

Abstracts

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of 128 scenarios was selected from 729 possible scenarios (3 power 6) in order to test second-order interactions. Interviews with 21 healthcare professionals (nurses and nursing auxiliaries) ascertained the duration of assistance required for 18 of the 128 scenarios, selected at random. The economic perspective was that of society. The link between time spent, costs, and factor scores was derived from linear and non-linear models. These functions were applied to the 16,945 subjects in order to estimate the assistance time required. Comparisons between blind, low vision and control subjects were performed using an ANOVA with adjustments for age, number of people in the household, and number of handicaps. **RESULTS:** Average care-hours per annum were 682.7 for blind people, 261.4 hours for low vision subjects, and 147.5 for controls. The annual care budget was 6750€ for blind subjects, and 1463€ for subjects with low vision. The total mean yearly nationwide care cost to families for visual impairment was estimated at 2025.9€m. **CONCLUSIONS:** Screening and treatment programs aimed at preserving vision should benefit society and would help to reduce expenditures on assistance time due to visual impairment.

PES12

NON-MEDICAL COSTS RELATED TO VISUAL IMPAIRMENT IN FOUR EUROPEAN COUNTRIES (FRANCE, GERMANY, ITALY AND THE UNITED KINGDOM)

Lafuma A¹, Lopatriello S², Hieke K³, Hutchinson J⁴, Mimaud V¹, Berdeaux G⁵

¹CEMKA, Bourg la Reine, France; ²PBE-Consulting, Verona, Italy; ³Neos Health, Binningen, Switzerland; ⁴Fourth Hurdle Consulting Ltd, London, UK; ⁵Alcon France SA, Rueil-Malmaison, France

OBJECTIVES: To estimate the non-medical costs related to visual impairment in four European countries. **METHODS:** Counts of visually impaired people, defined according to local rules, were extracted from National Registers, and for France from two recent nation-wide surveys realized by INSEE. Estimated numbers of non-registered persons were based on the literature and expert opinion. Estimation of non-medical cost included stay in institution, medical devices, home adaptations, burden on carer, paid home help, loss of income and social allowances related to visual impairment. Unit costs were obtained from National databases, local manufacturers and the Web. Also, in France, interviews were conducted on 21 healthcare professionals to estimate the duration of assistance required by visually impaired people. These durations were used to evaluate the cost of paid home help in each of the four countries. **RESULTS:** Visually impaired subjects in France, Germany, Italy and the UK numbered, respectively, 1.27, 0.73, 1.03 and 1.11 million, including 55.9%, 10%, 80%, and 64% non-registered persons. The institutionalization rate of visually impaired persons were 7.8%, 9.6%, 10.9% and 10.0%, respectively. Total annual costs for visually impaired people were estimated at 10,749€m, 9338€m, 12,069€m, and 15,180€m in France, Germany, Italy and the UK, respectively. The main costs attributable to visual impairment were “loss of income” (22.6% to 42.5%), “burden on carer” (23.5% to 38.6%), “paid assistance” (12.4% to 27.8%) and “social allowances” (4.8% to 8.8%). **CONCLUSIONS:** The total non-medical costs attributable to visual impairment are considerable, amounting to 8.1%, 4.7%, 12.4%, and 14.9% of the National Health expenditure of France, Germany, Italy and the UK, respectively. However, they were under-estimated because many blind people were not registered. Also, the total costs did not include allowances that should have been paid to non-registered persons.

PES13

A COST MINIMISATION ANALYSIS OF CUSTOM PAK® FOR CATARACT SURGERY

Lafuma A¹, Smith AF²

¹CEMKA, Bourg la Reine, France; ²University of Oxford, Oxford, UK

OBJECTIVES: To compare the cost of disposable items used during cataract surgery with and without Custom Pak ® in two French public centres. **METHODS:** Custom Pak ® is a customised package that provides all the necessary disposable devices specified by a surgeon for cataract surgery in one sterile bag. An exploratory time and motion analysis of cataract surgeries at two well-known French public centres was carried out to compare operations performed with the customized versus regular set ups. The time and category of employees involved during the cataract surgery was recorded from the start to the finish of the operation. Moreover, the time costs of professionals was calculated from available information. The potential for increasing turnover to the hospitals was also estimated. **RESULTS:** The main time savings benefit with the Custom Pak® was observed during the preparation phase of the cataract surgical intervention. The mean time of surgical preparation was decreased by 10.45 minutes with a total time decreased of 16.15 minutes for the individual surgeon. The savings associated with this gain in time was estimated to be 17.63€ as compared with an incremental Custom Pak ® cost of 11.30€. During one operating session of 4 hours, the Custom Pak ® allowed the hospitals to perform 1.02 more cataract operations (n = 4.36 cataract operations without Custom Pak® and n = 5.38 cataract operations with Custom Pak®) and to increase the overall hospital turn-over by 1863€, that is, the amount paid for this extra cataract surgery to the public hospital at an additional costs of 61€ for Custom Pak® devices. **CONCLUSIONS:** Overall, the Custom Pak ® increases the productivity and potential for turnover associated with performing cataract surgery. This increased turnover easily exceeds the extra cost of the customized package.

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ANALYSIS OF RUSSIAN PHARMACEUTICAL MARKET OF ANTI-GLAUCOMA MEDICINES IN THE PERIOD 2000–2003

Kuroyedov AV

Mandryka 2nd Central Military Clinical Hospital, Moscow, WA, Russia

OBJECTIVES: To analyze the prevalence of local antiglaucoma medicines in drug-store of Russia and to make the pharmaco-economic research on the base of large statistical selection. **METHODS:** In 2003, the total cost of antiglaucoma medicines sales in drug-stores of Russia was about 10.86 m USD. The beta-blockers took the first place (\$7.0 m or 64.4%). The pilocarpine analogue medicines took the second place. Their joint sales volume was \$1.8 m or 16.7%. Two combined medicines Fotil and Fotil forte (Santen) were at the third place \$1.2 m (10.7%). Latanoprost (Xalatan, Pharmacia-Pfizer) and Brinzolamide (Azopt, Alcon) began to be sold more active. The sales of the first, in 2003, were 3.8%. Azopt began to be sold only in 2002 and its results are \$147,878.15 or 1.35% and in 2003—\$289,265 (2.7%) The other CAI Trusopt (MSD) was pharmaco-economic in 2002 on \$217,473.86 (1.99%) and in 2003 \$184,713 (1.7%). The portion of all other medicines in 2002 was less than 0.5%. The average price of beta-blockers is 0.7-\$2.1, CAIs about \$22; prostaglandins and their combination (Xalacom, Pfizer—sales started only in the end of 2002 year in Russian market) \$25.6 and \$26.9; combined form (timolol + pilocarpine) \$5; pilocarpine \$0.83 round the clock and the course of treatment during a one year is \$11.92 (pilocarpine) \$380.32 (Trusopt). **RESULTS:** The timolol maleate, pilocarpine