(p < 0.001 for both) from post-index (mean = US$4288.80, and US$2581.77 respectively). CONCLUSIONS: Approximately one in ten patients receiving care for epilepsy in an emergent setting presents with co-occurring injuries according medical claims. The cost of care for possible re-establishment of epilepsy control and treating co-occurring injuries is significant when compared to the time period prior to seizure.

HUNTINGTON’S DISEASE: WHERE HAVE WE BEEN?

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OBJECTIVES: The completion of the genome project was expected to lead to treatments for genetically-linked disorders. In many cases this has not occurred. Our aim was to investigate the published research in one such disorder, Huntington’s disease (HD), in order to assess the current knowledge in this area. METHODS: A systematic search of Medline was conducted using a search filter for RCTs alongside keyword search strings for HD. Identified citations were first- and second-passed by two reviewers to determine inclusion/exclusion and reconciled by a third where decisions disagreed. Top-line data relating to treatment, included patients, and outcome was then extracted by two reviewers based on the abstract only. Differences were reconciled by a third reviewer. Keyword search strings for HD. Identified citations were first- and second-passed by two reviewers to determine inclusion/exclusion and reconciled by a third where decisions disagreed. Top-line data relating to treatment, included patients, and outcome was then extracted by two reviewers based on the abstract only. Differences were reconciled by a third reviewer. RESULTS: A total of 397 probable RCTs were identified: 262 were excluded as non-RCTs and 135 included for extraction. Twenty-seven abstracts were unavailable, thus the final analysis is based on 108 studies. Of these studies, 29 were conducted in Europe, 29 in USA, 2 in Mexico, 2 in Israel, and one in Australia and Canada. The remaining studies did not state country of origin. Across all included studies 67 treatments were investigated, with between 3 and 337 patients enrolled. Almost all studies enrolled 30 individuals or less. Fifty-five studies reported that the intervention(s) was effective; 41 reported no efficacy (12 did not report the results). CONCLUSIONS: The majority of research in HD has been conducted in Western Europe and the United States. A wide variety of potential treatments have been investigated, many of which were ineffective for the treatment of HD. However, most research enrolled few patients and may thus lack power to detect any treatment effects. To date no genetically-related treatments have been developed, which is surprising given the identification of the HD gene in 1993. Further research into a cure for HD is warranted.

NEUROLOGICAL DISORDERS—Cost Studies

GLATIRAMER ACETATE VERSUS INTERFERON BETA-1B FOR SUBCUTANEOUS ADMINISTRATION: A COMPARISON OF OUTCOMES AMONG MULTIPLE SCLEROSIS PATIENTS

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OBJECTIVES: To compare outcomes of multiple sclerosis (MS) patients treated with either glatiramer acetate (GA) or interferon beta-1b (IFN-β-1b) for subcutaneous administration. METHODS: Data were obtained from i3’s Lab Rx Database from July 2001 to June 2006. We established an “intent-to-treat” (ITT) cohort (N = 842) of patients diagnosed with MS who began therapy on either GA or IFN-β-1b and had continuous insurance coverage from 6 months before to 24 months after the date when they began taking the medication. We also created a “continuous use” (CU) cohort (n = 418) of individuals who, in addition to the criteria above, used either GA or IFN-β-1b within 28 days of the end of the two year post-period. Using multivariate regressions, we examined both the two-year total direct medical costs and the likelihood of relapse associated with the use of each of these MS medications. We defined relapse as either being hospitalized with a diagnosis of MS or being diagnosed with MS during an outpatient visit and then prescribed steroids within a 7-day period. All regression analyses evaluated a wide range of factors that may affect outcomes. RESULTS: In the ITT cohort, compared to those who started therapy with IFN-β-1b, patients who started therapy on GA had a significantly lower two-year risk of relapse (13.54% vs 5.31%; P = 0.0006). In the CU cohort, compared to those who used IFN-β-1b, patients who used GA also had a significantly lower two-year risk of relapse (10.919% vs 2.09%; P = 0.0006). In the CU cohort, it was also found that GA was associated with significantly lower probability of relapse. Additionally, when comparing continuous users of GA or IFN beta-1b, there were significantly lower two-year total direct medical costs associated with GA use.