total costs may be much greater when the high levels of post-acute care are fully captured.

	N	Charges*	LOS	LTC%	Other Care**%
Overall	57,807	$8,082	5.6	34.3%	29.4%
50–64	4,116	$9,396	5.4	10.4%	24.5%
65–74	9,850	$8,661	5.5	23.0%	29.3%
75–84	24,321	$8,128	5.9	35.1%	31.0%
85+	19,521	$7,455	5.7	44.2%	28.9%

*Updated to 2000 dollars by Medical Care component of CPI.
**Acute hospital, other facility, home care.

PA09

IS RESIDRONATE MORE COST-EFFECTIVE THAN ETIDRONATE FOR FRACTURE PREVENTION? A COST-UTILITY ANALYSIS

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OBJECTIVE: Only hip protectors, calcium and vitamin D therapy and bisphosphonates have been shown to reduce hip fractures with the latter having the more robust evidence. Three bisphosphonate are currently widely available but at differing costs, we compared the cost-effectiveness of the two least expensive compounds (etidronate & residronate). **METHODS:** We used a Markov model to compare costs and health states of 1000 women aged 75 years with a prevalent vertebral fracture, and treated with either etidronate or residronate for 3 years and then followed through until aged 100 years. We assumed treatment was only effective for the 3 years. Drug costs were taken from MIMs, fracture costs were taken from published estimates and uprated to 1999 prices, with hip fracture incurring a cost of £13,000 in the first year and £7,000 in the second year. Hip fractures were assumed to be reduced by 58% as evidenced in the most recent trial and 33% for non hip and non vertebral fractures for the residronate treated group. For etidronate observational data suggests that it reduces hip fractures by 34% and non hip and non vertebral fractures by 20%. We also assumed a loss of 0.32 QALYs in the year of fracture. **RESULTS:** Residronate was revealed as the dominant therapy for treating women of 75 years with a previous vertebral fracture. Estimates of total cost savings per patient with a moderate vertebral deformity were £10,627 and £10,857 for residronate and etidronate respectively. Similarly, QALYs per patient gained were 7.58 and 7.56 for residronate and etidronate, respectively. Sensitivity analysis confirmed the robustness of residronate's dominancy. **CONCLUSION:** In the baseline analysis both treatments are cost saving. Residronate even seems to be cost saving when compared with etidronate. Thus, residronate therapy dominates etidronate, that is it saves more costs and produces more QALYs.

PA010

ANNUAL COST OF TREATING CARPAL TUNNEL SYNDROME IN A MANAGED CARE POPULATION

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OBJECTIVE: To determine the average annual cost of treating carpal tunnel syndrome (CTS) in a managed care population. **METHODS:** All subjects contained within PharMetric's Integrated Outcomes database possessing a diagnosis of carpal tunnel syndrome (ETG = 0174 or 0175) during 1996–1999 were eligible for study inclusion. Patients were required to have 12 months of data following the first (index) CTS diagnosis present. Patients less than 18 years of age and greater than 90 years of age were excluded. Carpal tunnel syndrome specific and total pharmacy charges were captured for the study period. **RESULTS:** 82,176 patients met the inclusion criteria. The mean age was 46.5 years (SE = 0.047), and 70.6% of the sample was female. 82% of patients with CTS did not require surgery. General practitioners/internal medicine account for 73.0% of CTS diagnoses in a given year. Before diagnosis, the mean annual CTS specific charges per patient was $86.14 (SE = 2.47). After diagnosis, the mean annual CTS specific charges per patient was $1186.11 (SE = 6.51). Post diagnosis, inpatient charges accounted for 40.6% of CTS-related expenses, while outpatient and pharmacy charges accounted for 55.5% and 1.7% respectively. Oral steroid use increased slightly from 16.8% to 18.7% after diagnosis of CTS, while NSAID use increased from 36.3% to 51.2%. Outpatient steroid injections doubled from 5.7% to 11.9% after a diagnosis of CTS. Soft tissue disorders and osteoarthritis were the two comorbidities that occurred most frequently with a diagnosis of CTS with 22.8% and 12.7%, respectively. **CONCLUSION:** Patients in this study, once diagnosed with CTS, noticed significantly increased medical expenses, particularly outpatient charges. NSAIDs use and outpatient steroid injections were the preferred modalities of treatment once a diagnosis of CTS was made.

DIABETES

PDB1

VARIATIONS IN MEDICATION UTILIZATION IN AN OLDER DIABETIC POPULATION

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OBJECTIVE: To examine health status factors associated with utilization of different types of antidiabetic medication in managed-care enrolled older adults, and in turn, to study the association between antidiabetic medi-