THE POTENTIAL BENEFITS AND DRAWBACKS OF ALLOWING DIRECT-TO-CONSUMER ADVERTISING OF PHARMACEUTICALS IN EUROPE
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Whether to legalise direct-to-consumer advertising (DTCA), the authorised advertising of prescription drugs direct to the consumer, within the European Union (EU) is often discussed. But how would allowing DTCA help EU governments looking for solutions to rising costs, rising patient expectations, loss of public confidence and ageing populations? This poster summarises the main arguments for and against the EU legalising DTCA.

OBJECTIVES: To explore the arguments for and against allowing the use of DTCA in EU states; to determine the validity of the propounded arguments, by evaluating actual data which highlights the effects of introducing DTCA in the US and New Zealand.

METHODS: Using PubMed and a within-literature search, a literature review of published information on the arguments for and against DTCA, and DTCA’s associated costs was undertaken.

RESULTS: Advocates believe DTCA will enable the pharmaceutical industry to significantly improve the effectiveness of its marketing campaigns. DTCA’s opponents argue that health-care provider’s ability to ration health care based on clinical need will be destroyed. US data indicates that DTCA rose 38.5% in 1999 to $US1.8bn, whilst in New Zealand expenditure rose 47.1% in 2000 to $US21.5m. DTCA has caused US retail spending on prescriptions to soar. Yet in New Zealand DTCA is credited with improving awareness, choice and treatment of previously neglected conditions.

CONCLUSIONS: DTCA’s ability to allow the pharmaceutical industry to connect with its ultimate consumers (patients) would lead to increased strains on European health systems. But, the increased awareness that DTCA will bring to currently neglected conditions (such as osteoarthritis in men) could lead to huge benefits to patients quality-of-lives and help refocus changing health systems towards patients needs. As such, DTCA could be part of the solution to Europe’s health care crisis, but its introduction will bring to EU states as many headaches as it solves.

THE RELATIONSHIP BETWEEN NATIONAL HEALTH INSURANCE EXPENDITURE AND THE BURDEN OF DISEASE- AN EVIDENCE-BASED STUDY IN TAIWAN
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OBJECTIVE: To examine the relation between actual National health insurance expenditure and the burden of 36 specific-disease with regression model.

METHODS: Claims data were obtained from the bureau of National health insurance and the vital registration data were from the department of health in Taiwan. We compare disease-specific expenditure with the burden of this disease. Thirty-six major diseases included cancers, DM, heart and cerebrovascular disease, hypertension, respiratory disease, musculoskeletal disorder, congenital anomalies, and injury. The disease burden was measured by DALYs, years of life lost, disease prevalence, number of outpatients and outpatient visits, and number of inpatients in January 1998. Regression analyses were conducted with logarithmic transformation.

RESULTS: The total national health expenditure and DALYs is US$8.231 billion, and 1,500,166 person-years, respectively. DALYs were strongly associated with disease prevalence (r = 0.73 p < .001) and number of inpatients(r = 0.87 p < .001). There was relation between the amount of expenditure per number of patients (inpatients and outpatients) and disease prevalence (r = 0.62 p < 0.001). Multiple regression analysis identified prevalence and DALYs as the main determinants of expenditure per number of patients (R2=0.474 and 0.16 respectively) after adjusted variables in the model.

ARTHITIS & OSTEOPOROSIS

THERAPEUTIC COMPARABILITY OF COX-2 INHIBITORS
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OBJECTIVE: This evidence-based review evaluates the therapeutic comparability of COX-2-specific inhibitor drugs, celecoxib and rofecoxib, for use in arthritis.

METHODS: A literature search identified 28 randomized clinical trials comparing the two coxibs to placebo and to non-selective NSAID controls. Evidence tables were compiled for common outcomes and meta-analyses conducted. Efficacy was assessed on three subscales (pain, stiffness, and physical function), and safety was analyzed using broad measures such as withdrawals due to adverse events.

RESULTS: Both coxibs improve arthritis symptoms compared to placebo. The evidence collected here does not suggest an efficacy advantage for either drug over non-selective NSAIDs. In osteoarthritis, small statistically significant differences were detected between rofecoxib and celecoxib when compared to their respective placebo groups but not when compared to active controls. The magnitude of the differences was below a level considered clinically important. In rheumatoid arthritis, both coxibs in high doses demonstrate proof of efficacy comparable to non-selective NSAIDs. Rofecoxib had a higher incidence of edema/hypertension. Celecoxib-treated patients suffered more dyspepsia/abdominal pain. Both were shown to have reduced incidence of ulcers com-