Severity of pain (BPI-item-3) was statistically associated with total annual health costs; €1235 (932), €1473 (1198) and €1950 (1391) for mild, moderate and severe pain respectively, \( p = 0.017 \). Walking (FIQ1g) and work/domestic (BPI5d) interference were positive predictors for per patient annual drug costs, while pain problems and 12-month health state change (EQ-5D items 4 and 6) were negative predictors (\( R^2 = 0.283, p = 0.001 \)).

**CONCLUSION:** In the primary care setting, annual per patient total direct health cost of Fibromyalgia showed less drug costs could be associated with poorer outcomes in term of health state change and level of pain.

**OBESITY—Clinical Outcomes Studies**

**IMPACT OF OBESITY UPON COSTS AND ANTIPSYCHOTIC DRUG USE IN THE ADULT POPULATION SEEN IN SPANISH PRIMARY CARE CENTERS**

Síncar-Maintay A,1 Rejas-Gutiérrez J,1 Navarro-Artieda R,1 Blanca-Tamayo M1

1Badalona Servicios Asistenciales, Badalona, Barcelona, Spain.

**OBJECTIVES:** To describe the association between obesity and costs and use of antipsychotic drugs (APDs) in patients seen by seven Spanish primary care teams (PCTs), under usual medical practice.

**METHODS:** A retrospective, multicenter study was made with patients receiving APD treatment during year 2005. Obesity was considered according to W.H.O. as a body mass index (BMI) \( > 30 \) kg/m\(^2\). Main measurements included APD consumption, sociodemographics, comorbidity/episodes, Charlson index (severity), and costs (semi-fixed and variable, visits, diagnostic/therapeutic procedures, referrals and drugs).

**RESULTS:** A total of 42,437 patients (age: 50.9 ± 17.8 years, women: 59.9%) were included in the analysis. Obesity was present in 27.3% [CI: 26.9–27.7%], with a 1.3% receiving APDs (typical: 48.8%, atypical: 51.2%; \( p = NS \)). Patients with obesity showed higher average annual episodes (\( 7.0 \pm 4 \) vs. 5.5 \pm 3.6), visits (12.1 ± 9.8 vs. 9.1 ± 8.5) and severity (0.5 ± 0.7 vs. 0.3 ± 0.6), \( p < 0.001 \). In the logistic regression analysis, obesity was related to APD use (OR = 1.3; CI: 1.3–1.8), hypertension (OR = 2.4; CI: 2.2–2.5), diabetes (OR = 1.4; CI: 1.3–1.5) and dyslipidemia (OR = 1.3; CI: 1.2–1.4), \( p < 0.001 \) in all cases. After adjusting, BMI was slightly higher in subjects on APD; 27.8 kg/m\(^2\) vs. 27.4 kg/m\(^2\), \( p = 0.002 \). Mean crude and adjusted (age, gender and comorbidities) annual costs were significantly higher in obese patients than in non obese; €980.89 ± 1,467.49 vs. €637.64 ± 1,244.49, \( p < 0.001 \), and €810.88 vs. €693.79, \( p < 0.001 \) respectively. All components of per patient per year costs were higher in the group of obese patients, \( p < 0.0001 \).

**CONCLUSION:** Obesity was associated with the use of APDs and the presence of hypertension, diabetes and dyslipidemia. No differences were found between using typical or atypical APDs. Obese patients presented more comorbidity, use of health resources and associated costs.

**OBESITY—Methods and Concepts**

**A PROBABILISTIC BAYESIAN MARKOV MODEL IN WINBUGS FOR THE ECONOMIC EVALUATION OF THE TREATMENT WITH ORLISTAT OF ITALIAN OBESE PATIENTS**

Iannazzo S, Pradelli L

Advanced Research Srl, Turin, Italy

**OBJECTIVES:** The WinBUGS software is a powerful tool to analyze data in the framework of the bayesian theory and has recently been shown useful in developing complex probabilistic Markov models. Despite some clear advantages, this technique has not been fully exploited in health economic evaluations. We developed a cost-utility and budget impact analysis of the use of orlistat in Italian obese patients through this innovative modeling approach.

**METHODS:** A probabilistic Markov model has been developed to simulate outcomes of the obese Italian population after four years of orlistat treatment plus six years of follow-up. The efficacy of the treatment derives from the XENDOS study. The model integrates a Framingham Heart Study-based algorithm to estimate cardiovascular risk. The