

cal and cognitive ability, behaviour, co-morbidities, demographic and socio-economic variables. The attending parent completed the Child Health Questionnaire 50-item version (CHQ-50) for children ≥ 5 years at baseline and 12 months. The Impact of Paediatric Epilepsy Scale (IPES) was used to measure burden on families. **RESULTS:** 132 children were enrolled and data was available on 127. The median age was 8.8 years and 54% were male. 63% had partial seizures and 61% of all children had cryptogenic or symptomatic epilepsy. 53% of children had frequent seizures (>10 /month). 93 children ≥ 5 years were included in the QOL analysis. Children with frequent seizures scored significantly worse than those with no/infrequent seizures on 10/14 and 11/14 of the CHQ-50 subscales tested and both IPES scores at baseline and 12 months respectively. Children with cryptogenic/symptomatic epilepsy scored significantly worse than those with idiopathic epilepsy. No such differences were found between seizure types and there were no differences between findings at baseline and 12 months. **CONCLUSIONS:** The burden of epilepsy on children and their families is substantial. Seizure frequency and epilepsy syndrome rather than seizure type determines the impact.

PNL6

THE EPIDEMIOLOGY AND MANAGEMENT OF MIGRAINE IN THE UK

Quilici S¹, Cure S¹, Martin M¹, Odeyemi IA²

¹Innovus Research (UK) Ltd, High Wycombe, UK; ²Allergan Ltd, High Wycombe, UK

OBJECTIVE: To describe the incidence, prevalence and management of migraine in the UK. **METHODS:** The study considered patients >18 years with a record of migraine (diagnosed migraine) or headache with a prescription for a triptan, ergot alkaloid, prophylactic or a combined anti-emetic and analgesic treatment (undiagnosed migraine), registered between 1994–2003 on the General Practice Research Database (GPRD) covering 4.6% of the UK population. Incidence and prevalence were estimated from the GPRD population, prescribing and management trends were examined. **RESULTS:** A total of 108,652 migraine patients, average age 45 years, were identified; 76% were female. The incidence of migraine was 11/1000 person-years for females and 3/1000 person-years for males. The female: male ratio was on average 3:1. Prevalence over the 10-year period was 6.9%, at the low end of rates reported in the literature. Annual prevalence increased over time from 2.4% in 1995 to 4.5% in 2003. Among females peak prevalence is seen in the 31–59 age group, for males this is 18–29. The percentage of patients with undiagnosed migraine was stable at around 12% over the period. The average annual number of migraine-related GP consultations is 3 (95% CI 2–6). In diagnosed migraine, triptans, anti-emetics and prophylactics are prescribed almost equally at 34%, 31% and 33% respectively. In undiagnosed migraine prophylactics (48%) are most prescribed. Younger patients (<30) receive less triptans (19%) but more anti-emetics (49%) than other age-groups. Ergots are rarely prescribed. Triptan prescriptions increased from 19% in 1994 to 42% in 2003, excluding analgesics. **CONCLUSION:** Not all patients will consult a GP for migraine explaining the low prevalence and incidence rates. A substantial number of migraine patients are not diagnosed. A peak prevalence in the productive age, high annual consultation rates and high triptan prescription rates suggest that migraine represents a sizeable economic burden to the UK.

PNL7

IS THE TREATMENT OF ACUTE MIGRAINE WITH TRIPTANS EFFICIENT FROM A SOCIETAL PERSPECTIVE?

Gracia-Naya M¹, Diaz S², Latorre A¹, Rejas J³

¹Miguel Servet Hospital, Zaragoza, Zaragoza, Spain; ²Euriclin Institute, Madrid, Madrid, Spain; ³Pfizer Spain, Alcobendas/Madrid, Spain

OBJECTIVE: To carry out a one-year cost benefit analysis from the Year-2005 societal perspective of the acute migraine attacks treatment in Spain. **METHODS:** A cost-benefits analysis was performed. Model data were obtained from the Spanish cohort of a multinational survey assessing impact of migraine on disability, absenteeism and health care resource utilization. Benefits (days of disability and health resources use avoided) were computed indirectly by imputation of the effectiveness (anti-migraine complete response) obtained from a published efficacy meta-analysis of available triptans in Spain. Human capital method was used for imputation indirect costs and benefits. Results are expressed as net benefits. Sensibility analysis was performed. **RESULTS:** The number of annual migraine attacks was 57.7 (95% confidence interval: 44.5–77.2), the paid and unpaid annual lost-workday-equivalents (LWDE) were 34.9 (22.8–68.3) and 37.5 (27.0–54.1), respectively. The annual cost of untreated migraine was €4077.70 (3145.1–5451.0). Migraine treatment reduced the number of LWDEs per year between 7.5 (5.2–12.7) with zolmitriptan-2.5, to 14.7 (10.1–24.8) with eletriptan-40 and rizatriptan-10. Compared with no-treatment, the average annual net benefits obtained were: eletriptan-40; €269.50 (207.9–360.3), rizatriptan-10; €226.20 (174.5–302.4), sumatriptan-50; €185.80 (143.3–248.4); naratriptan-2.5; €126.40 (97.5–169.0), and almotriptan-12.5; €8.40 (6.4–11.2). Zolmitriptan-2.5, zolmitriptan-5, and sumatriptan-100 showed no net benefits. Results were robust to the sensitivity analyses throughout different scenarios (number of migraine attacks, salary, cost of migraine attack), except when minimal official salary was used in the model. **CONCLUSIONS:** Compared with existing triptans, eletriptan-40 showed the higher monetary net benefit over the untreated migraine attack alternative, yielding more savings to the Society.

PNL8

COST-EFFECTIVENESS OF BETAHISTINE VS CINNARIZINE FOR VERTIGO

Avksentjeva M, Vorobyov P, Leontiev S, Soura M, Morozova S, Yakhno N, Bojko A

Moscow medical academy, Moscow, Russia

OBJECTIVE: To perform cost-effectiveness analysis of betahistine vs. cinnarizine for vertigo in Russia. **METHODS:** A total of 240 patients with vertigo were randomized for betahistine 16 mg 3 times a day (group B) or cinnarizine 25 mg 3 times a day (group C) for 3 months. 11 parameters of health status and functional abilities (such as dizziness, nausea, ability to use public transport and others) were measured before the study and by the end of each month using 5-score scale. Absence of severe and moderate functional disabilities (3 scores and more) for all 11 parameters by the end of treatment was the criteria of effectiveness. Direct medical costs were taken into account from the health care system point of view. **RESULTS:** A total of 215 patients finished the study. There was significant positive dynamics in both groups but in group B positive changes occurred earlier and were more expressed. 86% (95% CI 79.5–92.5%) of patients in B group and 39% (95% CI 29.6–48.4%) in group C had no severe and moderate functional disabilities by the end of study. Median direct cost was 9177.2 rubles (\$328 USD) in group B and 6425.6 rubles (\$229) in group C. Betahistine was significantly more effective and more costly. Incremental CER was 5854.47 extra