comparison was applied to compare entecavir with interferon and the combination of interferon and lamivudine. When compared with lamivudine, the combination of interferon and lamivudine yielded the best efficacy which was about two times more likely to increase HBeAg seroconversion rate (OR = 2.38, 95% CI = 1.21–4.06) than entecavir (OR = 0.98, 95% CI = 0.56–1.44) and interferon (OR = 1.17, 95% CI = 0.64–2.24). In the addition, when compared with either interferon or entecavir, interferon plus lamivudine was about two to three times more likely to enhance HBeAg seroconversion rate with the OR of 2.48 (95% CI = 1.05–4.92) or 2.71 (95% CI = 1.13–5.33), respectively. CONCLUSIONS: There was a significant increase in HBeAg seroconversion rate in patients with HBeAg positive CHB receiving the combination of interferon and lamivudine compared with lamivudine, entecavir and interferon.

**PG13**

**EFFECTIVENESS AND COST ANALYSIS OF PARENTERAL REGIMEN IN CRITICAL ILLNESS PATIENTS OF POSTOPERATIVE THREE-COMPARTMENT BAG SYSTEM AND TRANSITIONAL SEPARATE BOTTLE SYSTEM**

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OBJECTIVES: To evaluate clinical outcome and direct medical cost using Kabiven and traditional peripheral parenteral nutrition for postoperative patients in ICU.

METHODS: This is a retrospective study. Medical records of postoperative patients in ICU were reviewed by clinical pharmacists from July 2008 to July 2009. The retrieved patients were divided into two groups, Kabiven group (n = 49) and separate bottle group (SB) (n = 50). Patients, characteristics were evaluated and compared between two groups. The measured outcomes were the clinical effectiveness and direct medical costs. One way ANOVA were used for analysis. RESULTS: There were no statistically significance difference in patients, characteristics between two groups. Survival rate was higher in kabiven group than SB group (40% vs. 31%, respectively). The length of stay in hospital in kabiven group was longer than SB group (47.51 ± 38.63 vs. 31.86 ± 21.99 days, respectively, P = 0.015). Total direct medical costs of survivors in kabiven group was more expensive than SB group ($11,976.9 vs. $9,574.9, respectively). CONCLUSIONS: Although the direct medical cost of kabiven group were higher than SB group, use of kabiven is likely to improve mortality rate of postoperative patients in ICU.

**GASTROINTESTINAL DISORDERS – Cost Studies**

**PG44**

**BUDGET IMPACT ANALYSIS OF ORAL ANTIVIRAL AGENTS FOR THE TREATMENT OF CHRONIC HEPATITIS B IN SOUTH KOREA**

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OBJECTIVES: Hepatitis B is prevalent in South Korea and chronic hepatitis B (CHB) infection is an important public health issue due to its potential to evolve to cirrhosis, hepatocellular carcinoma. This study estimated the direct medical cost of CHB-related diseases in both South Korea and compared the cost of South Korea with Australia, and China. It also aimed to analyze the impact of three therapeutic alternatives for CHB by Budget Impact Analysis (BIA). METHODS: Dynamic budget impact analysis was conducted based on a Markov model for 5 years. Three treatment scenarios were selected as follows: first-line treatment of lamivudine, second-line combination therapy, and third-line treatment of drug resistance. First, the treatment of lamivudine, second-line treatment of entecavir 1.0 mg on the development of drug resistance, first-line treatment of entecavir 0.5 mg, second-line treatment of adefovir on the development of drug resistance, no treatment available. RESULTS: The BIA results of scenario A, B, C and no treatment were 75, 74.7, 85.9, and 84.0 thousand, respectively. Patients, characteristics were evaluated and compared between two groups. Survival rate was higher in kabiven group than SB group (40% vs. 31%, respectively). The length of stay in hospital in kabiven group was longer than SB group (47.51 ± 38.63 vs. 31.86 ± 21.99 days, respectively, P = 0.015). Total direct medical costs of survivors in kabiven group was more expensive than SB group ($11,976.9 vs. $9,574.9, respectively). CONCLUSIONS: Although the direct medical cost of kabiven group were higher than SB group, use of kabiven is likely to improve mortality rate of postoperative patients in ICU.

**GASTROINTESTINAL DISORDERS – Health Care Use & Policy Studies**

**PG18**

**ANTIBIOTIC PRESCRIBING PRACTICES OF PRIMARY CARE PRESRICERS FOR DIARRHEA IN NEW DELHI, INDIA**

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OBJECTIVES: This study was conducted to obtain information on current prescribing for diarrhea condition where misuse of antibiotics is a common. In the absence of community-based databases on antibiotic use in developing countries recently a methodology was established for surveillance of antibiotic use at New Delhi by conducting ‘Exit Interviews’ of the patients. METHODS: Antibiotic use data was collected from public and private sector facilities from New Delhi over a period of 4 months around a tertiary care hospital where the antibiotic resistance work was being conducted. All the 10 public sector facilities (eight primary and two secondary health care) situated in the study area under Delhi government were enrolled. For private sector, 20 willing and cooperative general practitioners from local residential area were selected. RESULTS: The results were consistent across all four types of QoL questionnaires. In the absence of community-based databases on antibiotic use in developing countries recently a methodology was established for surveillance of antibiotic use at New Delhi by conducting ‘Exit Interviews’ of the patients. METHODS: Antibiotic use data was collected from public and private sector facilities from New Delhi over a period of 4 months around a tertiary care hospital where the antibiotic resistance work was being conducted. All the 10 public sector facilities (eight primary and two secondary health care) situated in the study area under Delhi government were enrolled. For private sector, 20 willing and cooperative general practitioners from local residential area were selected. RESULTS: The results were consistent across all four types of QoL questionnaires.

**GASTROINTESTINAL DISORDERS – Patient-Reported Outcomes Studies**

**PG17**

**THE EFFECT OF ANTIVIRAL THERAPY ON QUALITY OF LIFE IN CHRONIC HEPATITIS PATIENTS: A SYSTEMATIC REVIEW**

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OBJECTIVES: Chronic viral hepatitis B and C are treated primarily with interferon (IFN) and/or nucleotide analogs e.g., ribavirin (RBV) which produced sustained viral response in more than 50% of treated patients. However, the combination may cause numerous side effects that could reduce patients’ quality of life (QoL). To determine the effect of antiviral therapy on QoL of chronic hepatitis patients.

METHODS: Key words were “Quality of life” AND “chronic hepatitis” AND “anti-viral therapy,” “lamivudine,” “ribavirin,” “adefovir,” “entacavir,” “tenofovir” and were searched from PubMed and EMBASE database. Study selection criteria were original articles as well as patients received antivirals for chronic hepatitis B or C, and assessed QoL. The comparators were no treatment, placebo or at least one another antiviral. Studies that involved co-HIV infection were excluded. One independent researcher reviewed titles and abstracts to determine relevance. Study design, dose, duration, baseline values, and QoL scores were extracted. The Cochrane Collaboration tool was used to assess risk of bias. The QoL scores for each study were converted to a common scale with a 0-100 range. RESULTS: Of 36 and IQOL questionnaires were the most common. Patients who received peginterferon-2a plus placebo reported better QoL than peginterferon-2a plus ribavirin during the treatment (week 2–48) in two RCTs. However, the results were less consistent and less prominent during the week of 72 and 96. The effect seemed to be non-dose related. One RCT showed that interferon µ plus ribavirin produced better QoL than untreated when measured with EQ 5D questionnaire, but it did not reach statistical significant. In similarly, peginterferon-2a plus ribavirin did not show a significant better. Fatigue severity scale at week 72 when compared with peginterferon-2a plus placebo. CONCLUSIONS: Antiviral therapy (interferon plus ribavirin) reduced QoL only during the treatment. Results seemed to be consistent across all four types of QoL questionnaires.