OBJECTIVES: Flaws in other studies related to the identification and measurement of costs, and to the extrapolation of benefits. Overall there was a range in the estimates of cost-effectiveness. For example, Messori et al (1999) calculated the incremental cost per life year gained to be approximately £41,000, whereas analysis by Tavakoli, et al. (1999) used Markov modeling to incorporate the importance of implications on quality of life in the remaining months. This methodology revealed that the incremental cost per life year gained was £8,587, and therefore identified riluzole as a cost-effective therapy. CONCLUSION: Clear presentation and use of perspective and relevant disease end-points are vital in economic evaluation to avoid paradoxes in results of studies assessing similar interventions. For therapies such as riluzole, where length of life and quality of life are key variables, different end-points can provide contradictory results.

COST SAVINGS IN MIGRAINE ASSOCIATED WITH LESS CHEST PAIN ON NEW TRIPTAN THERAPY

Wang JT, Barr CE, Torigoe Y, Wang EI, Rowland CR, Goldfarb SD
Pharmacia, Peapack, NJ, USA

OBJECTIVES: To build an economic model estimating the costs of care for chest pain in migraine patients when treated with almotriptan instead of sumatriptan. METHODS: We conducted a population-based retrospective cohort study from the MEDSTAT Marketscan database. Patients were continuously enrolled for any two consecutive years between 1996 and 1998 and had a first prescription for oral sumatriptan between July 1, 1996 and June 30, 1998. Exclusion criteria included contraindications or risk factors for coronary artery disease. The baseline and treatment periods were defined as five months before and after the date of the first prescription minus 15 days (since most patients receive samples). Patients with chest pain-related diagnoses and procedures were compared between periods using the McNemar test. The cost of chest pain-related care was used to build a model estimating costs based on rates of chest pain from clinical trials. RESULTS: Of 1,759 patients meeting inclusion criteria, 369 were excluded. The final cohort of 1,390 migraine patients showed a statistically significant increase in the number experiencing chest pain after treatment with sumatriptan (compared to the baseline period) from 110 to 158 (p = 0.003), a 43.6% increase. Associated costs increased from $22,713 to $30,234. The model estimated annual cost savings of $11,215 per 1,000 patients for migraine treated with almotriptan instead of sumatriptan due to lower rates of chest pain (0.3% vs. 2.2%, p = 0.004). CONCLUSIONS: Direct medical cost savings are predicted for health plans from migraine patients switched from sumatriptan to almotriptan based on the lower rate of chest pain.

COMPARISON OF HUI2 AND HUI3 SCORES FOR PATIENTS WITH ALZHEIMER’S DISEASE

Niwata S, Yamada Y, Ikegami N
Keio University School of Medicine, Tokyo, Japan

OBJECTIVES: To examine the difference between the Japanese versions of the Health Utilities Index (HUI) Mark2 and the HUI Mark3 scores of patients with Alzheimer’s Disease (AD) in order to undertake the pharmacoeconomic evaluation of AD drugs. METHODS: We conducted a cross-sectional study of AD patients at four sites (three in outpatient and one in institutional settings) using the combined HUI2/HUI33 questionnaire. For those who were not able to make self-evaluations, proxy evaluations were made by caregivers in outpatient settings and by the nursing staff in institutional settings. Severity of dementia was measured by Clinical Dementia Rating (CDR). RESULTS: With the HUI2, the mean (SD) utility scores of the 63 outpatients with mild AD (n = 19), moderate AD (n = 29), and severe AD (n = 12) were 0.61(0.16), 0.50(0.25), and 0.38(0.18), respectively. The corresponding scores with HUI3 were 0.33(0.23), 0.17(0.29), and 0.02(0.25), respectively. For inpatient (n = 12), it was 0.37(0.21) for those with severe AD (n = 10) with the HUI2, and 0.04 (0.20) with the HUI3. The single scores for each attribute of the HUI2 and 3 tended to decrease as the CDR level became more severe. CONCLUSIONS: Compared with the HUI2, the HUI3 yields significantly lower global utility scores for patients with AD. Based on our results, there appears to be a need to further evaluate the validity of the HUI2 and HUI3.

ESTIMATED RESOURCE USE AND COST OF MITOXANTRONE VS PLACEBO IN PATIENTS WITH PROGRESSIVE-RELAPSING AND SECONDARY-PROGRESSIVE MULTIPLE SCLEROSIS: RESULTS FROM THE MIMS TRIAL

Durgin TL, Wanke LA, Goodkin D, Ghali R
Immunex Corporation, Seattle, WA, USA

OBJECTIVE: To evaluate the pharmacoeconomics of mitoxantrone (m) therapy in patients with progressive-relapsing and secondary-progressive multiple sclerosis (MS). METHODS: The MIMS trial showed that m improves several outcomes in patients with progressive-relapsing and secondary-progressive multiple sclerosis (MS). Patients receiving m 12 mg/m2 every three months had fewer relapses and hospitalizations, less progression of neurologic disability, and improved quality of life and functionality. A pharmacoeconomic analysis was undertaken to compare resource consumption in the m and placebo (p) groups. Major cost drivers were identified as follows: drug therapy, including acquisition, administration, and monitoring (primarily m, IV corticosteroids, and antibiotics); hospitalizations (5 days/occurrence); physician visits (1/relapse); days lost from work (2/docu-
mented relapse, 3 additional for relapse requiring IV corticosteroids, and 7 hospitalization). Standard costs were assigned as follows: m ($1000/cycle); IV corticosteroids used to treat relapses ($1250/occurrence); antibiotics used to treat infections ($300/occurrence); hospitalizations ($1850/day); physician visits ($100/occurrence); wages ($160/day).

RESULTS: A cost-minimization analysis was done and the cost per patient per year was found to be as follows: m therapy (m = $4000, p = $0); IV corticosteroid therapy (m = $250, p = $750); antibiotic therapy (m = $96, p = $39); hospitalization (m = $1850, p = $3145); physician visits (m = $40, p = $100); lost wages (m = $448, p = $989). The total annual cost per patient was $6684 in the m group and $5023 in the p group. The annual cost of m ($4000) was substantially offset by a reduction in other costs associated with p for a total annual incremental m cost of $1661.

CONCLUSIONS: MS is a chronic, debilitating disease associated with considerable costs. Pharmacoeconomic analyses suggest that m compares favorably with other disease-modifying therapies for MS. Additional data will be presented using remaining direct and indirect cost drivers. The results of cost-effectiveness analyses incorporating patient outcome measures will also be presented.

PPN21

MIGRAINE IN FRANCE IN 2000:
THERAPEUTICAL DATA

1Hospital Roger Salengro, Lille, France; 2CHU de Nice, Nice, France; 3Université Claude Bernard, Lyon, France; 4Hospital Cardio Vasculaire et Neurologique, Bron, France; 5Université Bordeaux II, Bordeaux, France; 6Hospital Pellegrin, Bordeaux, France; 7Hospital Louis Mourier, Colombes, France; 8Laboratoire Glaxo Wellcome, Marly le Roi, France

OBJECTIVE: GRIM 200 is an epidemiology survey on migraine that was performed in France in 2000, ten years after the first one (GRIM). The goal of this study was to estimate the evolution of epidemiological data since ten years, and to assess the impact of triptans on the disease management and social repercussions of migraine.

METHODS: The survey was carried out by I.S.L., a national institute, on a representative sample of 10,585 subjects in France aged 15 years and older according to the quota method. There were 2 successive home interviews. Persons suffering from headache were selected during the first interview, or screening. They were then contacted for a second interview with a validated questionnaire for diagnosis of migraine. This questionnaire was the same used in 1989 with supplementary questions concerning triptans.

RESULTS: We found a 8.2% prevalence of certain migraines (1-1 and 1-2 IHS) and a 17.3% prevalence of certain migraines and migraine disorder (1-7 IHS). Only 5.65% of headache sufferers (n = 1486) were treated by triptans. Of the 5.65% of patients using triptans, we found 4.23% were migraine sufferers, 0.2% had tension-type headache and 1.2% had chronic daily headache. We found that 2.96% of the general population were chronic daily headache patients (n = 152). Of these, 18 patients were triptans abusers (11.8%).

CONCLUSION: This study confirmed that triptans use by migraine patients is very low in France in general population. Overuse of triptans seems to be low in comparison with other drugs.

PPN22

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