CONCLUSIONS: Promotion of physical activity is cost saving in terms of disease costs. Our findings regarding the disease costs per patient are consistent with recently published results for the US.

PHP21

COST-BENEFIT ANALYSIS OF PREVENTING PRESCRIBING ERRORS BY HOSPITAL PHARMACISTS
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OBJECTIVES: Prescribing errors are a major cause of iatrogenic morbidity in hospitalised patients and interventions aimed at preventing these errors may result in monetary benefits and health gains. We performed a study to estimate whether costs of prevention are outweighed by these benefits.

METHODS: During a one-week period in 2000, all medication orders were analysed in two Dutch hospitals (1100 beds in total) and prescribing errors were identified and classified. Medical and nursing staff were not aware of the procedure. A cost-benefit analysis was performed from the health-care perspective. Net cost estimates were based on the time invested by the hospital staff to correct the error and included potential time savings for the nursing staff. Estimates of net benefits were based on the possible consequences of the prescribing error for nursing care, drug use, laboratory tests, length of stay and potential interventions.

RESULTS: In total, 3540 medication orders were analysed, of which 351 (~10%) contained prescribing errors. Classification of prescribing errors revealed that ~60% of errors would be without clinical consequences, whereas ~40% of errors would at least require extra monitoring from the nursing staff. Net costs related to time investment of the pharmacy staff were ~€300. Estimated net benefits of this time investment were ~€9900. These net benefits were broken down as follows: extra care from nursing staff of €300; extra drug use and laboratory tests of €1900; extra length of hospital stay of €6000; acute coronary intervention of €1700.

CONCLUSIONS: It can be concluded that net costs of time investment by the pharmacy staff to prevent prescribing errors were more than offset by related net benefits.

PHP22

PERCEIVED QUALITY OF LIFE AND MEDICINE CONSUMPTION IN ELDERLY OUTPATIENTS
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OBJECTIVE: To investigate the incidence of several common chronic pathologies on the perceived quality of life (PQL) in elderly outpatients (> 65 years), in Spain, and its possible relation with the consumption of medicines.

METHODS: A prospective analysis was carried out using 1500 questionnaires (Confidence limit >95%; Relative error (+/−) 8%), following a protocol inspired in the OARS design (Duke University). Subjects were chosen following a stratified random design according to the method of proportional fixation (geographical location, age and sex). The survey was carried out by 17 social workers, who received specific training.

RESULTS: 21 illnesses were determined, with varying degrees of prevalence in the population studied: arthritis (57.4%); high blood pressure (30%); varicose veins (23.3%); insomnia (21%); heart troubles (17%); bronchitis (14%), and diabetes (12%). Of the more prevalent illnesses according to the subjects, those that most affected PQL were heart troubles (70%), bronchitis (68%), arthritis (65%), asthma (60%), diabetes (60%) and insomnia (45%). Of all the pathologies, a significant increase in medicine consumption was found among patients in whom the illness was detrimental to their PQL, as opposed to those who stated that they did not perceive changes in their quality of life owing to the illness. Medicine consumption was reported as follows: high blood pressure (85% vs 22%); diabetes (78% vs 25%) and asthma (72% vs 19%). Neither sex nor geographic location affected these results significantly.

CONCLUSION: The results obtained show a remarkable increase in the consumption of medicines in cases in which the pathology and the subjective perception of the illness affected their PQL. The increase was most notable among patients in whom the illness affected their perceived quality of life.

PHP23

HOSPITAL READMISSIONS OF OLDER PEOPLE
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OBJECTIVES: Older people are the largest consumers of hospital care. They have longer hospital stays compared to younger people. Reducing length of stay has become an important feature of hospital treatment, but readmission is a common problem. We tried to identify medical, social and demographic factors associated with readmission and suggest preventive measures to improve quality of care of older people.

METHODS: A retrospective medical record review of a random sample of 50 patients (aged ≥ 75 years) who had unplanned readmission within 28 days of discharge formed the study group. Another 50 patients who were