Three-year costs for a patient with a GFR maximum of 30 were considered in this analysis. Post-transplant events considered were: hospital stays, acute rejection (AR), recurrence of initial nephropathy (RIN), chirurgical complication and, others. Incremental costs were estimated by subtracting transplantation-year mean cost of patients without any renal complications to the one of those with renal complications the same year. Mean annual costs of patients with graft loss were assessed separately for each year. Costs were calculated according to the 2010 National Hospital Tariff and National Scale. A total of 2392 patients with kidney transplantation in 2006 were identified. A total of 61.5% were males and mean age was 45.0(14.9) years old. Incidences of AR, RIN, vascular and infectious complications were 54.8% (n=1,311), 20.8% (n=498) and 19.8% (n=474). Incidences of AR, RIN, chirurgical complication and, others renal complications were 24.5%, 21.1%, 4.1% and 22.4%, respectively. Comparing to other patients without any renal complication (First-year mean costs: €25,170; Q1=€17,341-Q3=€27,649), the corresponding incremental costs for renal complications were €7,046, €10,376, €10,238, €7,874 and, €5,668. During the 4-year period, graft loss occurred in 4.4% patients. Annual mean costs of graft loss for the first, second, third and fourth years were €32,159 (Q1=€11,723-Q3=€41,890) (n=105), 19,087 (Q1=€11,644), €25,269 (n=52) and, €20,780 (n=41), respectively. CONCLUSIONS: After transplantation, short-term renal complications are frequent and expensive. Intensive interventions on renal preservation and graft loss prevention are needed.

DIRECT AND INDIRECT COST OF URGE URINARY INCONTINENCE WITH AND WITHOUT PHARMACOTHERAPY

Gonzalez, Zoé RF1, Gupta S7, Chou I2

Kantar Health, New York, NY, USA, 1Pfizer Inc., New York, NY, USA, 2Kantar Health, Princeton, NJ, USA

OBJECTIVES: To evaluate the impact of treating urge urinary incontinence (UUI) on health care resource utilization, productivity, activity impairment, and associated costs. METHODS: The study used data (N=75,000) from the 2011 National Health and Wellness Survey, a self-administered, Internet-based questionnaire of a nationwide sample of adults (age ≥18). Respondents with UUI or MUI were identified via a 3 Incontinence Questionnaire. Respondents with stress urinary incontinence only, prostate cancer, or (medication for) benign prostatic hyperplasia, were excluded. UU/MUI respondents were categorized as using prescription medication (Rx users) for overactive bladder (OAB) and non-Rx users (who never used Rx and whose condition reportedly interfered with life activities or was difficult to manage). Outcome measures included health care utilization (type/number of resources used within the past 6 months) and Work Productivity and Activity Impairment questionnaire-based scores. Direct and indirect costs were estimated using 2010 labor and 2008 medical expenditure data sources. Generalized linear models predicted resource use and productivity as a function of treatment status, adjusting for covariates (e.g., sociodemographics, BMI, OAB severity, UUI vs. MUI, and comorbid status) that may also predict impairment. RESULTS: Among 1,790 UU/MUI respondents defined as Rx users, 1,375 were non-Rx users. Rx users were more likely to be female (80.7% vs. 70.0%), older (mean=62.7 vs. 53.1), non-Hispanic White (82.3% vs. 69.7%), college educated, health-insured (94.6% vs. 81.7%), unemployed/retired (72.6% vs. 57.7%), and reporting more moderate-to-severe OAB (70.9% vs. 52.6%, all p<0.05). Adjusting for covariates, Rx (vs. non-Rx) users had lower total economic impairment ($18,910 vs. $21,493), more productivity (19.8% vs. 26.4%) and cost savings ($10,268 vs. $12,791), but no significant difference in the corresponding incremental costs for renal complications ($27,291 vs. $21,493), all p<0.01. CONCLUSIONS: UUI patients using, vs. never using, prescription medication reported lower activity impairment but higher direct costs. The findings may inform the degree to which UUI pharmacotherapy affects health outcomes.

COMPARATIVE COST-ANALYSIS OF SIX ANTICHOLINERGICS FOR THE TREATMENT OF OVERACTIVE BLADDER AND INCONTINENCE IN GERMANY

Mayrhofer T1, Grabe K2, Felder S3

1Institute of Pharmacy, Essen, Germany, 2Astellas Pharma GmbH, Munich, Germany, 3University of Basel, Basel, Switzerland

OBJECTIVES: Comparing the costs of Solifenacin, Oxybutynin, Tamsulosin chloride, Tolterodine, Propiverine, and Darifenacine for the treatment of overactive bladder (OAB) and incontinence in Germany. DATA AND METHODS: The cost-study is based on a unique sickness fund dataset of 2.9 million insured persons which included pharmaceutical, outpatient, inpatient, medical aids as well as remedies data in 2009. 25,896 persons received anticholinergics and were classified as OAB patients, 1,452 of these patients also suffered from incontinence. Multiple linear regressions models were performed to control for age, gender, and comorbidities. Furthermore, a general approach (all costs included) as well as a specific approach (only costs associated with OAB and considered were used) were estimated. RESULTS: OAB patients caused additional costs of €2,402 using the general and €782 using the specific approach compared to N/A. Darifenacine (€1,854) had the lowest additional costs under the general approach and patients treated with Darifenacine (€3,230) the highest. In the specific approach, patients treated with Propiverine (€691) had the lowest additional costs and patients treated with Tolterodine (€1,234) the highest. In the special case of incontinence, patients treated with Solifenacin have shown, by far, the lowest additional costs using either approach (€3,216, €320). These results are mainly driven by the lower costs