At month 6, the mean VFQ-25 composite score was 79.6, the mean EQ-SD utility score was 0.78, and the EQ visual analogue scores (VAS) was 71.0. The average 6-month DME-related cost per patient was €2,092 across all patients (95% confidence interval: €1,694 to €2,490). The cost was €1,776 for patients with normal/mild vision loss, $1,845 for patients with moderate vision loss, and $3,007 for patients with severe vision loss/nearly blind. CONCLUSIONS: DME is associated with limitations in functional ability and quality of life. In addition, the DME-related cost is substantial to the Canadian health care system.

**PSS9**

**COST OF BLINDNESS AND VISUAL IMPAIRMENT IN SLOVAKIA**

Pexdova M1, Mackovicova S2, Ondrusova M3, Sillagova P1

1Pharm-In, Ltd., Bratislava, Slovak Republic, 2Pharm-In, spol. s r.o., Bratislava, Slovak Republic, 3Fizer Luxembourg SARL, Bratislava, Slovak Republic

**OBJECTIVES:** To measure the burden of the disease and provide a basis for the health care policy decisions. METHODS: The analysis was performed based on the several data sources. Data on prevalence of bilateral blindness and visual impairment were obtained from the official Annual Report on the Ophthalmic Clinics in Slovakia. A systematic literature search of the main medical and economic information databases was conducted from January-April 2011. Information on health care and social expenditure were obtained from State Health and Social insurance Funds. As detailed data on expenditures were not always available in a necessary structure, the missing data were collected in the retrospective patient surveys. Both direct and indirect costs were calculated and divided by the cost type and level of visual impairment. For the estimation of indirect costs Capital method was used. Patient survey was conducted on randomly collected geographically homogeneous sample of 89 respondents from all over Slovakia. RESULTS: A total of 17,201 persons with bilateral blindness or visual impairment were identified in 2010. Total yearly expenditures were 63 677 300 €. Direct costs counted only for 7% (4 468 112 €) of total costs and the most of them were caused by hospitalizations (4 001 539 €) and medical devices (307 739 €). The indirect costs counted for 59% of direct costs were due to non-working and vision support, 39% to DME treatment. Indirect cost trends were less intuitive due to small samples and large variations. Annual costs grouped by 2 highest and 2 lowest VA levels, were respectively €114 and €312 for visual aids, €407 and €3,854 for home care. CONCLUSIONS: The majority of DME patients had bilateral disease. Except for the lowest VA, direct medical costs increased with VA decrease. Indirect costs were substantially higher at lower VA levels. Low sample sizes in some categories did not allow statistical analysis of cost differences.

**PSS10**

**ECONOMICAL BURDEN OF SEVERE VISUAL IMPAIRMENT AND BLINDNESS – A SYSTEMATIC REVIEW**

Wolfs L1, Reifus K2, Finger P1

1University of Wuppertal, Wuppertal, Germany, 2University of Bremen, Bremen, Germany

**OBJECTIVES:** Visual impairment and blindness pose a significant burden in terms of costs on the affected individual as well as society. In addition to a significant loss of quality of life associated with 81% from these impairments, a loss of independence leading to increased dependence on caretakers and inability to engage in income generating activities add to the overall societal cost. As there are currently next to no data capturing this impact available for Germany we conducted a systematic review of the literature to estimate the costs of visual impairment and blindness for Germany and close this gap. METHODS: A systematic literature search of the main medical and economic information databases was conducted from January-