IRRITABLE BOWEL SYNDROME (IBS) SIGNIFICANTLY AFFECTS PATIENT QUALITY OF LIFE (QOL) AND IS RESPONSIBLE FOR HIGH COSTS IN FRANCE: THE ENCOLI STUDY

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OBJECTIVES: To describe the manage care in patients presenting IBS and to evaluate, according to the severity of the disease, the impact of the pathology in terms of quality of life (QOL) and resources used (RU).

METHODS: This is a 3-month transversal study of IBS patients with a retrospective collection of information covering the previous year. Socio-demographic characteristics, clinical profile, digestive symptoms, and treatment information were collected. Patients were classified according to the Rome I, II, and Mannings criteria. Patients completed questionnaires to describe their level of pain and discomfort (SGA), their RU (hospitalisations, consultations, medications, tests), and work loss over the last year. A generic QoL questionnaire, the Short Form 36 (SF-36), and a disease-specific QoL questionnaire (IBS-QOL) were administered as well as a validated anxiety and depression scale (HAD). A descriptive comparison of groups of patients responding to the different IBS classification criteria was performed. IBS-related costs during the previous one-year period were estimated, following a classification criteria. About 10% of IBS patients were diagnosed with IBS did not meet any of currently accepted diagnosis criteria, whereas 38% met all of the diagnostic classification criteria. About 10% of IBS patients were hospitalized for their IBS during the past year. The total annual direct cost per patient was €773. CONCLUSIONS: These results confirm that IBS exacts large direct medical costs in France and that IBS patients experience a lower QoL than the French general population. Nearly 23% of the patients diagnosed with IBS did not meet any of currently accepted diagnosis criteria, whereas 38% met all of the diagnostic classification criteria. About 10% of IBS patients were hospitalized for their IBS during the past year. The total annual direct cost per patient was €773.

HEALTH STATE UTILITIES AND WILLINGNESS TO PAY IN GERD PATIENTS WITH HEARTBURN

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OBJECTIVES: To estimate health state utilities and willingness to pay (WTP) for symptom relief in patients with gastroesophageal reflux disease (GERD), and to examine the impact of frequency and severity of heartburn on utilities and WTP.

METHODS: Five hundred four Swedish GERD patients with heartburn as the predominant symptom were recruited by physicians. Data on utilities, WTP, annual number of days with heartburn (frequency) and severity of heartburn (mild, moderate, severe) were collected. Utilities were assessed using the EuroQol and rating scale (RS). Another RS was used to assess the utility as patients thought it would be without heartburn. Annual WTP was assessed for a 25% and 50% reduction in frequency, using a binary question (BQ-WTP) and a bidding game (BG-WTP). Linear regression analysis was used to examine the impact of symptoms on utilities and WTP, and to predict quality adjusted life-years (QALYs) gained from reduced symptoms.

RESULTS: Average RS and EuroQol utilities were 0.72 and 0.69. Average RS utility as it would be without heartburn was 0.85. Frequency and severity had a significant and negative impact on utilities. RS (EuroQol) utilities by severity were 0.78, 0.70, 0.62 (0.78, 0.67, 0.51). Average annual BQ-WTP for the 25% (50%) reduction was 6200 (8200) Swedish kronor. Average annual BQ-WTP for the 25% (50%) reduction was 5100 (6300). Frequency and severity had a significant and positive impact on WTP. Implied BQ-WTP (BG WTP) per symptom free day gained was 119 (95). Implied BQ-WTP (BG-WTP) per QALY gained was 328000 (263000) based on the EuroQol and 661000 (530000) based on the RS.

CONCLUSIONS: The significant impact of heartburn on utilities and WTP support the validity of the utility and WTP estimates. The results indicate that GERD patients with heartburn assign their health states substantial disutility and are willing to pay considerable amounts for symptom relief.

CORRELATION BETWEEN DIFFERENT PRODUCTIVITY VARIABLES OBTAINED FROM THE WPAI-GERD QUESTIONNAIRE

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A validation analysis of the Work Productivity and Activity Impairment questionnaire (WPAI) for assessing lost productivity due to symptoms of gastroesophageal reflux disease (GERD) has previously been reported, based on results from a cross-sectional study of a Swedish working population (N = 136) visiting a general practitioner due to GERD. The construct validity of the WPAI-GERD was found to be high, and patients with symptoms of GERD (heartburn) reported an average of 2.5 hours absence from work (AW), 23% reduced productivity while at work (PW) and 30% reduced productivity while doing regular daily activities (PA) during the week preceding the consultation.

OBJECTIVES: To carry out a further validation analysis of the WPAI-GERD by investigating the relationship between the different productivity variables obtained (AW, PW, PA).

METHODS: Pearson correlation coefficients (PCC) between each productivity variable were calculated based on results from the original study.
were symptomatic. had digoxin levels elevated more than 15%, 3 of whom 0.86 ± pre-and post-digoxin levels were 0.85 ± patients completed the DUE conversion project. Mean process. was designed to ensure safety throughout the conversion dominance prospective drug utilization evaluation (DUE) to rabeprazole upon clinic visit through pharmacist conversion to rabeprazole. All patients were converted to rabeprazole upon clinic visit through pharmacist intervention. Adverse effects were monitored at conversion and during follow-up visit. RESULTS: Forty-seven patients completed the DUE conversion project. Mean pre- and post-digoxin levels were 0.85 ± 0.93 ng/ml and 0.86 ± 0.51 ng/ml, respectively (p = 0.93). Twelve patients had digoxin levels elevated more than 15%, 3 of whom were symptomatic. CONCLUSIONS: A statistically sig- nificant drug interaction was not observed. However, due to absence of a control group in this DUE, we recommend baseline digoxin levels and patient education of potential signs and symptoms of digoxin toxicity to ensure safety during a medication conversion. It does not appear that post-conversion digoxin levels are warranted unless accompanied by signs and symptoms of toxicity.

EVALUATION OF THE USE OF PROTON PUMP INHIBITORS IN A PUBLIC HOSPITAL IN HONG KONG
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OBJECTIVES: Proton pump inhibitors (PPIs) are potent gastric acid suppressants. They have been widely prescribed for various acid-related disorders. In 2000/01, omeprazole and lansoprazole were PPIs available in the Pamela Youde Nethersole Eastern Hospital (PYNEH) and the consumption of PPIs accounted for HK$3.4 millions (US$1 = HK$7.8), which was 3% of the total drug expenditure of the hospital. A drug utilization evaluation of PPIs was carried out to estimate the impact of unlicensed uses of PPIs on the overall drug expenditure in this local public hospital. METHOD: A retrospective study was performed on patients admitted to the PYNEH. The study cohort consisted of all inpatients (excluding intensive care patients) and outpatients who were aged 18-year old or above and were dispensed PPIs for seven days or more (except for those on intravenous route PPIs) between 1 January and 30 June 2001. Two hundred and four patient medical charts were randomly selected from the cohort. Clinical and laboratory data were collected from the medical records. RESULTS: After reviewing 204 patient records, 185 (90.7%) prescriptions of PPIs were complied with the licensed indications. Of the 19 prescriptions of unlicensed uses, 9 (47.4%) and 4 (21.1%) prescriptions were for treatment of gastritis and/or duodenitis and for empirical treatment of epigastric pain respectively. The drug cost-avoidance of unlicensed uses of PPI was HK$19,477.6. Data collected during this 6-month period were extrapolated to one year, the projected annual possible cost-avoidance of unlicensed uses would be approximately HK$400,000 which accounts for 0.35% of the total drug expenditure. CONCLUSION: This study concluded that the compliance rate of licensed indications of PPIs was high but the unlicensed uses still resulted in a significant drug cost-avoidance. Educational programs may be designed to reduce the incidence of unlicensed uses and thus to reduce the associated costs in the future.