COST OF ILLNESS OF ASTHMA IN A HOSPITAL OF A COLOMBIAN REGION 2006–2009
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OBJECTIVES: Estimate the disease burden and cost generating components of asthma from a health institution perspective in a region of Colombia. METHODS: This was a descriptive, retrospective, prevalence based study which included 2179 clinical charts from patients between children and adults from 2006 to 2009 in a region of Colombia. Direct costs for hospital care, medication and sick benefit were taken from clinical charts, indirect costs arising from rehabilitation and premature death and early retirement were estimated using the human capital approach (HCA) and friction cost method (FCM). RESULTS: Total costs for asthma, including direct and indirect costs, were calculated at $85,000 American dollars. CONCLUSIONS: There is room for substantial savings in the Colombian hospital, with indirect costs amounting to 74.8% of total costs and payment of sick benefits through the sickness funds amounting to 58.3% of indirect costs. These results give a descriptive diagnosis which can be used to implement cost containing policies in the Colombian hospitals, costs may be reduced with better asthma control in patients.

COST-EFFECTIVENESS OF PHARMACOLOGICAL INTERVENTIONS FOR SMOKING CESSATION: CURRENT EVIDENCE AND POLICY IMPLICATIONS
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OBJECTIVES: A variety of pharmaceutical treatments for smoking cessation are now available in clinical practice. This review on economic evaluations of these therapies between 2000–2007, ranked them by cost and effectiveness, and showed study limitations in the process of defining efficient public policies. METHODS: A systematic search was conducted. PubMed (U.S. National Library of Medicine) and the NHS Economic Evaluation Database from the Centre for Reviews and Dissemination were reviewed in detail using standard criteria. RESULTS: Out of 870 relevant publications, 49 complied with the inclusion criteria. The documents were very heterogeneous in terms of the following elements: perspective, methodology and effectiveness measures used; included costs; evaluated interventions, and studied population. The cost per life year gained, adjusted or not for quality, ranged between US$67 and US$7284 (December 2006). In most of them, bupropion (with or without medical advice) was the most cost-effective option. Its incremental cost per life year gained, adjusted or not for quality, ranged from US$444 to US$2698 (December 2006). However, recent studies involving bupropion combined with varenicline, with bupropion and the nicotine patch and bupropion and the nicotine gum showed varencligne to be the most cost-effective. Nevertheless, additional evaluations of varencline, including relapse rates over longer periods of time, are needed. CONCLUSIONS: Useful literature regarding the economic implications and health benefits of pharmacotherapy for smoking cessation is available. The results suggest that pharmacotherapy could be cost-effective in middle-income countries. Nevertheless, the lack of cost-effectiveness data from low- and middle-income countries cries out for more analyses that deal with the way in which the estimates change when models attempt to reproduce the results. In addition, to obtain more robust estimates, it will be necessary to develop models that better predict the success of pharmacotherapy, incorporating adherence to therapy under non-controlled conditions, and the relationship between the smokers’ behavior and the probability of cessation.

A COMPREHENSIVE SYSTEMATIC REVIEW OF THE PSYCHOMETRIC PROPERTIES OF VFOQ-25 IN GLAUCOMA
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Glaucoma can create visual impairment with ongoing morbidity. Having an instrument that assesses the progression of diseases of the eye and assesses treatment is necessary due to increased prevalence. OBJECTIVES: Evaluate the psychometric properties (validity, reliability, and interpretability) of the short form of vision-specific instrument VFQ-25 for glaucoma and other eye chronic diseases., Compare the VFQ-25 to the generic SF-36. METHODS: We conducted an extensive literature review using Medline, OVID, Google Scholar, Cochran Library, ARVO and ISOOQI databases from the years 2000 to 2007. We included all articles that addressed the psychometric properties of VFQ-25. If no psychometric properties were assessed, we excluded the article RESULTS: 8 articles and 2 abstracts relating to VFQ-25 met the inclusion criteria. Internal consistency reliability (Cronbach’s alpha >0.70) was high for most of all subscales, except driving. Ceiling scores were observed in all studies included in this systematic review. However, no floor effect was detected. Discriminant and convergent validity were different for a few subscales (driving, social function and ocular pain), for others they ranged from 86–100%. Scale-scale correlations between general health and other subscales were low (<0.3). In contrast, global score is moderately to highly correlated with other subscales (0.5–0.9). Compared to SF-36, VFQ-25 was low correlated. Responsiveness of VFQ-25 was not measured in patients with glaucoma. The effect sizes were small to moderate (0.07–0.31). CONCLUSIONS: The results suggest that VFQ-25 is a reliable and valid measure of health-related quality of life in glaucoma patients and other chronic eye diseases. However, longitudinal studies should be done to assess responsiveness and interpretability of the questionnaire. Our findings suggest that VFQ-25 and SF-36 are capturing different dimensions of health.