Abstracts

1999–2004, ages 16–64 years, were selected from a privately insured claims database with 6+ million beneficiaries. Control group was an age and gender matched cohort of randomly chosen beneficiaries without epilepsy. All were required to have continuous health coverage during 2004 (baseline) and 2005 (study period). Chi-squared tests were used to compare baseline characteristics. Wilcoxon rank-sum tests were used for univariate comparisons of annual direct (medical and pharmaceutical) costs to insurers during the study period. RESULTS: Patients with epilepsy averaged 43 years old, and there were more females (57%). Compared with controls, epilepsy patients had significantly higher rates of mental health disorders, comorbidities included in the Charlson Comorbidity Index (e.g., cerebrovascular disease, congestive heart failure, COPD, rheumatologic disease, cancer), migraine, and other neurological disorders. On average, direct annual costs were significantly higher for epilepsy patients ($10,258) compared with controls ($3,862), difference of $6,396, P < 0.0001. Outpatient services accounted for 34%, inpatient services for 28%, and drug costs for 27% of epilepsy patients' annual direct costs. Among epilepsy patients, non-epilepsy costs accounted for $8201 (80%) on average and epilepsy-related costs (i.e., costs for antiepileptic drugs, claims with an epilepsy or convulsions diagnosis, neurology visits, and selected diagnostic procedures) accounted for $2057 (20%). Approximately 13% ($1047) of non-epilepsy costs were attributable to mental health-related expenditures. CONCLUSIONS: Patients with epilepsy had significantly higher costs compared with matched controls. The excess costs of epilepsy patients are underestimated when looking only at epilepsy-related costs. Epilepsy-related costs represented 20% of the annual direct costs of epilepsy patients and almost one-third of the difference in costs between epilepsy patients and controls.

PND12
COSTS OF HERPES ZOSTER AND POST-HERPETIC NEURALGIA IN FRANCE
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OBJECTIVES: A national multicentre retrospective study (EPIZOD) based on medical records review was conducted among a sample of general practitioners, dermatologists, neurologists and anti-pain centers. Main EPIZOD objectives were to estimate annual incidence of Herpes Zoster (HZ) and the proportion of patients developing Post-Herperitic Neuralgia (PHN) in France. PHN was defined as “presence of pain at least one month after rash onset”. An economic study was carried out in a sample of patients included in EPIZOD to estimate costs associated with HZ and PHN management in patients aged more than 50 in France. METHODS: Costs of health resources utilization, including consultations, examinations, treatments (i.e. drugs and non-pharmacological treatments), hospitalizations and sick leaves, were valued according to official tariffs and weighted by patients’ treatment patterns. Estimations were calculated according to both Third Party Payer (TPP) and societal perspectives. RESULTS: Among 862 HZ and 412 PHN patients included in EPIZOD, 108 and 88 patients, respectively, were recruited for the economic study. Mean cost per HZ case was estimated to be €182.92 for TPP and €346.78 for the society. Each PHN case was assessed to cost on average €339.84 and €555.56 respectively. Main costs drivers for TPP were treatments (about 50% of total costs), followed by hospitalizations and medical consultations (about 20% each). Based on EPIZOD incidence estimations, annual cost associated with HZ and PHN management would reach €61.0 million for TPP and €108.5 million for the society. CONCLUSIONS: This study suggests that HZ and PHN are costly diseases in France. In this context, our findings will be useful for policymakers when assessing HZ and PHN control measures, including the introduction of a vaccine.

PND13
ALZHEIMER’S DISEASE PRESCRIPTION MEDICATION COSTS: 2004–2005
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OBJECTIVES: Alzheimer’s disease is a chronic, progressive disease, characterized by deterioration of cognitive function. The prevalence rate of Alzheimer’s disease is 10 percent in people over the age of 70, and 40 percent for people over age 90. There is no cure for Alzheimer’s disease therefore the goal of treatment is to control the signs and symptoms of the disease through prescription medications. At the national level, research is lacking in the area of prescription medication costs for Alzheimer’s disease. The objectives of this study were to estimate the number and cost of prescription medications for Alzheimer’s disease in the United States. METHODS: The Medical Expenditures Panel Survey is a nationally representative sample of the non-institutionalized, civilian population in the United States. Data from the 2004–2005 Medical Expenditures Panel Survey were used to estimate the cost of prescription medications for Alzheimer’s disease. To test for a difference between costs of prescription medications for gender, a t-test was used. A series of one-way ANOVA analyses were used with each of the remaining demographic variables (age, marital status, income and region of residence) serving as the independent variable and the cost of Alzheimer’s prescription medications as the dependent variable. RESULTS: Over 1.9 million people reported having Alzheimer’s disease in 2004 and 2005. Over the two year period, these patients reported having over 10 million prescriptions filled for Alzheimer’s medications at a cost of over $1.3 billion in U.S. dollars. CONCLUSIONS: The most rapidly growing segment of the population by the year 2030 will be people over the age of 85. Because life expectancy is increasing and the risk of developing Alzheimer’s increases with age, this cost of prescription medications estimation has both current and future relevance for health care insurers, providers, administrators, policy makers and Alzheimer’s patients.

PND14
MEDICATION COSTS OF PATIENTS WITH CYSTIC FIBROSIS (CF) IN GERMANY
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OBJECTIVES: CF patients need specialized long-term medication. In order to support lung function inhalable pharmaceuticals like bronchodilators, mucolytica or anti-inflammatory drugs are used. Oral or inhalable antibiotic therapy is especially important for patients whose lung has a chronic colonization with germs. In case of pancreatic insufficient digestive enzymes have to be substituted and patients need an additional supplement of vitamins as well as high caloric food. All of these aspects lead to high medication in CF patients. Hence, aim of this work is to analyse medication mixtures and related costs for CF in Germany. METHODS: Medication data was evaluated in seven different outpatient CF centres. Data was recorded via medication lists by the physicians reporting name of medication, dosage and phar-