Over half of regular consumers of tobacco, including many young people state a desire to break from tobacco dependence, but very few succeed in the long term.

**OBJECTIVES:** The objectives of the program can be summed up as follows: to contribute to improving public health knowledge; to understand the progress made by smokers and ex-smokers; to anticipate success factors in smoking cessation.

**METHODS:** In May 2001, 5000 user questionnaires were distributed by GPs and pharmacists to smokers (S) or ex-smokers (ES). The questionnaire included the most frequently used tests, a socio-demographic profile, the individual’s smoking experience and a questionnaire of knowledge of the smoking environment.

**RESULTS:** Presented here is the outcome of the analysis of the first 700 responses, permitting a better understanding of how smokers progress when they break from tobacco dependence. The male/female ratio between smokers (42%/58%) and ex-smokers (57%/43%) is statistically significant (p = 0.01), both for age (S/ES = 39/46yrs) and weight (S/ES = 66/71kg). Forty three percent of ES said they had a regular sporting activity as opposed to 26% of S (p = 0.001). The daily consumption of a cup of coffee was different (S/ES = 4.1/2.7) (p=0.0001). There was no difference with respect to alcohol consumption. Both groups complained of being exposed to passive smoke: S/ES = 44%/41%. Forty-seven percent of the smokers said they had a history of depressive problems, as opposed to 36% of the former smokers p = 0.02.

**CONCLUSION:** These first results confirm the growing proportion of women who are tobacco dependent, the influence of passive smoking and the progress of the smoker when he or she becomes an ex-smoker.

**DIABETES & GASTROINTESTINAL DISORDERS**

**PDG1**

**THE OUTCOMES OF LONG-TERM TREATMENT OF A NEW ORAL DIABETES DRUG PIOGLI TZONE (ACTOS **) IN THE MANAGEMENT OF TYPE 2 DIABETES IN FINLAND**

Maniadakis N1, Kielhorn A2, Heikkinen K1, Brandt A1, Jansen R1

1Eli Lilly, Windlesham Surrey, United Kingdom; 2Eli Lilly, Windlesham, Surrey, United Kingdom; *Eli Lilly, Vantaa, Finland; 1Institute for Medical Informatics and Biostatistics (IMIB), Riehen, Switzerland

**OBJECTIVE:** To assess the cost-effectiveness of pioglitazone (Actos *NF) in combination therapy for patients with type 2 diabetes in Finland.

**METHODS:** A published, validated model for type1 diabetes mellitus developed by the Institute of Medical Informatics and Biostatistics (Palmer et al., 2000) was adapted to simulate long-term (80 years or until death) management, health outcomes, resource utilisation and treatment costs of patients with type2 diabetes. The model accounts for most complications occurring in diabetes patients: nephropathy; retinopathy; acute myocardial infarction; angina pectoris; stroke, and amputation. The analysis was done from third-party-payer perspective and costs figured relative to the year 2000. A 5% discount rate was applied to costs and outcomes and sensitivity analysis was performed to test the results.

**RESULTS:** Pioglitazone (PIO) 30 mg and metformin (MF) were associated with longer life expectancy (15.16 years) than sulphonylureas (SU)/MF (14.47) or rosiglitazone (RSG) 8 mg/MF (15.06). PIO 30 mg/SU and PIO 15 mg/SU are associated with the lowest number of serious complications per 100 patients treated. For every 21 patients treated with PIO 30 mg/MF rather than SU/MF or every 41 patients, respectively, for PIO15 mg/SU rather MF/SU one complication is avoided. Combinations of PIO 30 mg/SU, PIO 30 mg/MF and PIO 15 mg/SU are associated with lower mortality than the other treatment combinations available. Thus, for every 35 patients treated with PIO 30 mg/MF rather than SU/MF one death will be avoided after 15 years of treatment.

**CONCLUSION:** This model suggests that combined treatments with pioglitazone improve survival and reduce complications in patients with type 2 diabetes and may represent a cost-effective use of scarce resources. It is necessary to confirm the results of this theoretical model once long-term effectiveness data with the compared alternatives are available.

**PDG2**

**RISK OF DIABETES AMONG RISPERIDONE AND OLANZAPINE USERS**

Moisan J1, Grégoire JP1, Gaudet M2

1Université Laval, Québec, QC, Canada; 2Hôpital du Saint-Sacrement du CHA, Québec, QC, Canada

**OBJECTIVE:** We assessed the incidence of diabetes in an ambulatory population treated for the first time with either olanzapine or risperidone.

**METHODS:** We conducted a population-based cohort study using data from the Quebec drug benefit plan. Included in the cohort, all people who received a first prescription of olanzapine or risperidone between 1/1/1997 and 8/31/1999, who were eligible for the drug plan, had not been prescribed an antidiabetic drug or any atypical antipsychotic for the six-month period preceding the first olanzapine or risperidone prescription. Person-months of follow-up were calculated as the amount of time from the date of the first olanzapine or risperidone prescription to the date of the first antidiabetic drug prescription. Those who had a prescription for an antidiabetic drug were considered as having diabetes. Subjects who discontinued olanzapine or risperidone, who became non-eligible for the drug plan and those who reached the end of the follow-up period (8/31/2000) were censored at the event date. We used a proportional hazard model to compute the age- and sex-adjusted incidence-rate ratio (IRR) of having diabetes among olanzapine users compared to risperidone users.