functional symptomatology and quality of life. This involved self-questionnaires, which included the Menopause Rating Scale (MRS), the Epworth scale, and the Short Form 12 (SF 12) and the Centre for Epidemiologic Studies Depression Scale (CES-D), being filled out at D 0 by the investigator, the patient and her spouse, then at D 56 by the patient and her spouse only.

RESULTS: Upon inclusion, the average age of patients was 54.8 years, with an average BMI of 24.1. Their most recent menopausal symptoms were an average of 4.1 years ago, and they complained of hot flushes, joint pain and sleep difficulties. After 56 days of treatment with Soy-Mag, a statistically significant decrease in hot flushes was observed (the most frequently found symptom upon inclusion), along with a statistically significant improvement in global, somatic and psychological symptomatology linked to menopause, and a statistically significant improvement in the patients’ quality of life from a psychological standpoint. These complaints and their improvement were also clearly identified by the investigator and the spouse, though with a differing intensity that could explain the lack of improvement in quality of life of the spouse, despite the benefits perceived by his wife.

CONCLUSIONS: The interest in Soy-Mag in treating the functional symptoms of menopausal patients is confirmed by the statistically significant improvement in hot flushes and psychological symptoms. This study has shown that treatment of the functional and psychological symptoms of menopausal patients can be noticeably improved by using soy isoflavones.

INDIVIDUAL’S HEALTH—Health Care Use & Policy Studies

PRICE-ELASTICITY OF DEMAND FOR INFERTILITY SERVICES IN GERMANY

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OBJECTIVES: Assisted reproductive technologies (ART) are frequently targeted for budget cuts and rationing because infertility is often considered a low priority. Treatments options are varied where in-vitro fertilization (IVF) and intracytoplasmic sperm injection (ICSI) are some of the more interventional and expensive methods. In 2003, in an effort to control expenditure, the German health authorities decreased funding for ART which increased costs faced by consumers for IVF and ICSI from €60 to €1 500 and €2 000 per cycle, respectively. Based on increased costs to consumers we estimated the price-elasticity of demand for fertility services in Germany, METHODS: IVF and ICSI cycle data was obtained from the Deutches IVF Register five years prior, and one year following implementation of the funding change. Because demand surged in the year prior to the new policy, demand was based on the average five-year change in cycles as well as the demand one year prior to funding cuts. The arc-price elasticity of demand method was used to derive elasticities. The cross-price elasticity of clomifene was also evaluated as to assess whether substitution with this low cost treatment occurred resulting from increased IVF and ICSI costs. RESULTS: The average annual growth rate for IVF and ICSI cycles during the five-year period prior to the policy change was 8% and 30%, respectively. Growth rates the year prior to the policy change were 17% and 36% for IVF and ICSI, respectively. Based on the averaged five-year change prior to the policy change we estimate price-elasticities one year after the policy for IVF and ICSI of 0.38 and 0.09, respectively. The price elasticity based on 1-year change in demand for IVF and ICSI was 0.41 and 0.34, respectively. The cross-price elasticity for clomifene was 0.01 suggesting demand was independent of IVF and ICSI. CONCLUSIONS: The price elasticity ratios suggest demand for IVF and ICSI in Germany is relatively inelastic i.e., demand is not associated closely with price changes. This finding may be regarded as contrary to the 50% reduction in IVF/ICSI cycles observed suggesting demand is price sensitive. This can be explained by a much larger percentage increase in price than the percentage reduction in services demanded. If demand for IVF/ICSI were elastic (i.e., elasticity > 1.0) the reduction in cycles would have been much larger. The near zero cross-price elasticity for clomifene suggests demand is independent of IVF/ICSI. These findings can help policy makers estimate the consequences of increasing patient co-payments for ART in the future.

MEDICATION COSTS IN ELDERLY PATIENTS

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OBJECTIVES: Polypharmacy in elderly patients has grown in the last decade giving place to new therapeutic and economic challenges. The aim of this study was to characterize the nature of polypharmacy and to identify associated direct drug costs.

METHODS: A community pharmacy based cross-sectional study was carried out using the brown-bag review methodology. Elderly patients (≥ 65 years old) currently taking 4 or more drugs were invited to participate in the study. Drugs were classified using ATC codes and costs were identified as the retail prices. SAS Guide version 4.0 was used for statistical analysis, 95% confidence intervals for the average costs per patient and Mann-Whitney Wilcoxon test to identify differences between expenditure patterns were used. RESULTS: A total of 1597 patients (66% women, mean age 74.5 ± 6.4 years) were recruited in 158 pharmacies. Average medicines consumption was found to be 7.6 per patient. Mean daily cost per patient was €3.2 (CI 95%: 3.1–3.3). Differences in costs according to age, gender, educational level or residential area were not statistically significant. Sinvastatin, omeprazol and clopidogrel were identified as the most costly drugs. CONCLUSIONS: Polypharmacy was found to be highly prevalent amongst Portuguese elderly population. Associated direct daily drug costs in these patients were found to be three times higher when compared to the general population.

ASSESSMENT OF CURRENT CLINICAL PRACTICE AMONG PHYSICIANS AND SEX THERAPISTS REGARDING ERECTILE DYSFUNCTION (ED) TREATMENT INITIATION WITH PHOSPHODIESTERASE-5 INHIBITORS (PDE5I)

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OBJECTIVES: The aim of this study was to assess the self-reported clinical practice of physicians, when assessing a patient presenting with ED for the first time and to understand physician’s and sex therapist’s views on current ED management.

METHODS: The study was conducted during the 2008 annual congress of the European Association of Urology (EAU). Delegates visiting the Pfizer exhibition booth were requested to complete an electronic survey consisting of six closed questions. Respondents, who were physicians/sex therapists, were selected for analysis. In addition to demographics, the questions addressed average frequency of seeing new ED patients/month, iterative actions taken when an ED patient presented for the first...
time, choice of validated patient reported outcome measures (PRO) to assess and monitor ED, and opinion on how ED is currently viewed. RESULTS: A total of 1658 congress delegates participated in the study, of which 1590 met the inclusion criteria. Sixty-one percent of the respondents prescribed a PDE5i as the first course of action when seeing an ED patient. Assessment of contraindications or cardiovascular risk factors, physical examination, blood pressure measurement, and laboratory tests were rarely conducted as a first course of action (1–3%), depending on the assessment/test. The most popular means of assessing and monitoring ED status was via patient interview (68%), as opposed to the use of validated PRO measures. Seventy-six percent of respondents agreed that the large number of men accessing ED medicines through uncontrolled sources represented a true medical issue and 81% agreed that actions to reduce health risks associated with such uncontrolled access to PDE5is were essential. CONCLUSIONS: While the EAU guidelines recommend a diagnostic workup prior to prescribing PDE5is, this study demonstrates that a majority of participating respondents initiate PDE5i treatment in an ED patient initially after a simple patient interview with no prior physical examination or diagnostic testing.

**INFECTION—Clinical Outcomes Studies**

**PIN1**

**A BAYESIAN META-ANALYSIS OF THE EFFICACY OF SIX ANTIMICROBIAL AGENTS FOR CONFIRMED STAPHYLOCOCCUS AUREUS COMPLICATED SKIN AND SOFT TISSUE INFECTIONS (CSSTI)**

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**OBJECTIVES:** Dalbavancin is a new, once weekly, intravenous, glycopeptide antibacterial. In phase III trial, dalbavancin demonstrated comparable efficacy versus linezolid in complicated skin and soft tissue infections (cSSTIs). Teicoplanin is a key antimicrobial comparator in Europe, therefore an indirect comparison based on available published efficacy was performed in “all” Staphylococcus aureus (SA) patients. A Bayesian meta-analysis was conducted to compare success rates of antibacterials versus teicoplanin, telavancin, tigecycline, and vancomycin in cSSTIs. Data extraction, study quality, and heterogeneity assessments were completed by two independent reviewers. Pooled efficacy estimates were generated based on clinical and microbiological success rates for the MRSA-subgroups in the cSSTI clinical trials using a Bayesian approach. The base case used a random effects model with outcome predicted by medication and confounders of success definition, dosing, age and gender. Sensitivity analyses included testing impact of base case confounders, fixed vs random effects models, article quality, and difference in success definition. **RESULTS:** Of 35 initially identified studies, 14 trials on six treatments with 28 treatment arms (n = 1840) met the inclusion criteria for the MRSA subpopulation and were included in the analysis. No MRSA-specific data were reported for teicoplanin, thus it was not included. MRSA-conformed cSSTI pooled success rates and 95% credible intervals for the base case analysis were: vancomycin 74.7% (64.1–83.5%), linezolid 94.4% (76.6–90.6%), dalbavancin 78.1% (54.6–93.2%), tigecycline 70.4% (48.0–89.5%), dalbavancin 87.7% (74.6–95.4%), and telavancin 83.5% (73.6–90.8%). The estimated difference with vancomycin was significant for dalbavancin, linezolid and telavancin. The finding of lower vancomycin efficacy in MRSA cSSTI was consistent in a variety of sensitivity analyses, indicating the results were robust. **CONCLUSIONS:** This meta-analysis suggests higher success rates for the novel glycopeptides and linezolid in the treatment of MRSA-confirmed cSSTIs. The uncertainty margins reflect the limited numbers of patients available for some agents and the indirect nature of the treatment comparisons. Further evidence from randomized clinical trials is needed to more definitively establish the value of the newer antimicrobials in MRSA cSSTIs.

**PIN2**

**ASSESSING ANTIMICROBIAL SUCCESS RATES IN THE TREATMENT OF METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) COMPLICATED SKIN AND SOFT TISSUE INFECTIONS (CSSTI): A BAYESIAN META-ANALYSIS**

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**OBJECTIVES:** To compare success rates of newer antimicrobial agents to vancomycin for treatment of MRSA cSSTIs using a Bayesian meta-analysis. **METHODS:** A systematic literature review was conducted of Medline, Embase, and Cochrane databases to identify clinical trials on dalbavancin, daptomycin, linezolid, telavancin, teicoplanin, tigecycline, and vancomycin in cSSTIs. Data extraction, study quality, and heterogeneity assessments were completed by two independent reviewers. Pooled efficacy estimates were generated based on clinical and microbiological success rates for the MRSA-subgroups in the cSSTI clinical trials using a Bayesian approach. The base case used a random effects model with outcome predicted by medication and confounders of success definition, dosing, age and gender. Sensitivity analyses included testing impact of base case confounders, fixed vs random effects models, article quality, and difference in success definition. **RESULTS:** Out of 36 articles, reporting on 11 trials, 6 treatments and 17 treatment arms (n = 955) were included. Dalbavancin demonstrated high microbiological success rates, comparable to teicoplanin and other antimicrobials in SA cSSTI. These data are consistent with the results of the phase III study versus linezolid. In the context of the limited numbers of patients available for some agents and the indirect nature of the comparison; further analyses are needed in this populations.

**PIN3**

**A SIMULATION-BASED APPROACH TO MODELING THE EFFECTS OF INTERVENTION STRATEGIES ON THE SPREAD OF MENINGOCOCCAL MENINGITIS**

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**OBJECTIVES:** To forecast through computer simulation the effectiveness of medical intervention strategies in reducing the