were discounted at 3.5%. The base case analysis used a conservative estimate of 80 kg for the patient. Uncertainty around the cost-effectiveness estimates was explored using a one-way and probabilistic sensitivity analysis. RESULTS: Infliximab versus celecoxib resulted in an ICER of $19,290 while infliximab therapy dominated standard care and surgery. Changes in the utility estimates, medium term clinical outcomes, and long term treatment effects result from the ICER values being above the cost effectiveness threshold of $30,000 per QALY. CONCLUSIONS: Infliximab can be considered as a cost-effective treatment compared to standard care in patients with severely active colitis (UC) hospitalized with an acute exacerbation in Sweden.


P1G1

RESOURCE UTILIZATION AND DIRECT MEDICAL COST OF CHRONIC HEPATITIS C (CHC) IN THAILAND: A HEAVY BUT MANAGEABLE ECONOMIC BURDEN

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OBJECTIVES: To estimate resource utilization and direct medical cost of chronic hepatitis C (CHC) from a Thai payer perspective. METHODS: Medical records of CHC patients admitted during 2003-2006 in three major tertiary-care hospitals in Thailand were retrospectively reviewed. Data on CHC-related resource use were collected from diagnosis date to the end of 2007 or the last follow-up date or death date, depending on which date came first. Using micro-costing method, resource utilization categorized as laboratory tests, outpatient visits (OPD), inpatient admissions (IPD), and procedures and medications were measured for 6 health states of CHC, i.e., CHC compensated cirrhosis (CC), decompensated cirrhosis (DC), hepatocellular carcinoma (HCC), liver transplantation at year 1 (LT1), and subsequent years post-transplantation (LT2+). Costs were estimated using reference prices published by Ministry of Public Health and were valued in year 2008 Thai Baht (35 Baht = 1 USD). RESULTS: A total of 542 patients were identified with 1578 person-years of follow-up time. OIPD rate was highest in HCC (7 visits/patient/year); IPD rates increased by 28.9% from CC to DC and 177.7% from CC to HCC. Mean lengths of stay per admission were 9 days in CC and 6 days in HCC. Usage rates of medications for liver complications were also increased in DC and HCC. Average annual treatment costs per patient were: CC, 243,292 Baht ($US6,951); CC, 251,148 Baht ($US7,176); DC, 154,686 Baht ($US3,705); LT1, 608,771 Baht ($US17,593); and LT2+, 100,818 Baht ($US2,881). CONCLUSIONS: Resource utilization rates in CHC patients increase as the disease progresses. Although inpatient bed charges are relatively low and no doctor fee paid for outpatient visits in public hospitals, consumption of these health care resources could have been avoided. Interventions which prevent the delay liver disease progressions will profoundly reduce economic burden of CHC.

P1G11

TREATMENT OF MODERATE TO SEVERE PAIN WITH OXOCODONE/NALOXONE TO REDUCE OPIOID-INDUCED CONSTIPATION: A COST-UTILITY ANALYSIS IN BELGIUM AND THE NETHERLANDS

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OBJECTIVES: Constipation is a frequent and possibly debilitating adverse event of analgesic treatment. A new drug combining the opioid oxycodone with the opioid antagonist naloxone provides equivalent analgesia to oxycodone alone with significant improvement in bowel function, as demonstrated in a 12-week randomized controlled trial in moderate/severe non-cancer pain (OXN3001). This analysis assessed the cost-effectiveness of oxycodone/naloxone vs. oxycodone in Belgium and The Netherlands. METHODS: A decision model was developed in MS ExcelTM. In this model, costs ($, societal perspective) and effects (QALYs) of both strategies were calculated over a 3.5 (base case) to 12-month horizon (no discounting). The proportion of patients experiencing opioid-induced constipation (OIC) was derived from the OXN3001 trial. Medical resource use for OIC prevention, treatment and complications was compiled from a Delphi panel including 24 Belgian and Dutch GPs. National tariffs were applied to obtain corresponding costs. Utility scores were derived from the SF-16 questionnaire collected during the OXN3001 trial. Deterministic and probabilistic sensitivity analyses were performed. RESULTS: At 3 months, oxycodone/naloxone was dominant over oxycodone in The Netherlands, while the incremental cost-effectiveness ratio (ICER) was $16,890/QALY in Belgium (incremental drug cost: The Netherlands $16,115, Belgium $13,66; OIC-related savings The Netherlands $136, Belgium $110); OIC-related savings gained: both countries 0.0026. At 12 months, the ICER was $12,766/QALY in The Netherlands and $25,421/QALY in Belgium. The proportion of patients experiencing at least 1 OIC episode during a 4 week analgesic treatment was the most sensitive parameter. A Monte Carlo analysis showed that, assuming a willingness to pay threshold of $20,000/QALY (The Netherlands) and $10,000/QALY (Belgium), oxycodone/naloxone was cost-effective in 58% (The Netherlands) and 63% (Belgium) of the 1000 simulations (3-month horizon). CONCLUSIONS: Analgesia with oxycodone/naloxone is cost-effective (Belgium) or even dominant (The Netherlands) at three months and remains cost-effective up to one year.

P1G17

CONSUMPTION OF HEALTH CARE RESOURCES ASSOCIATED WITH CURRENTLY MANAGEMENT STRATEGIES FOR NON-VARICEAL UPPER GASTROINTESTINAL BLEEDING: AN OBSERVATIONAL EUROPEAN STUDY

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OBJECTIVES: To assess the extent and main drivers of health care resource consumption in patients admitted with non-variceal upper gastrointestinal bleeding (NVUGIB). METHODS: This observational, retrospective cohort study (NCT00797641) was conducted in several European countries (Belgium, Greece, Italy, Norway, Portugal, Spain and Turkey). Eligible patients were those consecutively admitted to hospital (1 October–30 November 2008) who underwent endoscopy for overt NVUGIB (haematemesis, melena or haematochezia, with other clinical/laboratory evidence of acute upper gastrointestinal blood loss). Management of patients proceeded according to routine care at each centre. During a 30-day follow-up period, data on various clinical outcomes were collected from patient medical records. The present analysis reports differences between countries in consumption of health care resources. RESULTS: A total of 2646 patients (65% men; mean age 67.7 years) were enrolled. The mean number of days of hospitalisation (standard deviation (SD)) was 8.9 (5.9) days. A wide inter-country variation was observed, ranging from 7.4 (4.9) days in Turkey to 10.8 (7.5) days in Belgium. Empirical treatment for NVUGIB was administered pre-endoscopy in 65% of patients (range 35.5% [Belgium] to 78.7% [Turkey]), most frequently proton pump inhibitors (PPIs) (66.0% of patients, ranging from 32.8% [Belgium] to 87.7% [Turkey]). Therapeutic procedures were performed during endoscopy in 35.8% of patients (range 24.9% [Greece] to 40.6% [Belgium]). Most commonly performed related procedures were transfusions (any intravenous fluid, 84.6% of patients, range 74.0% [Belgium] to 92.3% [Portugal]) and additional endoscopies (28.7%, range 12.6% [Turkey] to 53.6% [Belgium]). Treatment for NVUGIB was administered post-endoscopy in 93.2% of patients, most commonly PPIs (92.6%); a narrow inter-country range was observed. CONCLUSIONS: Management of NVUGIB is associated with substantial consumption of health care resources in European countries. There is wide variation across Europe; generally, the highest rates of resource utilisation are observed in Belgium and the lowest in Turkey.

GASTROINTESTINAL DISORDERS – Patient-Reported Outcomes Studies

P1G18

EFFECT OF SUBCUTANEOUS (SC) METHYLNALTREXONE ON GENERIC HEALTH RELATED QUALITY OF LIFE USING THE EQ-5D INDEX SCORES IN PATIENTS WITH CHRONIC NON-MALIGNANT PAIN AND OPIOID-INDUCED CONSTIPATION

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OBJECTIVES: To assess the effect of subcutaneous Methyltnaltrexone on generic Health Related Quality of Life using the EQ-5D index scores in patients on opioid therapy for chronic non-malignant pain with opioid-induced constipation. METHODS: In this study, 469 subjects were randomized to either methyltnaltrexone daily (QD), every other day (QOD) dosing or placebo for 4 weeks. Eligibility criteria included an...