productivity, and sustained virological response (SVR). METHODS: A PubMed search (all articles through April 16, 2009) using the following terms: Hepatitis C OR HCIV, AND Quality of Life OR QoL. OR Health Related Quality of Life OR hrQoL; AND Productivity OR Adherence OR Compliance OR General Health Status OR Treatment Satisfaction. RESULTS: For inclusion, studies must have included primary data and intervention-based therapies. Studies were excluded if non-English, or did not involve primary data from human subjects. RESULTS: Of 106 articles identified, 30 met review criteria. Nineteen studies compared pre-treatment hrQoL to healthy controls; 14 (74%) found significantly lower hrQoL among patients with Hepatitis C. Fourteen studied hrQoL during treatment, and significant reductions were observed in all but one of the studies that tested for significance. Two studies examined on-treatment productivity and hrQoL, and both reported significant associations. Four examined associations between hrQoL and adherence, and two reported significant associations; one did not achieve significance and the other reported insufficient data for analysis. Nine studies assessed post-treatment hrQoL differences based on treatment response, and seven of these tested for significance; of these, six (86%) found significant differences. CONCLUSIONS: In this analysis, most patients who achieved SVR experienced hrQoL improvements that approached healthy/well norms. This is noteworthy as patients with Hepatitis C exhibited poorer baseline hrQoL than healthy individuals and frequently reported diminished on-treatment hrQoL versus baseline. While data are robust for pre- and post-treatment hrQoL, many studies were not adequately powered to study on-treatment hrQoL, or its relationship to adherence. Future research is needed on the relationship between treatment discontinuation (i.e., virological non-response versus poor tolerability) and on-treatment hrQoL.

OBJECTIVES: To assess patient satisfaction with proton pump inhibitors (PPIs) and H2-receptor antagonists (H2RAs), which are widely used to treat gastroesophageal reflux disease (GERD), among a community-based population in the US. METHODS: Patients are recruited for this ongoing disease registry from multiple sources including physicians, pharmacies, and online referrals to a medication monitoring service (www.iGuard.org). A random sample of patients reporting using PPIs and H2RAs were invited to complete the Treatment Satisfaction Questionnaire for Medication Version 1.4 (TSQM-1.4), a 14-item reliable and valid instrument to assess patients’ satisfaction with medications, providing scores on four scales: Effectiveness, Side Effects, Convenience and Global Satisfaction. Analyses were conducted to evaluate differences in patient satisfaction across GERD medication class (PPIs vs. H2RAs) and individual medications within each class using analysis of covariance models. RESULTS: Data from a total of 1896 patients, 1629 on PPIs and 267 on H2RAs were analyzed for this study. Among PPIs, 498 patients were on esomeprazole, 199 on lansoprazole, 690 on omeprazole, 160 on pantoprazole and 82 on rabeprazole. Among H2RAs, 24 patients were on cimetidine, 63 on famotidine and 180 on ranitidine. After adjusting for patient age, gender, self-reported severity and number of concomitant medications, patients on PPIs had significantly higher scores on Effectiveness (p < 0.0001), Convenience (p = 0.0007) and Global Satisfaction (p = 0.0003) as compared to H2RAs. After controlling for multiple comparisons, no significant differences were observed in TSQM-1.4 scores for individual H2RA medications, however some significant differences were observed within PPIs. For example, patients on esomeprazole (p < 0.0001), pantoprazole (p = 0.0381) and rabeprazole (p = 0.0021) had a significantly higher score on Convenience compared to patients on omeprazole. CONCLUSIONS: This large observational study found significant differences in treatment satisfaction with different GERD treatment classes and individual medications. This real-world feedback from patients can assist clinicians in making treatment decisions.

GASTROINTESTINAL DISORDERS – Health Care Use & Policy Studies

PGI35 PROTON PUMP INHIBITOR USE IN SENIORS: AN ANALYSIS FOCUSING ON DRUG CLAIMS 2001 TO 2008
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OBJECTIVES: Acid-related diseases of the gastrointestinal system affect an estimated 29% of Canadian adults. Two drug classes, proton pump inhibitors (PPIs) and histamine-2 receptor antagonists (H2RAs) are commonly used to prevent and treat these conditions. PPIs have shown improved efficacy over H2RAs, and are generally considered to be safer medications with fewer adverse effects. However, there have been increasing concerns regarding adverse effects associated with long-term and high-dose PPI use. METHODS: Claims level data from the National Prescription Drug Utilization Information System (NPDUIS) Database were analyzed for seniors on public drug programs in the 6 Canadian provinces between 2001–2002 and 2006–2007. This analysis compared PPI use to that of H2RAs and breaks down use by age and sex. The analysis also explores the influence of PPI dosages and length of therapy may be having on the overall trend in PPI use. RESULTS: The age-sex standardized rate of PPI use among seniors on public drug programs increased from 13.1% in 2001–2002, to 21.1% in 2007–2008. During the same time period, H2RA use fell from 12.7% to 8.8%. The average daily dose of PPIs used by seniors on public drug programs remained relatively stable, with roughly 80% of PPI claimants using an average daily dose within the standard dosage range each year. The rate of chronic PPI use increased, with 65.8% of seniors taking PPIs considered to be chronic users in 2007–2008. CONCLUSIONS: There was a significant increase in the use of PPIs among seniors on public drug programs in Canada, which coincided with a decrease in H2RA use. Although the average daily dose of PPIs used by these seniors did not increase during the study period, a higher proportion of seniors were taking PPIs for longer periods of time.