reported as severe. For current dry eye condition, mean utilities for these groups were 0.72 for self-reported mild to moderate and 0.61 for self-reported severe. **CONCLUSIONS:** Utilities for dry eye were in the range of conditions accepted as lowering health utilities. Severe dry eye utilities were similar to those reported for dialysis and severe angina. Findings highlight the impact of dry eye on patients.

PEY22

DEVELOPMENT AND VALIDATION OF A COMPREHENSIVE PAINFUL SYMPTOM CHECKLIST ALLOWING PROVIDING A COMPLETE DESCRIPTION OF PAIN IN OPHTHALMIC DISEASES

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OBJECTIVE: Ophthalmologists have to face various acute or chronic painful diseases. They miss specific tools assessing ocular pain. Our objective was to develop and validate a tool to quickly and precisely describe patient's complaint, measure pain intensity and elicit possible causes. **METHODS:** Different types of quantification and description of pain identified from the literature were proposed to 20 patients suffering from acute or chronic painful ophthalmic diseases. A questionnaire was developed, validated by an Advisory Committee (AC) and tested with 8 other patients. The pilot questionnaire was produced and validated by the AC. A cross-sectional, observational study was carried out to validate the questionnaire for a use in clinical practice and to provide a typology of painful ocular pathologies. The questionnaire was completed by 536 consecutive patients presenting with pain complaint in 43 centres. The clinicians completed a medical form and assessed the questionnaire's usefulness and feasibility in clinical practice. **RESULTS:** The test questionnaire was developed taking into account the preference given by patients to visual analogous or graduated scales to quantify pain, and to pictograms to describe pain. This test version was considered valid and easy to use, except for the emotional descriptors of pain. The pilot questionnaire contained five sections: "General Health", "Eyes and eyesight", "Pain", "Pain relief", "Pictograms and sensorial descriptors". A description of pain characteristics was provided for the most frequent painful diseases, including traumatisms (183), ocular surface diseases (71), cornea pathologies (58). A total of 27 ophthalmologists evaluated the questionnaire and 78% of them considered it helpful for patient management. **CONCLUSION:** The ODEON® questionnaire is a unique, promising tool designed for use in clinical practice to allow patients with ocular pain to comprehensively quantify and describe their pain in a standardised format. Further work is needed to establish specific recommendations.

HEALTH CARE USE & POLICY

PHP1

A COMPARISON OF FREQUENTIST AND BAYESIAN STATISTICAL APPROACHES IN COST-BENEFIT ANALYSIS

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OBJECTIVES: To compare the results of a prospective cost-benefit analysis (CBA) of the South Carolina Palmetto Poison Center (PPC) using Bayesian and frequentist (inferential) statistical approaches to estimation. **METHODS:** Results from a cost-benefit analysis of a statewide poison control center were used in this analysis. The CBA was conducted based on a follow-up survey of 652 callers to the PPC who were recommended for home management of their suspected poisoning exposure. A payor perspective was taken and costs included direct costs. Benefits were measured as direct medical costs avoided (e.g. emergency department visit, ambulance service, physician visit) by the use of the PPC. A series of decision analytic models were constructed and analyzed separately with frequentist and Bayesian statistical methods. Data from a similar CBA of the PPC conducted in 1998 was used to obtain the "prior" information needed for the Bayesian analysis. BC ratios using the two approaches were compared and their interpretations explored. **RESULTS:** Calculation of BC ratios using Bayesian and frequentist approaches yielded similar measures. The BC ratio was 7.77 in the frequentist approach with a 95% CI of (6.93, 8.61) and 7.42 in the Bayesian approach with a 95% credible interval of (5.46, 9.38). See the abstract titled "Cost-Beneficial Acceptability Curves: Calculation and Comparison between Frequentist and Bayesian Statistical Approaches in Cost-Benefit Analysis" for the detailed CBA data and description. **CONCLUSIONS:** The PPC is cost-beneficial over a reasonable range of cost and benefit values. Results are similar between the frequentist and Bayesian approaches, although interpretation of the two approaches differs significantly.

PHP2

IMPLEMENTATION OF AN EVIDENCE BASED GUIDELINE FOR CLINICAL NUTRITION IN A 500 BED HOSPITAL IN NORTHERN GERMANY: INFLUENCE ON DIRECT COST FOR CLINICAL NUTRITION

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OBJECTIVES: To evaluate the influence of an evidence based guideline for clinical nutrition on direct cost for enteral and parenteral nutrition. **METHODS:** Annual cost for enteral and parenteral nutrition has been analysed. An evidence based guideline for clinical nutrition was developed in the hospital by a multidisciplinary team consisting of medical doctors, nurses, dieticians and pharmacists. In general a guideline is a comprehensive approach to the best available evidence for clinical nutrition (enteral nutrition should be used when ever possible). The guideline was then implemented in the hospital by teaching nurses and doctors. One year after introduction of the guideline the annual cost were analysed. **RESULTS:** In 2003 the cost for parenteral nutrition were €86.908, and for enteral nutrition €16.273. After establishing the guideline the cost were reduced especially for parenteral nutrition (parenteral nutrition €52.245, enteral nutrition €16.092). The savings in 2004 were €34.844, (number of cases and severity of illness detected by disease staging TM (medstat group) did not change) **CONCLUSIONS:** The cost reduction for clinical nutrition could be influenced by several factors: 1) It is possible that the regained awareness of costs have influenced the behaviour of the clinicians independent of the guideline, and 2) The implementation of the guideline lead to an improved knowledge of the clinicians in clinical nutrition and reduced variance in individual decision making. Thus nutritional status improved whereas costs were lowered. Further studies are needed to detect changes in nutritional status of patients after having established a guideline. A study has been initiated (Nutricor).