more recently experienced (similar global score). However, the age at the time of diagnosis and the level of incapacity experienced was related (p = 0.015). The younger the patient is at which psoriasis is diagnosed the higher the level of handicap is, particularly on the “every- day” and “leisure” scores.

CONCLUSION: These results highlight the value of appropriate and relevant psychological and medical environment for children suffering from psoriasis.

THE PSORIASIS MANAGEMENT DURATION INDUCED DIFFERENCES IN THE DISABILITY’S REPERCUSSION
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Psoriasis is a chronic disease, which concerns 4.7% of the French population. Although it does not shorten life it has major consequences on patients’ daily life because of the damage to the body image.

OBJECTIVE: The purpose of this study is to report preliminary findings of perceived disability in patients with psoriasis.

METHOD: SPOT is a longitudinal, prospective, observational programme. 2000 patients with mild to moderate psoriasis will be recruited. (1000 Chronic Psoriasis Patient & 1000 New Psoriasis Patient). The Psoriasis Disability Index [PDI] (Finlay AY et al 1987) and the SF 12 are evaluated every 3 months.

RESULTS: The preliminary results concern the analysis of the first 413 PDI scales completed at the inclusion visit. The mean PDI score of the chronic psoriasis patients (CPP) (n = 215) was 15.2 (sd 13.2) and the mean PDI score of the new psoriasis patients (NPP) (n = 198) was 10.4 (sd 11.7) (p < 0.0001). When the sub-group of retired and housewife patients was analysed there was no difference in the scores between the CPP and NPP. However, the sub-group consisting of salaried employees, unemployed and sick leave patients showed a clearer difference, mean PDI of CPP 14.4 (n = 149) compared to NPP mean PDI = 9.7 (n = 158) (p = 0.0003). When all questionnaires were analysed the “active population” are less disabled than the “inactive group” (p < 0.05) and this difference is also seen within the NPP (p < 0.05).

CONCLUSION: This first analysis demonstrates the disability experienced by CPP and its greater impact on the “active population”. This study will enable long-term monitoring of the evolution of patients’ psoriasis and the perception of patients concerning their management.

FUNCTIONAL LIMITATIONS IN THE US ELDERLY POPULATION WITH VARYING LEVELS OF VISUAL IMPAIRMENT
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OBJECTIVES: To examine the association between visual impairment (VI) and functional limitations among the elderly.

METHODS: Bivariate analyses were used to examine the above associations. Data used in the analysis was the Second Supplement on Aging (SOA II), a nationally representative sample of the U.S. population aged 70 and over in 1994. These cohort data of older Americans, collected by the National Center of Health Statistics, are the most recently released. VI identified from the data was categorized into five forms: cataract, glaucoma, blindness in one eye, blindness in both eyes, and trouble seeing even with glasses. Functional limitations were characterized by activities of daily living (ADLs), instrumental activities of daily living (IADLs), and self-perceived health status.

RESULTS: VI was found in 37.5% of persons aged 70 and over; among them 10% reported having more than one form of VI. “Cataract” and “trouble seeing with glasses”, alone or combined, accounted for approximately 68% of VI. On average, compared to the visually unimpaired, the visually impaired group reported a significantly higher number of limitations in ADLs (diff = 0.52, P < 0.001) and IADLs (diff = 0.60, P < 0.001). A significantly higher proportion of the visually impaired ranked their health status as poor (10.7% vs. 5.1%) and a significantly lower proportion reported “excellent” (9.4% vs. 14.8%). Among the five forms of VI, the average number of limitations in ADLs and IADLs were highest among persons with blindness in both eyes (2.36 and 3.67, respectively), and were lowest in the glaucoma group (0.86 and 0.89, respectively).

CONCLUSIONS: A positive and tangible association existed between VI and more limited physical functioning as measured by ADLs and IADLs, and poorer self-perceived health. Among the five forms of visual problems examined, the most detrimental outcomes were found in persons with blindness in both eyes.

EAR, EYE & SKIN DISEASES/DISORDERS—Health Policy Presentations

ANTIHISTAMINE UTILIZATION AND COSTS IN PATIENTS WITH ATOPIC DERMATITIS
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OBJECTIVE: Assess the antihistamine utilization and associated costs in patients with atopic dermatitis (AD).
**METHODS:** Data were extracted from Medstat’s MarketScan, a proprietary claims database, which includes people who received pharmacy and medical benefits from various managed care organizations. We identified patients with continuous pharmacy coverage and at least one pharmacy claim in 1999. The AD group consisted of all those with at least one ICD-9 code for AD (691.8 or 692.9), and the control group consisted of a 1:1 match on age of those without AD. Antihistamine use was defined as at least one prescription during 1999. The risk ratio and risk difference were calculated to compare those with AD to the control group. Differences in drug costs are estimated using the average AWP.

**RESULTS:** 40,998 people were identified with AD and at least one pharmacy claim in 1999. 38.8% of AD patients used antihistamines—13.6% had a prescription for a first generation product and 29.5% had a prescription for a second generation product. Among the control group, only 7.7% received an antihistamine prescription; 1.7% for a 1st generation and 6.3% had a prescription for a second generation product. The risk ratio for the more costly 2nd generation products was 4.67 (95% CI: 4.48, 4.86), and for the 1st generation products, 7.83 (95% CI: 7.25, 8.45). The risk difference was 23.2% (95% CI: 22.7%, 23.7%) and 11.9% (95% CI: 11.5%, 12.2%), respectively. The difference in per patient antihistamine costs (AWP) was $40.47 for 2nd generation products and $1.84 for 1st generation products.

**CONCLUSIONS:** Despite the lack of evidence supporting the use of antihistamines to treat patients with atopic dermatitis, there is over a five-fold increase in use compared to people without AD. This potentially inappropriate use translates to a substantial economic burden to third party payers.

**GASTROINTESTINAL DISEASES/DISORDERS—Clinical Outcomes Presentations**

**THERAPEUTIC COMPARABILITY OF PROTON PUMP INHIBITORS**

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**OBJECTIVE:** This evidence-based review evaluates the therapeutic comparability of five proton pump inhibitors (PPIs): omeprazole, lansoprazole, pantoprazole, rabeprazole and esomeprazole for short-term treatment of uncomplicated gastroesophageal reflux disease (GERD).

**METHODS:** A literature search identified 68 randomized clinical trials comparing the PPIs to each other, to placebo and/or to other anti-reflux treatments (histamine-2-receptor [H2]-blockers). Evidence tables were compiled for common outcomes and meta-analyses conducted. Efficacy was assessed on heartburn relief, esophageal healing, overall GERD symptom relief, and withdrawals due to lack of efficacy. Safety was analyzed using withdrawals due to adverse events, total adverse events, abdominal pain, diarrhea, nausea and headache.

**RESULTS:** Meta-analyses found no differences between the PPIs in heartburn relief, overall GERD symptom relief, and withdrawals due to lack of efficacy. The analysis detected a statistically significant efficacy advantage of esomeprazole (20 and 40 mg/day) over omeprazole (20 mg/day) in acute erosive esophagitis healing rates. Broad and specific safety outcomes were comparable among the PPIs.

**CONCLUSION:** In the evidence collected here, the five PPIs appear to be generally comparable for relief of GERD symptoms. For treatment of acute erosive esophagitis, both doses of esomeprazole were shown here to be more beneficial than omeprazole (20 mg/day). In terms of safety, the PPIs as a class have a remarkably low incidence of side effects with few differences between

**EFFECTIVENESS OF MEDICAL INTERVENTIONS IN PATIENTS WITH SYMPTOMS OF GERD—A SYSTEMATIC REVIEW**

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**OBJECTIVES:** To extract outcome data on the probability of symptom resolution for acute drug treatment and symptomatic relapse for long-term drug treatment in patients with gastro-esophageal reflux disease (GERD), by drug, dose and by patient category (non-endoscoped GERD, endoscopy-verified reflux esophagitis and GERD without esophagitis). The results were intended for use in cost-effectiveness evaluations, where data on esophagitis healing or remission have traditionally been used as a definition of success in the treatment of GERD.

**METHODS:** A systematic literature search for randomised controlled trials of medical interventions for GERD was carried out in September 2000 by a contract research organisation, the Evidence Research Unit, UK. The citations uncovered underwent a series of filtering steps for applicability and methodological quality. Where possible, extracted data were pooled.

**RESULTS:** Very few of the 82 identified studies were found to contain relevant data as a basis for the symptomatic probabilities required. Reliable pooled data were only found for complete resolution of heartburn after 4 weeks’ acute treatment with omeprazole 20 mg od in patients with esophagitis (60.9%, n = 1,233) and in patients with GERD without esophagitis (63.5%, n = 525, p > 0.05 for the difference between groups). Only one study was identified concerning the 6-month probability of symptomatic relapse during no drug treatment (i.e., not placebo) in GERD patients with esophagitis (90%, n = 145) and without esophagitis (75%, n = 123, p < 0.001 for the difference between groups).

**CONCLUSIONS:** Reliable symptomatic probabilities intended for cost-effectiveness evaluations of medical interventions for GERD could not be sufficiently obtained in this systematic review of randomised controlled trials.