typically higher cost of ReSTOR® compared to a monofocal; this did not hold true for ARRAY-SA40®. ReSTOR® improves patients’ satisfaction and is a cost saving alternative versus spectacles in patients requiring cataract surgery.

**PSS28**

**VENOUS LEG ULCER. COSTS-OF-ILLNESS OF IN GERMANY. A NATIONAL CROSS-SECTIONAL STUDY**

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**OBJECTIVES:** Assessment of the costs-of-illness of venous leg ulcers treated in German wound centers. **METHODS:** A nationwide cross-sectional study was performed in 31 specialized wound centers, including office- and clinic-based dermatologists, surgeons, GPs and internists. Patients with confirmed diagnosis of venous leg ulcer(s) were consecutively recruited, interviewed and asked to fill standardized questionnaires. Major outcomes parameters were the direct, indirect and intangible costs related to the leg ulcers from the societal perspective. The patient case report forms included questions on former treatment, health related quality of life, patient-relevant treatment benefit (PBI) and quality of care. The physician questionnaire focused on clinical data, co-morbidity, co-medication, wound status, resource consumption and all relevant types of costs related to the treatment of venous leg ulcers. **RESULTS:** In total, n = 218 patients (mean age: 69.8 ± 12.0 years, median = 71) were enrolled, including 62.1% women and 37.9% men. The median duration of ulceration was 7.0 years. The average total costs per patient summed up to €9569 per year, including €2658 of direct costs and €911 of indirect costs. The major proportions of direct costs were statutory health insurance costs (€7631) and out-of-pocket expenses (€1027). The most cost-driving factor was inpatient treatment (€3568), followed by non-drug treatment expenses (€470) and nursing fees in home care (€212). Health-related quality of life was considerably impaired in almost all of the patients, indicating high intangible costs of illness. **CONCLUSIONS:** Venous leg ulcers in Germany are associated with relevant direct, indirect and intangible costs suggesting early and qualified disease management. are associated with relevant direct, indirect and intangible costs suggesting early and qualified disease management.

**PSS29**

**SOCIETAL COSTS OF SEVERE CHRONIC HAND ECZEMA (CHE) IN GERMANY**

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**OBJECTIVES:** Severe chronic CHE is underreported in Germany. Reported data refer to work-related disease only and even these are incomplete (Diepgen & Schmidt 2002). However, CHE has a huge impact on the working capacity of patients. We therefore targeted to estimate the total costs of severe CHE in Germany using epidemiological data in addition to reported cases of occupational CHE. **METHODS:** In a first step data on 151 patients with occupational CHE were analyzed to obtain information on direct and indirect costs of CHE. In a second step epidemiological information was used to create three groups of patients: 1) DGUV-patients (German Statutory Accident Insurance, payer for work-related diseases/accidents); 2) non-DGUV but full-time working patients and 3) non-DGUV, non-full time working patients. Cost assumptions per group were adjusted to reflect differing reimbursement catalogues (DGUV vs. Statutory Sick Funds), impact of work absenteeism and employment status.

Extensive scenario analyses with varying assumptions on costs and epidemiology were conducted. **RESULTS:** Group 1 included 23,631 patients, group 299,735 and group 3,115,253. Per patient costs per group amounted to €8799 in group 1, €5341 in group 2 and €1035 in group 3. This results in total societal costs of €860 million for severe, chronic CHE in Germany. Scenario analyses showed a range of €348 million to €1.59 billion. 67% of total costs were indirect costs, Statutory Sick Funds were the payer for 15.5%, patients for 11.5% and DGUV for 6%. **CONCLUSIONS:** Total annual societal costs of severe chronic CHE are enormous, despite the fact that CHE is not a life-threatening disease. These costs are similar to the total costs of psoriasis, colon or stomach cancer in Germany. The main cost component are indirect costs. Effective therapeutic or preventive measures would have a huge potential for cost savings.

**PSS30**

**COST OF SPECTACLES AFTER CATARACT SURGERY IN THE NETHERLANDS**

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**OBJECTIVES:** Cataract is the principal cause of blindness worldwide and surgery is the only effective treatment for this condition. Several multifocal intraocular lenses (MFIOLs) are currently available to reduce or eliminate the need for eyeglasses after surgery. The objective of this survey was to collect data in the Netherlands on the associated costs to society of wearing spectacles after cataract surgery. This information was requested to support a health economics evaluation of MFIOLs. **METHODS:** Cross-sectional survey of centers that recruited patients who wore spectacles after cataract surgery and agreed to complete a questionnaire. **RESULTS:** Forty-seven patients were recruited with a mean age of 74.2 years and sex-ratio 2 females: 1 male. On average, they underwent cataract surgery 2.1 years prior to recruitment. A total of 97.9% had a private insurance which covered spectacle cost, at least partially, in 69.0% of the cases. Spectacles were prescribed by an optometrist for 48.9%, and glasses were multi focal in 76.7% of the cases (varifocal 44.7%). Spectacles were changed within 3 years in 50.0% of the patients. Patients live an average of 11.5 km from their ophthalmologist and 5.8 k from their opticians. Mean spectacle cost was €386.5, 43.7% being paid by private insurance. More than 80% of the patients wear glasses for watching TV, near reading, going to movies or theater, driving, walking outside and visiting friends. Dissatisfaction with glasses was rather rare at 13.7% of the patients; 47.6% of the subjects expressed some willingness to pay (at least €0.5 per day) to avoid wearing spectacles. **CONCLUSIONS:** Although almost half of all subjects had a private health insurance, a large part of the cost was borne by patients. The total economic burden of spectacles was not limited to the spectacles; repeated travel related to eye care should also be considered. There is some willingness to pay to be free of spectacles in this population.

**PSS31**

**ACUTE OTITIS MEDIA: A MAJOR SOURCE OF PRODUCTIVITY LOSS**

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**OBJECTIVES:** Otitis media (OM) is one of the most common childhood diseases. By age 3-years, 50–85% of children have had