their untreated female partners. Measures of efficacy included the Treatment Satisfaction Scale (TSS). The analysis was performed in patients (partners) valid for intent-to-treat plus having a baseline and post-baseline measurement, followed by subgroup analysis regarding ED pre-treatment status. Separate analyses of co-variance adjusting for baseline values and study effects were conducted to investigate the change in treatment satisfaction in patients and their partners using the TSS. RESULTS: At baseline, TSS domain scores (least square means; LS means) were similar for vardenafil and placebo groups. Vardenafil significantly (p < 0.0001) improved the treatment satisfaction for all domains compared to placebo (LOCF; absolute difference in LS means for patients and partners): ease of erection (23.4 and 24.9), erectile function satisfaction (36.7 and 32.9), pleasure from sexual activity (23.0 and 23.7), satisfaction with orgasm (27.6 and 21.8), confidence to complete sexual activity (28.2 and 32.5), satisfaction with medication (37.4 and 35.5). The effect of vardenafil on treatment satisfaction in patients who had received previous treatment with PDE5 inhibitors was even higher for all domains (absolute difference in LS means between vardenafil and placebo groups for patients): ease of erection (25.2), erectile function satisfaction (39.5), pleasure from sexual activity (25.6), satisfaction with orgasm (29.8), confidence to complete sexual activity (30.4), satisfaction with medication (41.3). CONCLUSIONS: Vardenafil significantly improved (p < 0.0001) treatment satisfaction in men with ED and their partners. The treatment effect was even higher in patients who had previously been treated with PDE5 inhibitors.

RESPIRATORY DISORDERS

PREVALENCE AND TREATMENT OF COPD IN GERMANY

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OBJECTIVES: Data on prevalence, treatment, and stages of COPD for Germany are limited. This study aims at investigating into prevalence and treatment of COPD as well as the distribution of COPD stages, frequency of comorbidity, and exacerbations. METHODS: Claims data from a German sickness fund were used to perform a retrospective cohort study. For the period of 2001 to 2003 beneficiaries 45 years of age or older were identified as COPD patients if they had a diagnosis of emphysema and/or other chronic obstructive pulmonary diseases (ICD-10 codes J43*, J44*) and/or at least one prescription for a drug for obstructive airway diseases (ATC R03A*). Comorbidity and exacerbations were identified according to related diagnoses and prescriptions. Patients were allocated to COPD stages by detection of drug prescription patterns as defined by the GOLD guideline (Psauels et al., Am J Respir Crit Care Med 2011;183:1256–76). RESULTS: Among 499,530 beneficiaries 45 years of age or older 41,100 were identified as COPD patients corresponding to a three-year prevalence rate of 8.2%, with rates of 8.5% in men and 7.9% in women, respectively. Prevalence rates of 9.3% in total, 9.6% in men, and 9.3% in women, respectively, were estimated for the German resident population 45 years of age or older. For many of the COPD patients only few specific drug prescriptions were detected within the three-year observation period. Sixty-eight percent of patients were allocated to GOLD stages 0 and 1 (at risk or mild COPD). Exacerbations were found in 14,513 (35.4%), and comorbidity (mostly cardiovascular disease) in 63% of patients. CONCLUSION: The observed COPD prevalence rates are within the range of results reported in former studies. The low level of treatment with COPD-related drugs may be an indicator for a low awareness of COPD among patients as well as among physicians.

PR52

EFFECT OF DRG IMPLEMENTATION IN GERMANY—ANALYSIS OF LENGTH OF HOSPITAL STAY OF IN-PATIENTS SUFFERING FROM COMMUNITY-ACQUIRED PNEUMONIA

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OBJECTIVES: In-patient treatment of community-acquired pneumonia (CAP) is a generally non-invasive therapy with financial burden depending on length of hospitalization. In 2004, the concept of diagnosis-related groups (DRG) was implemented in Germany. Objective of this study was to analyse the effect of DRG implementation on length of hospital stay. METHODS: Open, prospective observational study conducted in German hospitals before and during DRG-implementation. Between October 2002 and July 2003 patients with CAP were enrolled (cohort A). Between January and October 2005 a second investigation was conducted (cohort B). No intervention in physicians’ treatment decisions was taken. Diagnostic measures, drug application, non-medical therapy, nursing time and length of hospital stay were documented by the treating physicians. RESULTS: In cohort A 319 patients were documented in 9 hospitals, in cohort B 322 patients in 14 hospitals. Cohort A and B showed no significant differences in demographic data, clinical condition and severity of CAP classified according to Fine et al.88.7% (A) and 92.9% (B) of patients were discharged from hospital due to successful treatment. 11.3% (A) and 7.1% (B) of patients died. Average length of stay was 10.67 (A) and 10.05 days (B) in peripheral ward (p = 0.229), and 0.79 (A) and 0.73 days (B) in ICU (p = 0.847). Overall length of stay was 11.46 (A) and 10.80 days (B) (p = 0.162). CONCLUSIONS: In this study the effect of DRG-implementation, measured by length of hospital stay, was marginal. Between 1994 and 2000 a dramatic reduction of both length of stay and number of hospital beds were observed because of a number of new laws aiming at cost reduction. Therefore, the DRG concept for CAP patients has not yet led to a significantly reduction of length of stay in the hospital sector.

PR53

COST-EFFECTIVENESS OF ROFLUMILAST IN THE UK:A 1-YEAR STUDY IN PATIENTS WITH SEVERE TO VERY SEVERE COPD

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OBJECTIVE: Roflumilast is an oral, once-daily PDE 4 inhibitor under investigation for COPD and asthma therapy. This study investigated the cost-effectiveness of Roflumilast in patients with severe to very severe COPD, including the financial impact on the UK health care system. METHODS: The analysis was conducted alongside a randomised, placebo-controlled, multinational trial (M2-112) evaluating the efficacy of roflumilast in terms of lung function and the frequency of moderate and severe (mod/sev) exacerbations in severe and very severe COPD patients. COPD-related health care use and absence from work were recorded. Differences in costs were related to differences in number of mod/sev exacerbations. Trial wide resource use was