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Paris Abstracts

18.6 UKG (14.2–19.6) for patients undergoing urgent surgery, 22.3 UKG (19.2–24, n: 41) for patients with overdose. In 66%, a risk factor of overdose was unidentified; age >75 years (63%), comorbidity (15% like diabetes). The median cost of PCC treatment was 8898/patient ($592–4888) representing 9.3% of the total hospitalisation cost paid by national health insurance for those 91 patients. CONCLUSIONS: PCC was used according to the recommendations and in respect of the health care regulations for reimbursement. The high increase of prescription observed in 2008, mainly in the emergency department (48%), can be explained by a change of medical practices and prescribing behaviour since the new recommendations.

PSY56
SYSTHETIC REVIEW OF THE DIRECT COSTS RELATED TO OBESITY AND ASSOCIATED DISEASES IN POLAND
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OBJECTIVES: According to WHO data approximately 1.6 billion adults are overweight with at least 400 million being obese (BMI > 30). In Western Europe up to 4% of total expenditures on health care are spent on managing obesity and obesity dependent chronic diseases including diabetes, cardiovascular diseases and cancer. The aim of this systematic review was to find studies on direct cost estimates of obesity and its comorbidities in Poland. METHODS: Search and selection of data was based on a protocol developed before performing the search and compilation of data. Two researchers independently assessed publications according to pre-defined inclusion and exclusion criteria and regard to study methods. The review covered the following databases: MEDLINE, EMBASE and PBL (Polish Medical Bibliography). Last update of the search results have been made on May 10, 2009. RESULTS: In the result of the systematic review only 2 studies were found: Septon et al. 2006 and Kirzyzna et al. 2008. In those studies direct costs of treating obesity and associated diseases have been estimated at between 20 to 30% of the total health care expenditure in Poland. Based on OECD data it gives the amount of 8.15 to 12.2 billion USD according to PPP in 2008. CONCLUSIONS: Economic burden of obesity and its comorbidities in Poland is undoubtedly significant. In 4 European countries with obesity prevalence similar to Poland (Portugal, Norway, Belgium and Sweden), the cost of treating obesity and associated diseases has been estimated at on average 0.32% GDP. If the cost of obesity and its comorbidities in Poland amounted also to 0.3% GDP, the total burden of disease could have been estimated at 1.95 billion USD. We conclude that specific Polish data from the two above mentioned studies can be significantly overestimated and there is an urgent need for further research in order to estimate the true value of these costs.

PSY57
REIMBURSEMENT OF INNOVATIVE DRUGS IN SLOVAKIA—PHARMACOECONOMICS OF USTEKINUMAB IN PSORIASIS
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OBJECTIVES: Although health spending is well below the OECD average when considered as a share of GDP, Slovakian pharmaceutical expenditure accounts 32% of total health care budget. The accessibility and availability of innovative drugs is good. Mandatory HTA (pharmacoeconomy) is incorporated in all relevant legislation, MoH set the official threshold by H-118,000/QALY and H-262,500/QALY. METHODS: We have analysed the legislation and official reimbursement decisions and commentaries, published in MoH in 2009. We analysed the applicants documentation including pharmacoeconomic analysis, as a mandatory part of the application. RESULTS: The main drug reimbursement body—Categoryisation committee of the MoH and pharmacoeconomic advisory committee evaluated the applicants dossier for the biologic drug ustekinumab (Stelara®, Janssen Cilag Slovaki) for the treatment of psoriasis. The pharmacoeconomic part of the application fulfilled all legislative aspects. The CEA shows that ustekinumab is more cost effective in cost of therapy responder analysis vs. other biologics in the Slovak market for psoriasis treatment by 2%—60%. More than half of patients and controls (54.4 vs. 54.3 %) had a documented psychiatric illness such as anxiety, depressive disorders or sleep disturbances at baseline. There was no increase in the co-prescription of anxiolytics and/or antidepressants over time comparing rimonabant treated patients with controls. CONCLUSIONS: The majority of patients were prescribed rimonabant according to the given rules for indication and reimbursement. Weight reduction in the total cohort and reduction of HbA1c in patients with type 2 diabetes versus 0.0% in controls. More than half of patients and controls (54.4 vs. 54.3 %) had a documented psychiatric illness such as anxiety, depressive disorders or sleep disturbances at baseline. 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of folding-back and averaging-out were repeatedly applied until the expected values of benefit and cost are eventually calculated at the first decision-node. RESULTS: Comparing Thb to Tc, we obtained the incremental cost and benefit for (p(1-p) + (1-p)(1-p)) and for (p(1-p))(1-p), respectively. Then, dividing the former by the latter, we obtained the t-ICER = (1+k) x ICER, where k = (p(1-p))/((1-p)). It implies that the risk-adjustment corrects the underestimation of ICER since it takes a positive value. Hence, the efficiency frontier defined by a series of t-ICERs transformed into an inferior position, compared to the original one. CONCLUSIONS: The t-ICER can correct an underestimate of the standard ICER and will be useful in risk-sensitive evaluation using ICERs including the efficiency frontier.

A STANDARIZED EVIDENCE BASED APPROACH TO ASSESS NON-TRADITIONAL OUTCOME MEASURES FOR USE IN HEALTH CARE DECISION MAKING: THE DIABETES EXAMPLE

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OBJECTIVES: Non-traditional outcomes (NTOs), those related with patient reported outcomes (PROs), economic and non-traditional clinical outcomes, are frequently being used to assess health interventions. We propose a standardized approach to assess the utility of NTO measures for use in health care decision making. METHODS: A systematic review of NTOs in Type 2 Diabetes Mellitus (T2DM) was conducted. Inclusion and exclusion criteria, data sources, search strategy, and data extraction and quality assessment of the studies and NTOs were defined. The degree of recommenda-tions reached for NTOs were based on the quality of the evidence, and the quality of the data used to support it. Two independent reviewers carried out each activity. RESULTS: NTOs were assessed within a three-grade quality scale in terms of feasibility, validity, sensi-tivity, reliability, comparability and understanding. NTOs were categorized as key, important, and not enough evidence was found to use its health decision making. Case study in T2DM: 3805 citations and 235 potentially eligible full articles were retrieved and 133 studies met the inclusion criteria. Eighty-eight (5 clinical, 54 humanistic and 29 economic) NTOs in T2DM were retrieved. A total of 21.6% of the NTOs were considered key, 36.4% important and for 42% not enough evidence was found to support its use in T2DM. CONCLUSIONS: An evidence based understanding of NTOs' validity to measure treatment outcomes in different conditions is needed since clinicians and payers may use them for decision-making purposes.