Alzheimer’s disease (AD) in patients receiving stable donepezil treatment compared with not providing memantine. METHODS: Data from a U.S. multicenter randomized clinical trial that compared memantine versus placebo in moderate to severe AD patients on stable doses of donepezil was used to evaluate the cost effectiveness of providing memantine to donepezil. Using methodology developed by Kurz et al., patients were classified at each visit as dependent or non-dependent according to their ADCS-ADL19 scores. Mean weekly costs were estimated from the National Health Service and Personal Social Services perspectives for patients with MMSE £14 that participated in a UK epidemiological study—the LASER-AD study. QALYs per dependency were estimated from a Danish Study. Per week mean acquisition cost and effectiveness of treatment were £975; 0.6311 and £288; 0.3207 for dependent and non-dependent patients. Total drug costs for the 24-week period were £492 for donepezil and £937 for memantine plus donepezil. Costs, QALYs and time of non-dependence were associated with each dependency level and added to obtain total outcomes over the 24-week study period. RESULTS: Over the evaluation period, memantine added to patients stabilised on donepezil was associated with an additional 0.0112 QALYs, an additional 1.77 weeks of independence and a £771 cost reduction compared with donepezil alone. The cost reduction is not statistically significant but suggests that clinical advantages offset some of the cost of adding memantine. CONCLUSION: This analysis suggests that memantine treatment provided to patients receiving stable donepezil treatment is cost-effective compared with not adding memantine. As costs and QALYs were assessed retrospectively, further prospective studies are required to support this finding.

PNL3
RETROSPECTIVE COMPARATIVE ANALYSIS OF ANTIDEMENTIA MEDICATION PERSISTENCE PATTERNS AT 3 YEARS IN SPANISH ALZHEIMER DISEASE PATIENTS TREATED WITH DONEPEZIL, RIVASTIGMINE, GALANTAMINE AND MEMANTINE
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OBJECTIVE: To determine persistence of treatment with donepezil (DON), rivastigmine (RIV), galantamine (GAL) and memantine (MEM) in patients with Alzheimer Dementia (AD) in a Spanish population setting. METHODS: Retrospective AD cohort study performed in nine Primary Care Health Centers from four different Autonomous Communities (Andalucia, Cantabria, Cataluña & Valencia) in Spain. Descriptive standard analyses were performed. ANOVA and Chi-square tests were used to show the differences among mean duration therapy and treatment adherence after 52 weeks. A Kaplan-Meier survival analysis was applied to assess overall pattern persistence after three-year of follow up, and the log rank test was used for testing significance. RESULTS: A total of 299 patients (44.8% female), mean age 77.88 years (SD: 6.32), were included; 101 DON (34%), 108 RIV (35%), 51 GAL (17%) and 42 MEM (14%). Mean treatment duration was slightly longer and significant for DON patients 83.3 weeks (95% CI: 72.7–93.9) than for the other drugs: RIV [56.1 weeks (36.1–76.2)], GAL [56.7 weeks (41.1–72.3)] and MEM [52.1 weeks (35.2–69.1)]. Log Rank = 10.16, p = 0.017. CONCLUSION: This retrospective study including Spanish AD patients showed numerically differences on treatment adherence after one year of therapy among the four antidementia medications commercially available. The global treatment persistence during the three-year follow up was significantly higher in patients treated with donepezil compared to those who received rivastigmine, galantamine or memantine.

THE SOCIAL AND ECONOMIC BURDEN OF PAEDIATRIC EPILEPSY IN IRELAND: A PROSPECTIVE STUDY
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OBJECTIVE: To estimate the overall burden of pediatric epilepsy on the family and Irish health care system and to establish whether there is a relationship between epilepsy profile and this burden. METHOD: The sample was drawn from a population of children with epilepsy attending a tertiary pediatric neurology clinic in Dublin. Data was collected prospectively on health care resource use and time lost from school and work. Diary cards were completed at three monthly intervals. RESULTS: Complete data was available on 127 children aged 15 months to 16.7 years (median 8.8), 54% were male and 52% lived in a rural setting. A total of 61% had cryptogenic or symptomatic epilepsy, 63% had partial seizures and 53% had frequent seizures (>10 seizures/month). The annual cost of epilepsy was significantly higher for those with cryptogenic/symptomatic epilepsy (£9248) and frequent seizures (£9145) relative to idiopathic epilepsy (£2600) and no/frequent seizures (£3951) (P < 0.0001). Children with frequent seizures had a higher risk of being hospitalised (P = 0.03) and lost more days at school (P < 0.0005). 50% of families contacted the pediatric liaison nurse, and 12% made more than 5 contacts. Five percent of children attended their GP while 37% of families had independently sought complementary medicine. CONCLUSIONS: The economic and social burden of pediatric epilepsy is substantial and relates to the epilepsy syndrome and frequency of seizures. In this prospective study a large dependence on epilepsy liaison nurse support was found, an area that requires extra resources. A large number of families also sought advice from non medical sources.

A PROSPECTIVE STUDY ON THE IMPACT OF A CHILD’S EPILEPSY ON THEIR QUALITY OF LIFE AND THEIR FAMILY
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OBJECTIVES: The aim of this prospective study was to determine the relationship between seizure type, seizure frequency and epilepsy syndrome on the quality of life of both the child and family over a one year period. METHOD: The sample was drawn from a population of children with epilepsy attending a tertiary Paediatric Neurology service in Dublin. Data was collected on seizure type and frequency, epilepsy syndrome, physi-
cal and cognitive ability, behaviour, co-morbidities, demographic and socio-economic variables. The attending parent completed the Child Health Questionnaire 50-item version (CHQ-50) for children ≥5 years at baseline and 12 months. The Impact of Paediatric Epilepsy Scale (IPES) was used to measure burden on families. RESULTS: 132 children were enrolled and data was available on 127. The median age was 8.8 years and 54% were male. 63% had partial seizures and 61% of all children had cryptogenic or symptomatic epilepsy. 53% of children had frequent seizures (>10/month). 93 children ≥5 years were included in the QOL analysis. Children with frequent seizures scored significantly worse than those with no/infrequent seizures on 10/14 and 11/14 of the CHQ-50 subscales tested and both IPES scores at baseline and 12 months respectively. Children with cryptogenic/symptomatic epilepsy scored significantly worse than those with idiopathic epilepsy. No such differences were found between seizure types and there were no differences between findings at baseline and 12 months. CONCLUSIONS: The burden of epilepsy on children and their families is substantial. Seizure frequency and epilepsy syndrome rather than seizure type determines the impact.

THE EPIDEMIOLOGY AND MANAGEMENT OF MIGRAINE IN THE UK
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OBJECTIVE: To describe the incidence, prevalence and management of migraine in the UK. METHODS: The study considered patients >18 years with a record of migraine (diagnosed migraine) or headache with a prescription for a triptan, ergot alkaloid, prophylactic or a combined anti-emetic and analgesic treatment (undiagnosed migraine), registered between 1994–2003 on the General Practice Research Database (GPRD) covering 4.6% of the UK population. Incidence and prevalence were estimated from the GPRD population, prescribing and management trends were examined. RESULTS: A total of 108,652 migraine patients, average age 45 years, were identified; 76% were female. The incidence of migraine was 11/1000 person-years for females and 3/1000 person-years for males. The male: female ratio was on average 3:1. Prevalence over the 10-year period was 6.9%, at the low end of rates reported in the literature. Annual prevalence increased over time from 2.4% in 1995 to 4.5% in 2003. Among females peak prevalence is seen in the 31–59 age group, for males this is 18–29. The percentage of patients with undiagnosed migraine was stable at around 12% over the period. The average annual number of migraine-related GP consultations is 3 (95% CI 2–6). In diagnosed migraine, triptans, anti-emetics and prophylactics are prescribed almost equally at 34%, 31% and 33% respectively. In undiagnosed migraine prophylactics (48%) are most prescribed. Younger patients (<30) receive less triptans (19%) but more anti-emetics (49%) than other age-groups. Ergots are rarely prescribed. Triptan prescriptions increased from 19% in 1994 to 42% in 2003, excluding analgesics. CONCLUSION: Not all patients will consult a GP for migraine explaining the low prevalence and incidence rates. A substantial number of migraine patients are not diagnosed. A peak prevalence in the productive age, high annual consultation rates and high triptan prescription rates suggest that migraine represents a sizable economic burden to the UK.

IS THE TREATMENT OF ACUTE MIGRAINE WITH TRIPTANS EFFICIENT FROM A SOCIETAL PERSPECTIVE?
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OBJECTIVE: To carry out a one-year cost benefit analysis from the Year-2005 societal perspective of the acute migraine attacks treatment in Spain. METHODS: A cost-benefits analysis was performed. Model data were obtained from the Spanish cohort of a multinational survey assessing impact of migraine on disability, absenteeism and health care resource utilization. Benefits (days of disability and health resources use avoided) were computed indirectly by imputation of the effectiveness (anti-migraine complete response) obtained from a published efficacy meta-analysis of available triptans in Spain. Human capital method was used for imputation indirect costs and benefits. Results are expressed as net benefits. Sensibility analysis was performed. RESULTS: The number of annual migraine attacks was 57.7 (95% confidence interval: 44.5–77.2), the paid and unpaid annual lost-workday-equivalents (LWDE) were 34.9 (22.8–68.3) and 37.5 (27.0–54.1), respectively. The annual cost of untreated migraine was €4077.70 (3145.1–5451.0). Migraine treatment reduced the number of LWDEs per year between 7.5 (5.2–12.7) with zolmitriptan-2.5, to 14.7 (10.1–24.8) with eletriptan-40 and rizatriptan-10. Compared with no-treatment, the average annual net benefits obtained were: eletriptan-40; €269.50 (207.9–360.3), rizatriptan-10; €226.20 (174.5–302.4), sumatriptan-50; €185.80 (143.3–248.4); naratriptan-2.5; €126.40 (97.5–169.0), and almotriptan-12.5; €80.40 (64.1–112.2). Zolmitriptan-2.5, zolmitriptan-5, and sumatriptan-100 showed no net benefits. Results were robust to the sensitivity analyses throughout different scenarios (number of migraine attacks, salary, cost of migraine attack), except when minimal official salary was used in the model. CONCLUSIONS: Compared with existing triptans, eletriptan-40 showed the higher monetary net benefit over the untreated migraine attack alternative, yielding more savings to the Society.

COST-EFFECTIVENESS OF BETAHISTINE VS CINNARIZINE FOR VERTIGO
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OBJECTIVE: To perform cost-effectiveness analysis of betahistine vs. cinnarizine for vertigo in Russia. METHODS: A total of 215 patients with vertigo were randomized for betahistine 16 mg 3 times a day (group B) or cinnarizine 25 mg 3 times a day (group C) for 3 months. 11 parameters of health status and functional abilities (such as dizziness, nausea, ability to use public transport and others) were measured before the study and by the end of each month using 5-score scale. Absence of severe and moderate functional disabilities (5 scores and more) for all 11 parameters by the end of treatment was the criteria of effectiveness. Direct medical costs were taken into account from the health care system point of view. RESULTS: A total of 215 patients finished the study. There was significant positive dynamics in both groups but in group B positive changes occurred earlier and were more expressed. 86% (95% CI 79.5–92.5%) of patients in B group and 39% (95% CI 29.6–48.4%) in group C had no severe and moderate functional disabilities by the end of study. Median direct cost was 1977.2 rubles ($328 USD) in group B and 6425.6 rubles ($229) in group C. Betahistine was significantly more effective and more costly. Incremental CER was 5854.47 extra