

costs for cohort B were substantially higher than for cohort A (\$8312 + \$11,218, versus (\$11,760 + \$18,155, $p = 0.03$). **CONCLUSIONS:** The persistent use of OXC provided a less costly alternative for managed care organizations among patients switched to OXC after initial monotherapy failure. This study finding encourages the clinical practitioner to promote patients' persistency on the OXC monotherapy when medically appropriate.

NP3

A COST-UTILITY MODEL OF TREATMENT OF NEWLY DIAGNOSED EPILEPSY IN GERMANY COMPARING TOPIRAMATE, CARBAMAZEPINE AND VALPROATE

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OBJECTIVES: According to current guidelines, there is no hierarchy between antiepileptic drugs (AED), and the choice should take into account efficacy, tolerability, pharmacokinetic properties, impact on quality of life, patient preference and cost. Older AEDs such as carbamazepine and valproate are often prescribed, with cost constraints cited as reason for the treatment choice. Given the relative scarcity of long term comparative trials, economic modelling is appropriate to assess whether lower drug costs justify the use of older AEDs. **METHODS:** A Markov model was developed to capture long-term outcomes (1–15 years) of treatment strategies (first- and second-line monotherapies). Expected treatment costs (routine medical costs, adverse event costs, and drug costs) were calculated by disease severity for 2004 from the perspective of a third party payer. Results of a discrete choice experiment exploring whether people with epilepsy were willing to trade months of life against improvements in seizure control and side effects were used to calculate expected utilities. A range of relevant sensitivity analyses were undertaken. **RESULTS:** At one year, treatment with only older AEDs was least costly, but also resulted in the lowest QALY gains. Both the use of topiramate instead of an older AED as second-line, or instead of an older AED as first-line were associated with incremental cost-effectiveness ratios (ICER) between 20,000€ and 30,000€/QALY gained. At longer time horizons both the ICER of offering topiramate second-line, and the ICER of offering topiramate first-line gradually improved. **CONCLUSIONS:** Topiramate either as first- or second-line monotherapy delivers extra health benefits for a slight and acceptable increase in costs, showing that topiramate treatment is cost-effective. The decreasing ICERs over time show the importance of longer treatment retention. Choice of AED should therefore be based on patient-specific criteria only.

NP4

12-MONTHS COSTS OF PARKINSON'S DISEASE IN GERMANY—RESULTS OF A PROSPECTIVE STUDY

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OBJECTIVES: To prospectively evaluate the health economic burden of patients with Parkinson's disease (PD) in Germany over a 12-months observation period. **METHODS:** Direct and indirect costs were evaluated in 145 patients with PD (mean age: 67.3 ± 9.6 years) in Germany. Clinical evaluations were performed at baseline, 3, 6 and 12 months. Relevant economic data were documented in a special patient diary over the 12-month

period. Costs (2002€) were derived from various German medical economic resources. Costs were calculated from the perspective of health insurance (Gesetzliche Krankenkasse, GKV), transfer payment providers and the individual patient. Costs are presented as means ± standard deviation (SD). **RESULTS:** We estimated per patient direct, indirect, and total costs for the twelve-month period. The costs from the perspective of the health insurance GKV consist of direct medical costs 3770 ± 7020€; including rehabilitation (1080 ± 3320€), hospitalization (2200 ± 5590€), outpatient treatment (80 ± 50€), non-medical treatment (390 ± 580€) and ambulatory diagnostic procedures (20 ± 40€). In addition, drug costs for anti-parkinsonian treatment were 3350 ± 2720€. Non-medical direct costs calculated from the GKV perspective were estimated to be 1040 ± 3350€, which included transportation (30 ± 50€), special equipment (880 ± 3100€), social services (30 ± 310€), and sickness benefit (110 ± 1330€). The total medical (including drug costs) and non-medical direct costs for the GKV were 8160 ± 8770€ and depends on disease severity and the occurrence of motor complications. For the nursing insurance payments of 2990 ± 6590€ were calculated, for the retirement insurance 1410 ± 3210€, and patient and caregiver costs of 3150 ± 5320€. Total indirect costs amounted to 6590 ± 13,150€. On average, a total of 22,400 ± 25,410€ per patient were attributable to PD. **CONCLUSION:** The result of the study clarifies the high financial burden of PD on society and patients. This underscores the need for further economic and medical research to optimize treatment for PD.

EYE/EAR/SKIN

EEI

SUNBURNS ACCORDING TO GENDER

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To feel personally concerned with a risk, one needs to experience it. **OBJECTIVES:** The ICARE programme's objective is to assess patients' knowledge of the consequences of sun exposure. **METHODS:** Every patient coming to an outpatient pharmacy in order to obtain advice or treatment following a sunburn was remitted a questionnaire assessing their knowledge of the consequences of sun exposure. **RESULTS:** Men and women act differently towards sun exposure. If 41% expose themselves more than 2 hours per day (W 40%, M 43%) and if more than 50% expose themselves between 11h00 and 16h00, then more than 70% do it after 16h00. The only difference concerns sun exposure before 11h00, for which 35% of women and only 19% of men are concerned ($p = 0.03$). Concerning sun protection with protective skin lotions, 59% of women report applying them regularly vs. 33% of men ($p = 0.003$). The back and arms are the most often expressed localisation sunburns for women (50% and 43%) vs. the back and face for men (52% and 38%). Eight percent (8%) admitted that their sunburn messed their vacation up, 38% reported sleep disturbance and 26% couldn't do what they wanted because of their sunburn. Assessment of QoL using the DLQI showed evidence of quality of life impairment stronger for women than for men, mean scores being respectively 4.89 and 2.72 ($p < 0.05$). **CONCLUSIONS:** The results of our study are similar to the one of McCarthy et al where men exhibited a significantly higher frequency of sunburn, employed fewer sun-protective measures, and demonstrated less knowledge concerning sun safety information and skin cancer than women. The direct consequence of this is a profound impairment of quality