QoL-AGHDA is designed for use in patients with growth hormone deficiency (GHD). It comprises a 25-item questionnaire that elicits yes/no responses that are used to compute an aggregate summary index. A high QoL-AGHDA score denotes poor HrQoL. The survey sample consisted of 1000 individuals randomly selected from the UK Population Preference Panel. Individuals were sent a modified form of the QoL-AGHDA (including EQ-5D). The population data were compared with corresponding data on patients in UK KIMS (Pfizer International Metabolic Database). **RESULTS:** Completed survey forms were received from 882 individuals (57% female, median age 55, range 18–90). The mean QoL-AGHDA scores in the general population was 6.78 (sd = 5.85, n = 868). The corresponding mean for patients was 14.71 (sd = 5.58, n = 841). There was a high degree of correlation with EQ-5D. Comparison with corresponding data for patients diagnosed and/or treated for GHD indicate significant differential patterns of response, with much higher QoL-AGHDA scores commensurate with lower levels of HrQoL in this group. **CONCLUSIONS:** This study reports for the first time on the use of QoL-AGHDA in a UK general population setting. It provides important evidence on the performance of this condition-specific measure as well as calibrating normative reference values. Additionally it confirmed the discriminant validity of the measure and demonstrated the health burden of patients with GHD.

INFECTION

INFECTION—Clinical Outcomes Studies

PHARMACEUTICAL MANAGEMENT OF NEWLY HIV+ DIAGNOSED PATIENTS: RESULTS FROM THE STAR (SCHEMAS THERAPEUTIQUES-ANTIRETROVIRAUX) COHORT

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OBJECTIVES: To analyze how newly HIV+ diagnosed patients are managed in 3 French HIV Public Hospitals. **METHODS:** STAR is an observational study designed to prospectively collect electronic data on immunological and virological status, anti-retroviral therapy (ART) and medical cost of HIV+ patients. Newly diagnosed (de novo) patients are exhaustively included in the cohort since February 2002 in order to identify therapeutic strategies in the setting of clinical practice. **RESULTS:** At the end of March 2003, a total of 328 de novo patients (65% male) were included, of mean age 36.8 ± 10.5 years, mainly infected through sexual contacts (49% heterosexual and 27% homosexual). At the time of HIV diagno-sis, mean CD4 counts and viral load were respectively 368 ± 278 /mm^3 and $111,947 \pm 164,986$ copies/ml. Fifty-five patients (17%) had already clinical AIDS status and the mean time from seropositivity was 248 ± 104 days. In March 03, 59.5% of patients were without ART (among whom 94.4% were totally ART-naïve), 36% were treated with a combination of 3 anti-retrovirals and 4% with 4 anti-HIV drugs. The most frequent combinations were 3 NRTIs (38%) and 2 NRTIs + 1 boosted Protease Inhibitor (29%). The mean time between HIV diagnosis and initiation of ART was 66 ± 72 days and the mean duration of follow-up of non-treated patients was 237 ± 107 days. During the observation period, 29.2% of treated patients had their treatment changed at least once, mainly because of drug-related intolerance. A total of 38% remained under the same ARV combination but changed at least one molecule. **CONCLUSION:** These findings obtained after 14 months showed significant trends in the management of newly HIV+ diagnosed patients with a large majority of patients without ART, a high diversity of initial ART regimens and a high frequency of early interruption.

ASSOCIATION BETWEEN UNSUCCESSFUL INITIAL EMPIRIC ANTIBIOTIC THERAPY AND HEALTH CARE RESOURCE USE AMONG PATIENTS UNDERGOING SURGERY FOR COMMUNITY-ACQUIRED INTRA-ABDOMINAL INFECTIONS IN SPAIN

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OBJECTIVES: Assess the association between unsuccessful initial empiric antibiotic therapy and Health care resource use among patients undergoing surgery for community-acquired intra-abdominal infections (CIAI) in Spain. **METHODS:** Records of patients who underwent surgery for CIAI from October 1998 to August 2002 in hospitals in Spain were reviewed. Empiric antibiotic therapy was classified as successful if CIAI was resolved with initial therapy or with decrease from initial therapy; and as unsuccessful if IAI was resolved with additional therapy, additional surgery, died in hospital, or re-hospitalized within 30 days of discharge. Health care resource use was measured by hospital length of stay in days (LOS) and days on IV antibiotic therapy and were compared between patients with successful and unsuccessful therapy using the non-parametric Kruskal-Walis test. Least square regression analyses with log transformation of the outcome variables were performed to assess associations between unsuccessful IEAT and Health care resource use measures, after adjusting for patients' demographic and co-morbid characteristics as well as site/type of infection. Four hundred twenty-five patients were included. **RESULTS:** Mean (SD) age was 53.2 (20.7); 40.5% female. 315 (74.1%) patients had successful therapy (resolved with initial or with decrease from initial