after primary treatment. METHODS: Data derive from the financial database of the National Health Insurance Fund Administration (OEP) and based on the S7200 ICD code and Diagnosis Related Groups 371A,B,C,H,K 374A,B,C and 375A,B,C. Patients with polytrauma or severe comorbidities were excluded from the study. Our retrospective analysis includes patients with femoral neck fracture identified with Social Security Identification number (TAJ) and discharged in 2000. We calculated the cost of acute and chronic hospital care, outpatient care and sick-pay. The following exchange rate was used: 1 Euro (EUR) = 253.23 Hungarian Forint (HUF).

RESULTS: Altogether 518 patients were included into the study. The average cost per patient (for both with and without complications) was as follow. Acute inpatient care: arthroplasty 1357 EUR, screw fixation 1033 EUR, DHS: 925 EUR. Chronic inpatient care: arthroplasty 24 EUR, screw fixation 75 EUR, DHS: 52 EUR. Sick-pay: arthroplasty 896 EUR, screw fixation 994 EUR, DHS: 914 EUR. Outpatient care: arthroplasty 21 EUR, screw fixation 51 EUR, DHS: 39 EUR. Total health insurance expenditures were: arthroplasty 2299 EUR, screw fixation 2153 EUR, DHS: 1930 EUR. Total health insurance expenditures per patient with complications were: arthroplasty 3063 EUR, screw fixation 3971 EUR, DHS: 2481 EUR. Total health insurance expenditures per patient without complications were: arthroplasty 2215 EUR, screw fixation 1743 EUR, DHS: 1813 EUR. The rate of further treatment was arthroplasty 8.3%, screw fixation 18.4%, DHS: 14.7%. CONCLUSIONS: We found the highest cost in patients with complications in screw fixation, while patients without complications in arthroplasty. In both cases (with and without complications) dynamic hip screw had the lowest cost.

POS6
THE COST-EFFECTIVENESS OF IBANDRONATE IN THE TREATMENT OF POSTMENOPAUSAL OSTEOPOROSIS IN THE US
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OBJECTIVES: We determined the cost-effectiveness of monthly ibandronate compared to weekly bisphosphonate (BP) treatments for women in the US, age ≥50 years, with prevalent radiologic vertebral deformity and hip BMD T-score ≤−2.5.

METHODS: A Markov model was developed to evaluate the lifetime cost-effectiveness of monthly ibandronate and weekly BPs. Vertebral, hip, and wrist fracture efficacy were assigned a bisphosphonate class effect as estimated by the literature. Persistence with weekly BPs was evaluated at rates reported from observational studies (36% at year 1, 24% for years 2 through 5); Fifty-percent relative improvement in persistence (54% at year 1, 36% for years 2 through 5) among women receiving ibandronate was assumed based on previous improvements in persistence for weekly BPs. Both fracture risk and mortality were allowed to increase as patients aged. Yearly drug costs were referenced to wholesale acquisition costs for each BP. Direct health resource costs for fracture states were estimated from published literature and discounted 3% per annum. All costs were reported in 2004 US$. RESULTS: More fractures were avoided (vs. no treatment) with monthly ibandronate (94.13 per 1000 women) than with weekly BPs (57.57 per 1000 women), resulting in low lifetime fracture cost/woman ($6726 and $6918, respectively). Five-year drug costs/patient were $1138 with weekly BPs and $1576 under conditions of improved persistence with monthly ibandronate. The incremental cost per quality-adjusted life year gained (vs. no treatment) was lower with monthly ibandronate ($26,725) compared to weekly BPs ($31,601). Changing assumptions in the model to that of previously published cost-effectiveness models produced similar results, providing external validity for this model. CONCLUSION: Ibandronate is a cost-effective intervention for the treatment of postmenopausal osteoporosis. Incremental persistence with BP therapy thus improves the benefit realized in patient populations. These benefits include fewer fractures for patients without significant increases in costs to payers.

POS7
CHANGES IN THE IMPAIRED ABILITY TO WORK IN PATIENTS UNDER 60 WITH MEDIAL FEMORAL NECK FRACTURE DURING 3 YEARS FOLLOW UP
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OBJECTIVES: The aim of the study is to analyze on a 3 years follow up the 50–100% impaired ability to work related to medial fracture of femoral neck of patients in active age group regarding the surgical methods, the progressivity level of the primary treatment, rehabilitation care, age group and residence of patients, and the possible complications. METHODS: Data derive from the database of the National Health Insurance Fund Administration and based on the ICD-10 code S7200 (femoral