on therapy used more health care resources and were more costly during the 12-month observation period.

PG24

BURDEN OF GASTROESOPHAGEAL REFUX DISEASE AMONG PATIENTS WITH PERSISTENT SYMPTOMS DESPITE PROTON PUMP INHIBITOR THERAPY: AN OBSERVATIONAL STUDY IN FRANCE

Bruley et al.

Oviedo, Spain, (HPSS-D), was developed. Interferon and ribavirin (RBV) treatment and are often cited as reasons for discon-
For the overall patient sample, no statistically significant changes across visits was observed for any SIBDQ domain or total score (all P > 0.05), mean change from baseline-endpoint was 1.17%. Only 3% for any SIBDQ score. At endpoint, patients exhibiting recurrent UC (n=29) scored significantly lower than non-recurrent pa-
patients (n=117) on bowel symptoms, emotional function, and social function do-
 mains and total score (P < 0.001 for all differences). CONCLUSIONS: Patients with quiescent disease, experiencing a mild/severe problem with therapy, showed a mod-
hibited high stability, and thus strong maintenance, in disease-specific HRQoL over the course of one year. The majority of patients remained in clinical remission following one year of this treatment regimen. Patients with clinically recurrent UC showed significantly worse HRQoL outcomes than non-recurrent patients.

PG122
QUALITY OF LIFE IN CHRONIC LIVER DISEASE

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OBJECTIVES: Chronic liver disease is responsible for approximately 40,000 deaths annually, which corresponds to about 2% of all deaths worldwide. This study aimed to specify and understand the characteristics of patients with LC service followed in the Gastroenterology at CHCB as well as to assess the severity of LC using the scale of Child-Pugh-Turcotte and the Health Related Quality Of Life. METHODS: This is a retrospective, observational and cross for the evaluation of QDV’s a group of pa-
patients diagnosed with LC in CHCB. Direct interviews were carried out by using ques-
tionnaires to a sample of 42 patients with clinical and imaging during the months of January and April 2011. Besides the descriptive analysis we tried to establish some correlations between the variables studied, considered statistically signifi-
cant when p value < 0.05. RESULTS: The mean age of study participants was 62 years, and approximately 31% of patients were between 66 and 75 years. The males and females showed no difference in the distribution of sex. Seventy six percent of pa-
tients the average score obtained after applying the SF-36 was around 49%. After the calculation made to stratify the severity of the disease across the range of CPT, 69% of patients were class A, class B 21% and 10% to class C. CONCLUSIONS: The LC mainly affects males, and regular alcohol consumption the predominant etiol-
genesis of January and April 2011. Besides the descriptive analysis we tried to establish to specify and understand the characteristics of patients with LC service followed

PG123
COMPARISON OF HEALTH RELATED QUALITY OF LIFE BETWEEN HEPATITIS, CIRRHOSIS, LIVER TRANSPLANTATION AND HEPATIC CARCINOMA: RESULTS OF THE COME STUDY

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OBJECTIVES: As a result of successful treatments for chronic hepatic diseases (CHDs), patients generally live longer but often with a compromised wellbeing. We assessed Health-Related Quality-of-Life (HRQoL) of CHDs adult patients.

METHODS: A naturalistic multicentre Cost-of-Illness study was conducted. Adult patients (age >18 years) diagnosed with CHDs, consequently accessing at gastro-
enterology unit of 2 hospitals, were enrolled. Direct, indirect and intangible costs were assessed in a randomised clinical trial for the treatment of POI following abdominal surgery. RESULTS: Over 600 studies were identified as potentially relevant. Approx-
imately one quarter of these assessed the broad spectrum of prokinetic pharma-
ocological agents for the treatment of POI, as well as antineutics, antibiotics and anesanesthetics. In particular, research into new ghrelin agonists is underway. Next to this, the unfavourable effects of opioid analgesics on GI recovery were studied in numerous trials. Non-pharmacological methods to enhance recovery after surgery are being pursued, and early feeding is being investigated with mixed success. Many of the trials identified were dated, illustrating how long POI has remained an unresolved issue for clinicians and patients. CONCLUSIONS: Many different types of treatment, with varying mechanisms of action, have been clinically studied for the prevention or treatment of POI over the past 40 years. However, there is still no standardised management protocol for the prevention or post-op-
erate bowel recovery. The absence of an effective pharmacological agent licensed for this indication in Europe and significant variance in practice suggest an unmet clinical need, which should shape future research in this area.

PG132
AN INVESTIGATION INTO THE EXTENSIVE SPECTRUM OF AGENTS USED FOR THE MANAGEMENT OF POST-OPERATIVE ILEUS

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OBJECTIVES: Regardless of the wide variability in estimated incidence rates for post-operative ileus (POI), it is widely understood that gastrointestinal complica-
tions represent the most common post-operative morbidity type. In addition to the patient burden, the exclusion of hospital stay caused by POI (estimated to be be-
tween 1.5 and 2.7 days) can have enormous economic impact, making this an important area of research. The objective of this literature review was to explore the various interventions investigated for the acceleration of gastrointestinal re-
covery after surgery and reduction of POI. METHODS: Comprehensive literature searches across online databases and horizon scanning were used to identify rel-
evant data. Literature was gathered on any intervention that had been as-
sessed in a randomised clinical trial for the treatment of POI following abdominal surgery. RESULTS: Over 600 studies were identified as potentially relevant. Approx-
imately one quarter of these assessed the broad spectrum of prokinetic pharma-
ocological agents for the treatment of POI, as well as antineutics, antibiotics and anesanesthetics. In particular, research into new ghrelin agonists is underway. Next to this, the unfavourable effects of opioid analgesics on GI recovery were studied in numerous trials. Non-pharmacological methods to enhance recovery after surgery are being pursued, and early feeding is being investigated with mixed success. Many of the trials identified were dated, illustrating how long POI has remained an unresolved issue for clinicians and patients. CONCLUSIONS: Many different types of treatment, with varying mechanisms of action, have been clinically studied for the prevention or treatment of POI over the past 40 years. However, there is still no standardised management protocol for the prevention or post-op-

PG33
PREDICTORS OF DIRECT MEDICAL COSTS OF CROHN’S DISEASE AND ULCERATIVE COLITIS

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OBJECTIVES: Cost predictions are useful to identify patients with special needs early. Crohn’s disease (CD) and ulcerative colitis (UC) are complex conditions which
early. Crohn’s disease (CD) and ulcerative colitis (UC) are complex conditions which

METHODS: Two patient groups were identified for a large German dataset of patients with IBD, one with a high and one with a low healthcare utilisation. Healthcare costs were calculated using national sources. Disease activity was determined using a German IBD Index. Patients classified their disease history as constantly-active, intermittently-active or in remission. Other factors evaluated were education, marital status, health insurance, an IBD-related operation (at least 3 months ago), smoking status, employment, employment status, income, social support and; disease duration. Missing values for determinants were imputed using the Markov-chain-Monte-Carlo method. Cost determinants were used a gamma regression model, adjusting for age, sex, disease duration and for previous colectomy in UC patients. Costs of CD and UC were analysed separately.

RESULTS: The 4-week mean direct medical costs were €244 446 for CD (n=241) and €465 796 for UC (n=238). Mean disease activity (CD: 3.3 UC: 3.2) was similar between the groups and 46% of both CD and UC subjects reported disease history as in

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