS: From this preliminary analysis, there was no apparent relationship between HRQOL and sociodemographic variables; and no correlation with levels of GH or IGF-I. There was a marked correlation between ACROQOL and physical component score of SF-36, but less significant correlation between ACROQOL and mental component score. The overall impact of acromegaly on HRQOL in patients treated with Sandostatin® LAR® has not yet been analysed. CONCLUSIONS: ACROQOL may be a more descriptive measure of HRQOL in the acromegaly population than the SF-36. In terms of the SF-36, there was a superior correlation between the physical function component and ACROQOL than with the mental component score, suggesting that the ACROQOL is more sensitive to the psychological impact of the disease.

**SUSTAINED IMPROVEMENT IN PATIENT-REPORTED OUTCOMES (PRO) AND NORMALIZATION OF HEALTHCARE UTILIZATION (HCU) DURING GROWTH HORMONE (GH) REPLACEMENT THERAPY IN HYPOPITUITARY ADULTS IN THE NETHERLANDS**

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OBJECTIVES: To investigate whether long-term GH replacement in GH deficient adults results in improvements in PRO and HCU in comparison with Dutch population data. METHODS: Analyses were performed using data from KIMS (Pfizer Internatinal Metabolic Database). Data were available for 164 Dutch patients (78 men) for the first year of treatment, whereas 2 and 3-year follow-up data were available for 107 and 62 patients respectively. Quality of life (QoL) was assessed using the Nottingham Health Profile (NHP) and disease-specific QoL-AGHDA questionnaire. HCU data were obtained with the Patient Life Situation Form (PLSF). Statistical analyses were performed with repeated measurements technique (all values presented as mean ± SEM or mean (95% CI). Normative data for the QoL-AGHDA questionnaire are currently being collected and will be compared with patient data. RESULTS: Both QoL measures showed a significant sustained improvement over the 3-year treatment period (from 7.5 ± 0.55 to 5.0 ± 0.59 for NHP, from 10 ± 0.5 to 6.8 ± 0.7 for AGHDA). Data collected with the PLSF showed a sustained subjective improvement in personal well-being for more than two-thirds of patients. There was a significant decrease from the previous years in the number of visits to the doctor (from 7.1 (5.7–8.8) to 2.7 (1.7–4.3)), days in hospital (from 5.1 (3.0–8.6) to 1.7 (0.3–8.6)) and days of sick leave (from 39 (0–120) to 1.9 (0–10)) during GH therapy. These data in comparison with the average number of visits to the doctor in 2004–53 (Source, CBS, 2005), the average number of hospital days in 2003–4.6 days (Source, Prismant, 2005) and average number of sick days in 2003 for the Dutch working population—14.7 (Source, CBS, 2005) showed normalization of HCU. CONCLUSION: Data obtained confirm that GH replacement therapy results in a sustained long-term improvement in PRO and normalization of HCU in The Netherlands.

**GI DISORDERS**

**PEDIATRIC CLINICAL OUTCOMES OF RABEPRAZOLE IN PATIENTS WITH GASTRO-OESOPHAGEAL REFLUX DISEASE IN REAL-WORLD CLINICAL PRACTICE**

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OBJECTIVES: To evaluate the timing and degree of symptom relief with rabeprazole in a real life setting of patients with gastro-oesophageal reflux disease (GERD). METHODS: A prospective, multi-centre, observational study was conducted in which Canadian general practitioners (n = 115) prescribed rabeprazole to adults with GERD. Subjects had to be newly diagnosed or demonstrate insufficient control on their current PPI, H2-antagonist and/or antacid and not have used rabeprazole previously. At the baseline office visit (Day 0), physicians collected demographic and clinical history data. Subjects were prescribed rabeprazole (2 x 10 mg daily) and sent home with a seven-day diary to record symptom severity and symptom control. Subjects also completed a Global Symptom Rating on Day 7 with improvement defined as equal to or greater than 1 point change in severity rating. RESULTS: Of the 312 subjects who reported taking rabeprazole on Day 0, more than half were over 50 years of age and 56% female. The number of subjects reporting baseline Daytime Heartburn (D-HB), baseline Nighttime Heartburn (N-HB), and Regurgitation (R) were 245, 230 and 194 respectively. 63% of D-HB, 73% of N-HB and 72% of R reported improvement within the first 2 days of therapy. Of the subjects experiencing improvement during the first two days of therapy, 83% of D-HB, 83% of N-HB and 82% of R maintained or further improved symptoms to the end of the study. Overall, the majority of patients (76%) marked (56%) or moderate (20%) improvement for the onetime Global Symptom Rating score on Day 7. CONCLUSIONS: Rabeprazole demonstrated a high level of effectiveness within the first two days of therapy, which was maintained in subjects with a prolonged history of GERD, including those with prior PPI treatment. The results of this real world study provided valuable information on the true efficacy of rabeprazole.