OBJECTIVE: To estimate the patterns of medical care and associated direct medical costs of managing chronic hepatitis B virus (HBV) in France. METHOD: Five stages were identified to describe the natural history of the disease: Chronic hepatitis B without complications, compensated cirrhosis, decompensated cirrhosis, hepatic transplantation (first and second year), and hepatocellular carcinoma. Standard care and corresponding items of medical resources for these different states of health were defined on the basis of a literature review and the conclusions of an experts panel. Resources included offices visits, procedures, laboratory tests, drugs (including antiviral drugs), and hospitalizations. For each state, the annual mean unit direct medical costs were estimated using the weighted proportion of patients using the resource. Unit costs (2001 value) were nationally available from the perspective of the French national insurance. RESULTS: Approximately 24% of HBV patients are managed with antivirals but these medications accounted for approximately 45% and laboratory tests for 30% of treatment costs in the chronic HBV state (€1093). The mean annual treatment costs for the more advanced disease states were: compensated cirrhosis €1134, decompensated cirrhosis €8842 (due primarily to hospital admissions), hepatic transplantation €84,568 (first year) and €9147 (second year), and hepatocellular carcinoma €9352. CONCLUSIONS: Treatment patterns for HBV vary across centers in France. The average treatment costs indicate a substantial financial burden of HBV that increases with advanced stages of the disease. Preventing HBV or its advance could result in lowered long-term treatment expenditures.

INFECTION—Quality of Life Studies

PREVALENCE AND QUALITY OF LIFE OF PATIENTS SUFFERING FROM HERPES LABIALIS WITHIN FRANCE—INSTANT STUDY

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OBJECTIVES: To estimate the prevalence and the quality of life of subjects suffering from Herpes labialis (HL) in the French population of adults above 17 years old. METHODS: A population-based survey was conducted among 10,000 adults through personal face to face interviews using the quota sampling method (applied on age, sex, economic working class and woman working status). The screening was made by asking the subjects if they have suffered from HL or if they have experienced a fever blister, within the past 12 months. The quality of life was assessed with the SF-36 questionnaire among the HL subjects identified and a control group of subjects not suffering from HL (361 subjects). RESULTS: The population surveyed was representative of the French population in terms of age, sex, and geographic living area. The annual prevalence of HL was estimated: 15.1%, IC95%[14.1%; 16.1%]. The sex ratio women/men was 2/1 and the mean age was 41 years at the time of the study versus 47.4 years in the control group (p < 0.01). Among the HL population 14.2% experienced at least 6 recurrences in the past 12 months with a sex ratio women/men at 3/1. The quality of life was worse in the HL population with at least 6 recurrences in the past 12 months than in the control group for both physical and mental health. After adjustment on age and sex, SF 36-scores were respectively 47.6 vs. 50.8 for physical health (p < 0.05) and 45.3 vs. 47.9 for mental health (p < 0.05). CONCLUSIONS: Herpes Labialis is a common disease in France with an annual prevalence of 15% in France. When occurring with at least 6 recurrences in the past 12 months, Herpes Labialis has a significant impact on quality of life, as measured by the SF-36 questionnaire.

DEVELOPMENT OF THE HERPES OUTBREAK IMPACT QUESTIONNAIRE (HOIQ)

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OBJECTIVES: No measure has been available to assess the impact of recurrent genital herpes (RGH) outbreaks. Some herpes interventions attempt to abort an outbreak or reduce its length and/or severity. An instrument was required to determine the benefit of such interventions from the patients’ perspective, in the context of a clinical trial. The objective was to develop a measure of the impact of outbreaks using items representing functional limitations of specific importance to RGH patients. METHODS: Content was derived via interviews with RGH patients (n = 40). Face & content validity of the draft HOIQ were assessed by cognitive de-briefing interviews with RGH patients (n = 19). Scaling/psychometric properties were assessed via a web-survey, whereby participants (n = 158) completed the HOIQ on two occasions during an outbreak, with 24 to 72 hours between administrations. RESULTS: Interviews revealed areas of functioning affected during an outbreak to include; social, work and other activities, relationships, personal hygiene, choice of clothing, need to avoid becoming tired, worry/anxiety and fear of discovery. De-briefing interviews indicated that content was appropriate and the measure easy to understand and complete. Rasch analysis of survey data yielded a 12-item unidimensional measure. Assessment of test-retest reliability was not possible due to rapid change in health status during an outbreak. However, item stability testing indicated that no items exhibited time-related differential item functioning,
indicating reproducibility. Internal consistency was good (alpha: Time 1 = 0.87, Time 2 = 0.91). The HOIQ showed evidence of discriminative validity, being able to distinguish between individuals who differed according to self-reported severity of outbreak. CONCLUSIONS: The HOIQ represents an effective method for determining the impact of a herpes outbreak. The measure is scheduled to be used on a daily basis during such outbreaks in a trial designed to determine the effectiveness of a new treatment for RGH.

**PIN42**

**MEASURING TREATMENT-SPECIFIC ASPECTS OF HRQL IN PATIENTS SUFFERING FROM PRIMARY ANTIBODY DEFICIENCIES**

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OBJECTIVES: Little is known about the health-related quality of life (HRQL) in patients with primary antibody deficiencies (PAD) and their need of lifelong immunoglobulin G (IgG) replacement therapy. Daly et al. (1991) developed a questionnaire, the Life Quality Index (LQI), consisting of one sale of 15 items related to IgG treatment. The higher the score, the better the treatment-specific HRQL. The construct validity has never been shown, nor has the instrument been related to patient-reported severity of outcome. The instrument has never been related to patient-reported severity of outcome. The construct validity has never been shown, nor has the instrument been related to patient-reported severity of outbreak. CONCLUSIONS: The HOIQ represents an effective method for determining the impact of a herpes outbreak. The measure is scheduled to be used on a daily basis during such outbreaks in a trial designed to determine the effectiveness of a new treatment for RGH.

NEUROLOGICAL DISORDERS/MIGRAINE

NEUROLOGICAL DISORDERS/MIGRAINE—Clinical Outcomes Studies

**PHM1**

**CARE OF PARKINSON’S DISEASE PATIENTS IN EUROPEAN COUNTRIES; EUROPEAN COOPERATIVE NETWORK FOR RESEARCH, DIAGNOSIS AND THERAPY OF PARKINSON’S DISEASE (EUROPA)**

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OBJECTIVE: To evaluate the different European health care structures involved in the care of Parkinson’s disease (PD) as well as the economic impact of PD in European countries (EC). METHODS: Data are generated by desk top research (contacting national medical societies, PD specialists, institutes for statistics, third party payers, ministries, support groups and conducting structured database search). Reviewed data are: national treatment guidelines and treatment patterns, hospitalization, rehabilitation, disease management programs and availability of support groups. Epidemiologic data were elaborated by systematic literature review. RESULTS: 1) In France and the Czech Republic patients are mainly treated by neurologists, while in Sweden patients are preferably under care of General Practitioners. 2) Treatment guidelines are not standardized in Europe. 3) PD rehabilitation is differently organized in the EC, however, paucity of data precludes a detailed statement. United Kingdom (UK) PD society is developing a network of PD specialist nurses to co-ordinate multidisciplinary care, while in Germany and other EC no disease management programs exist. Total annual costs for PD differ: UK £280 million (Haycock, 1995), France €411 million (LePen, 1999), Sweden $136 million (Hagell, 2002) and Germany £1.0 billion (Dodel, 1998). Direct medical costs account for 20–40% of total costs depending on the Health care system, indirect costs account for approximately 22–50% of total costs in the UK (McMahon, 2000), Sweden (Hagell, 2002), and Germany (Spottke, 2002), respectively. Average length of stay differs among the EC (Germany 21.1 d, UK 29.4 d, France 19 d and Italy 16.4 d). CONCLUSION: PD care seems to be managed differently in the EC analyzed. Despite the importance of the disease detailed data are not easily accessible. One of the aims of EuroPa is to gather this information and optimize therapy for PD on an European level. These data are crucial for a cost effective and optimized therapy for PD patients.