esomeprazole (EAC) results in direct medical cost savings compared with 1-week triple therapy (OAC) followed by three weeks omeprazole monotherapy, while offering comparable effectiveness.

**OBJECTIVE:** Two studies have reported results comparing esomeprazole 40mg and lansoprazole 30mg in the healing of reflux oesophagitis. The two studies come to different conclusions. One study shows superiority for esomeprazole at four and eight weeks while the other claims equivalence. The aim of this work was to combine the results of the 2 studies by meta-analysis to ascertain if there is a difference in healing rates with esomeprazole 40mg and lansoprazole 30mg. **METHODS:** Meta-analysis of intention-to-treat (ITT) endoscopic healing rates at four and eight weeks. If the healing rates were not presented in an ITT format they were recalculated. ITT was defined as “patients being analysed in the treatment arm that they entered at randomisation, regardless of whether they dropped-out, received the incorrect treatment or withdrew before completion of the trial”.

**RESULTS:** At 4 weeks, esomeprazole 40mg is significantly more effective than lansoprazole 30mg in the healing of reflux oesophagitis (Relative Risk 1.05; 95% CI 1.02–1.09). Similarly, at 8 weeks esomeprazole 40mg is significantly more effective than lansoprazole 30mg (Relative Risk 1.04; 95% CI 1.01–1.06). A chi-squared test was carried out to investigate possible heterogeneity. Significant heterogeneity was not detected at four or eight weeks. **CONCLUSIONS:** Esomeprazole 40mg is significantly more effective than lansoprazole 30mg in the healing of reflux oesophagitis at 4 and 8 weeks.

**OUTCOMES ANALYSIS OF RABEPRAZOLE (ACIPHEX) USE AT A VETERAN AFFAIRS MEDICAL CENTER**

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**OBJECTIVE:** To analyze the safety, effectiveness and cost savings of rabeprazole at the McGuire Veterans Affairs Medical Center. Similar effectiveness and safety profiles among the proton pump inhibitors (PPI) prompted a dose-per-dose interchange (1:1) of rabeprazole with currently prescribed PPIs (lansoprazole and omeprazole) when rabeprazole was added to the VA National Formulary priced 75%–80% less than its competitors. Rabeprazole was also identified as drug-of-choice for future use in PPI-naïve patients. **METHODS:** Patients with active rabeprazole prescriptions (N = 3885) and those failing therapy (N = 249) as of 5/22/02 were selected for analysis (total N = 4134). Patients were divided into two subsets: those participating in the PPI therapeutic interchange: N = 2088; and PPI-naïve patients prescribed rabeprazole after formulary addition: N = 1797. A retrospective database analysis of 14,565 PPI prescriptions from January 1, 2000–May 22, 2002 was conducted to assess PPI prescribing trends, pharmacy acquisition costs, tolerance, effectiveness and dose creep for these individuals. **RESULTS:** Safety: Patients experience an adverse drug event (ADE): N = 65 (1.6%). Effectiveness: Patients failing rabeprazole: N = 184 (4.5%). Total number of patients...
discontinuing rabeprazole for effectiveness or ADE; N = 249 (6%). Estimated annual PPI acquisition costs were reduced 50%, avoiding over ½ million dollars (US) in pharmacy acquisition costs despite a 32% increase in units dispense. Final cost analysis will include the effect of dose-creep in rabeprazole patients and associated clinic costs. CONCLUSION: Rabeprazole appears safe, effective, and cost-saving as indicated by the low number of patients discontinuing rabeprazole for either clinical failure or intolerance. Cost savings were significant but offset by a predictable and substantial increase in use.

*Data available 10-months post interchange; 1-year data will be presented at meeting.

**TOWARDS A MULTISTAGE DECISION ANALYSIS FOR THE TREATMENT OF FAECAL INCONTINENCE**

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OBJECTIVES: If multiple diagnostic modalities are available, an insurmountable number of strategies have to be compared to determine the most efficient one. Our aim is to develop a multistage decision analytic model to decide upon the most cost-effective diagnostic strategy to guide the treatment of faecal incontinence by physiotherapy and surgical anal sphincter repair. METHODS: Incremental cost-effectiveness analysis of diagnostic strategies, each including one to seven diagnostic modalities, five of which consist of two or three subtests. The primary endpoint is the success of physiotherapy or, in case of failure, the success of subsequent operative anal sphincter repair. An informed choice was made for a restricted set of strategies eligible for economic evaluation and modelling, based on methodological papers and on expert opinion on patient logistics. RESULTS: In theory, 8,41E+13 possible decisions have to be evaluated for each therapy. This number can be reduced to 1,063,859, if the most cost-effective subtest combination within each diagnostic modality is determined beforehand. This is very likely the most informative combination, for the cost differences are minimal. Next, four modalities make up an inseparable diagnostic test array from the patients’ logistics point of view. Within this array individual tests may be omitted and the order of tests is redundant. The array further reduces the number of decisions to be evaluated to 777. CONCLUSIONS: The number of possible diagnostic strategies can be successfully reduced to manageable proportions through an evaluation of subtest combinations first and by taking into account patients’ logistics.

**GASTROINTESTINAL DISEASES/DISORDERS—Quality of Life/Utility/Preference/Productivity**

**IMPACT OF IBS ON QUALITY OF LIFE AND PSYCHOLOGICAL WELL-BEING IN PATIENTS AND RELATIVES**

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OBJECTIVE: Compare the Health Related Quality of Life (HRQoL) and Psychological Well-being (PW) of IBS and non-IBS patients (controls) and evaluate the perceived stress of IBS patients’ relatives. METHODS: Observational, prospective study including a sample of 455 IBS patients meeting Rome II criteria, 69 controls, and 195 IBS patients’ relatives. The controls were selected from those subjects who had attended a health centre with a relative due to digestive problems (excluding IBS). All samples were selected from the consulting rooms of 86 Spanish gastroenterologists and physicians. In order to measure HRQoL and PW patients and controls completed the EQ-5D and Psychological Well-Being Index (PGWBI). Patients’ relatives completed an adapted version of the Levenstein’s Perceived Stress Questionnaire (LPSQ). RESULTS: The mean (SD) age of patients was 43(14) years and 76.5% were female. There were no statistical significant differences in age and gender between patients and controls. 67.9% of patients presented some concomitant disease, while in controls the percentage was lower (39.1%) (p < 0.01). Patients presented worse HRQoL than controls, presenting a higher presence of problems in all EQ-5D dimensions (p < 0.05), except self-care. 76.5 and 54.7% of patients declared having pain and anxiety problems, respectively, compared to 15.9 and 20.3% of controls. In terms of PGWBI, patients presented more problems than controls in all dimensions (p < 0.05) except ‘alimentation’ and ‘sexual relations’. Relatives obtained a mean (SD) LPSQ score of 0.54 (0.12) on a scale from 0 to 1 (maximum stress). Relatives of patients with a higher IBS severity (rated by patients and doctors) showed a higher stress level than those relatives of less severe patients. CONCLUSIONS: Patients with IBS showed a significant deterioration in HRQoL, in almost all HRQoL dimensions, compared with non-IBS subjects. Relatives showed varying levels of stress according to the patient’s IBS severity, stress being higher in relatives of more severe patients.