robust standard errors, and applied baseline sampling weights to obtain estimates representative for the entire US population with MS. For provider visits and amount of personal care (conditional on using it), we estimated similar GLS Gaussian models with logarithmic transformation of the number of services as dependent variable. RESULTS: Use of most medical services increased significantly with the worsening of MS. However, patients with severe MS (EDSS > 7.0) used the same or fewer services than patients with EDSS 6.5–7 except for home health and personal care. Having relapses significantly increased use of most categories of health services. Longer time since diagnosis, after adjusting for MS stage, was associated with a lower level of utilization of ER, hospital outpatient care, therapy, and alternative medicine. Patients who were not married generally used more services than married patients. CONCLUSION: While MS places a substantial financial burden on individuals as well as private and public payers, use of specific categories of health services varies significantly with MS severity, presence of relapses, and availability of informal help.

COST-UTILITY OF PRAMIPEXOL COMPARED WITH L-DOPA/CARBIODOPA IN THE TREATMENT OF PARKINSON’S DISEASE IN MEXICO
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OBJECTIVE: The population over 60 years old is increasing in Mexico, and thus, the prevalence of chronic-degenerative diseases such as the Parkinson’s Disease is increasing. The objective of this study was to compare the cost-utility of the treatment with pramipexol vs. the treatment with L-DOPA/carbidopa and sustained release L-DOPA/carbidopa, from an institutional perspective in Mexico. METHODS: A cost-utility analysis was performed using a decision tree model that simulates the cost and Quality Adjusted Life Years (QALYs) for a hypothetical cohort of patients recently diagnosed with Parkinson’s Disease, considering development or not of dyskinesias throughout a temporary horizon of four years. The utilities for each health state were obtained from reports in international literature. The model also considers changes in drug’s dosage or the possibility that the patient received treatment with both drugs, according to the response and associated adverse events. Only annual costs per drug were considered for this analysis, as the rest of the costs are similar for buyers. Costs were estimated using 2006 prices and are expressed in US dollars (exchange rate of 10.9 pesos per US dollar). RESULTS: It was estimated that a patient treated with pramipexol would have 3.07 QALYs on average vs. 1.96 QALYs for a patient treated with L-DOPA/carbidopa, and 1.98 QALYs for sustained release L-DOPA/carbidopa. Annual costs associated with each treatment are $1177.50 for pramipexol, $225.60 for L-DOPA/carbidopa and $449.90 for sustained release L-DOPA/carbidopa. The incremental cost per QALY gained was $3441.70 for pramipexol vs. L-dopa/carbidopa and $2649.8 for pramipexol compared with sustained release L-dopa/carbidopa.

MIGRAINE SUFFERERS SHOW SIGNIFICANT HEALTH CARE UTILIZATION AND EXPENDITURES
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OBJECTIVE: Migraines afflict about 30 million people in the United States. Determining how migraineurs differ from non-migraineurs from the viewpoint of health resource utilization may provide insights that could lead to more effective care strategies. The objective of this study is to compare resource utilization between migraineurs and non-migraineurs. METHODS: Caremark administrative pharmacy and medical claims data were analyzed in this study over a one year period. Individuals with at least one migraine medical claim (ICD-9 of 346.xx) and one triptan/ergot claim were used to identify participants with Migraine. Propensity score matching was used to sample participants without migraine (controls) matched for age, gender, and number of co-morbidities. Outcomes included number of visits and expenditures associated with office visits (MD), emergency