Greece. The study was carried out in 2006 and participants were face-to-face interviewed to report on their use of pharmaceuticals and on the number of pharmaceuticals taken in a specified recent period. Multivariable logistic regression analysis was performed to ascertain the predictive factors of the pharmaceutical consumption. Statistical significance was accepted at the 5% level.

RESULTS: A total of 43.7% of the sample had used pharmaceuticals. Age, chronic diseases, HRQoL, number of physician consultations and hospitalization were best predictors of pharmaceutical use. Factors associated with higher likelihood of using pharmaceuticals were elderly people (exp(b) = 1.72, CI:1.51–1.70), chronic diseases (exp(b) = 6.61, CI:3.39–9.96), poorer HRQoL (PCS12 exp(b) = 0.93, CI:0.90–0.95, MCS12 exp(b) = 0.97, CI:0.93–0.99) and number of physician consultations during the last year (exp(b) = 3.05, CI:1.96–4.76). On the other hand, taking four or more pharmaceuticals concurrently were best predicted by older age (exp(b) = 1.52, CI:1.11–2.09), chronic diseases (exp(b) = 3.84, CI: 1.58–5.94), poorer HRQoL (PCS12 exp(b) = 0.95, CI:0.92–0.97, MCS12 exp(b) = 0.95, CI: 0.93–0.98), number of physician consultations during the year (exp(b) = 3.59, CI: 1.36–5.41) and hospitalization during the last year (exp(b) = 2.13, CI:1.13–4.02).

CONCLUSIONS: Pharmaceutical use is related to population aging (combined with chronic disease) a fact that should be a cause of concern in the future, taking into account the demographic problem in the western societies.

OUThOSPITAL DRUG CONSUMPTION IN MONTENEGRO IN 2007
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OBJECTIVES: The aim of this research was to analyze outpatients drug consumption in Montenegro in 2007, and to compare data with drug consumption in previous period. The aim was also to compare drug consumption in Montenegro with drug consumption in countries with developed pharmacotherapeutic practice. METHODS: Drug consumption was analyzed by number of DDD per 1000 inhabitants per day. Consumption of financial resources was analyzed as well. RESULTS: Total outpatient drug consumption funded by Republic Health Fund of Montenegro in 2007 was 278.59 DDD/1000 inhabit./day. The highest consumption was in group C (drugs for cardiovascular diseases) with 149.29 DDD/1000 inhabit./day (53.59% of total drug consumption). Second highest consumption was in group A (drugs for alimentary tract and metabolism) with 34.67 DDD/1000 inhabit./day (12.45% of total drug consumption). Drugs for nervous system participated with 10.50% in total drug consumption with 29.25 DDD/1000 inhabit./day. Total drug consumption funded by Republic Health Fund of Montenegro in 2007. was increased for 36.68% compared to drug consumption in 2005. (203.82 DDD/1000 inhabit./day). Increase in drug consumption resulted in increased consumption of financial resources (12.859.961.58 €) which were higher than 2.857.855.73 € then in 2005. Highest increase in consumption of financial resources was in group C (€1,096.468.28 in 2007.), group A (€539,827.80 in 2007.), group R (€468,156.53 in 2007.) and group N (€452,212.30 in 2007.). CONCLUSIONS: Although there was a significant decrease in drug consumption in Montenegro in 2007, compared to 2005. drug consumption in 2007. was much lower then in Scandinavian countries. Detailed analysis in separate ATC groups of drugs reveal that consumption is not always rational from pharmacotherapeutic and pharmacoeconomic point of view.

Sources of information on drugs used by general practitioners in Poland
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OBJECTIVES: To identify most frequently used and most influential sources of information on drugs in Poland, as well as to determine their credibility as perceived by GPs and possible factors limiting access to these sources. METHODS: An anonymous survey was conducted among one hundred GPs in ambulatories in Warsaw, Poland. GPs were questioned about the sources of information used in the past six months and frequency of usage. GPs were also asked to divide 100 pts to indicate the most important limitations in access to sources, the perceived credibility of the sources and the sources influencing the decision most. Demographic questions were included. RESULTS: [UNKNOWN NODETYPE 9] Only 25% GPs considered themselves limited in the access to drug information, while 69% believed the information was sufficient. The most frequent barriers referred to GPs themselves: lack of foreign language skills (average of 24.7 points); money limitations (22.4), lack of time (20.87 pts), no EBM competency (20.6). There is a statistically significant (all tests for a = 0.05) negative relation between usage and perceived limitations. Younger GPs perceived lack of information statistically significantly more often (Fisher’s exact test). The sources that were most frequently used in the past 6 months were: drug directories (96% GPs), pharmaceutical companies representatives (93%), polish professional journals (92.6%). High importance of commercial sources confirmed previous results of POLKARD-SPOK survey in Poland and agrees with results of surveys in other countries. On the other hand the SPOK survey showed higher role of Polish professional journals. GPs declared that drug selection is influenced most by medical journals (29.16 pts), medical books (24.93), and information from pharmaceutical companies representatives (21.15). There is a slight discrepancy between usage and influence, which may suggest an element of wishful thinking. CONCLUSIONS: Relatively few GPs feel insufficiently informed. Whether this is an objective (i.e. results from their proficiency) or subjective fact (i.e. results from their lack of knowledge of information gap) should be a matter of further studies. Information gained from pharmaceutical companies representatives is an important factor both in terms of frequency and impact on decisions. Confronting this with limitations of GPs in gathering new information by themselves proves there is a need for EBM popularization in Poland.

Comparison of cost/QALY ratio in diagnostic and therapeutic devices or drugs
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OBJECTIVE: In the last years, economic evaluations with quality adjusted life year (QALY) as effectiveness variable increased. Cost-utility analyses are generally preferred by health care policy makers and payers, because include both quality and quantity of life. Also, QALY allows comparing different interventions with the same evaluation unit. The majority of economic studies evaluate drugs, despite of increment of diagnostic and therapeutic devices studies in the last years. The main objective consists on a comparison of Cost/QALY ratio in diagnostic and therapeutic devices with drug treatments in studies developed in the Spanish setting in the last 12 years. METHOD: A Spanish cost-effectiveness and cost-utility studies review was developed, including all published studies during the last 12