QoL-AGHDA is designed for use in patients with growth hormone deficiency (GHD). It comprises a 23-item questionnaire that elicits yes/no responses that are used to compute an aggregate summary index. A high QoL-AGHDA score denotes poor HrQoL. The survey sample consisted of 1000 individuals randomly selected from the UK Population Preference Panel. Individuals were sent a modified form of the QoL-AGHDA (including EQ-5D). The population data were compared with corresponding data on patients in UK KIMS (Pfizer International Metabolic Database). RESULTS: Completed survey forms were received from 882 individuals (57% female, median age 55, range 18–90). The mean QoL-AGHDA scores in the general population were 6.78 (sd = 5.85, n = 868). The corresponding mean for patients was 14.71 (sd = 5.58, n = 841). There was a high degree of correlation with EQ-5D. Comparison with corresponding data for patients diagnosed and/or treated for GHD indicate significant differential patterns of response, with much higher QoL-AGHDA scores commensurate with lower levels of HrQoL in this group. CONCLUSIONS: This study reports for the first time on the use of QoL-AGHDA in a UK general population setting. It provides important evidence on the performance of this condition-specific measure as well as calibrating normative reference values. Additionally it confirmed the discriminant validity of the measure and demonstrated the health burden of patients with GHD.

INFECTION

INFECTION—Clinical Outcomes Studies

PHARMACEUTICAL MANAGEMENT OF NEWLY HIV+ DIAGNOSED PATIENTS: RESULTS FROM THE STAR (SCHEMAS THERAPEUTIQUES-ANTIRETROVIRAUX) COHORT

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OBJECTIVES: To analyze how newly HIV+ diagnosed patients are managed in 3 French HIV Public Hospitals. METHODS: STAR is an observational study designed to prospectively collect electronic data on immunological and virological status, anti-retroviral therapy (ART) and medical cost of HIV+ patients. Newly diagnosed (de novo) patients are exhaustively included in the cohort since February 2002 in order to identify therapeutic strategies in the setting of clinical practice. RESULTS: At the end of March 2003, a total of 328 de novo patients (65% male) were included, of mean age 36.8 ± 10.5 years, mainly infected through sexual contacts (49% heterosexual and 27% homosexual). At the time of HIV diagnostisis, mean CD4 counts and viral load were respectively 368 ± 278/mm³ and 111,947 ± 164,986 copies/ml. Fifty-five patients (17%) had already clinical AIDS status and the mean time from seropositivity was 248 ± 104 days. In March 03, 59.5% of patients were without ART (among whom 94.4% were totally ART-naïve), 36% were treated with a combination of 3 anti-retrovirals and 4% with 4 anti-HIV drugs. The most frequent combinations were 3 NRTIs (38%) and 2 NRTIs + 1 boosted Protease Inhibitor (29%). The mean time between HIV diagnosis and initiation of ART was 66 ± 72 days and the mean duration of follow-up of non-treated patients was 237 ± 107 days. During the observation period, 29.2% of treated patients had their treatment changed at least once, mainly because of drug-related intolerance. A total of 38% remained under the same ARV combination but changed at least one molecule. CONCLUSION: These findings obtained after 14 months showed significant trends in the management of newly HIV+ diagnosed patients with a large majority of patients without ART, a high diversity of initial ART regimens and a high frequency of early interruption.

ASSOCIATION BETWEEN UNSUCCESSFUL INITIAL EMPIRIC ANTIBIOTIC THERAPY AND HEALTH CARE RESOURCE USE AMONG PATIENTS UNDERGOING SURGERY FOR COMMUNITY-ACQUIRED INTRA-ABDOMINAL INFECTIONS IN SPAIN

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OBJECTIVES: Assess the association between unsuccessful initial empiric antibiotic therapy and Health care resource use among patients undergoing surgery for community-acquired intra-abdominal infections (CIAI) in Spain. METHODS: Records of patients who underwent surgery for CIAI from October 1998 to August 2002 in hospitals in Spain were reviewed. Empiric antibiotic therapy was classified as successful if CIAI was resolved with initial therapy or with decrease from initial therapy; and as unsuccessful if IAI was resolved with additional therapy, additional surgery, died in hospital, or rehospitalized within 30 days of discharge. Health care resource use was measured by hospital length of stay in days (LOS) and days on IV antibiotic therapy and were compared between patients with successful and unsuccessful therapy using the non-parametric Kruskal-Wallis test. Least square regression analyses with log transformation of the outcome variables were performed to assess associations between unsuccessful IAT and Health care resource use measures, after adjusting for patients’ demographic and co-morbid characteristics as well as site/type of infection. Four hundred twenty-five patients were included. RESULTS: Mean (SD) age was 53.2 (20.7); 40.5% female. 315 (74.1%) patients had successful therapy (resolved with initial or with decrease from initial therapy, additional surgery, died in hospital, or rehospitalized within 30 days of discharge). 237 (53.7%) patients had unsuccessful therapy. Patients who had unsuccessful therapy had significantly longer hospital stays and days on IV antibiotics than patients who had successful therapy. CONCLUSIONS: Unsuccessful initial empiric antibiotic therapy is associated with increased health care resource use in patients undergoing surgery for community-acquired intra-abdominal infections. Further study is needed to identify potential barriers to successful initial empiric antibiotic therapy and strategies to reduce these barriers.
therapy in 66.8% and 7.3% of patients, respectively). 110 (25.9%) patients had unsuccessful therapy (9.4% required additional antibiotic therapy; 4.0% died in hospital; 4.5% got re-hospitalized within 30 days of discharge). Mean LOS (SD) was 10.7 (7.2) versus 18.7 (16.2) days (p < 0.01) among patients with successful versus unsuccessful therapy; mean days on IV antibiotic (SD) therapy was 7.3 (3.8) versus 13.1 (12.0) days (p < 0.01). CONCLUSION: Multivariate analyses showed that unsuccessful therapy was associated with a 39% (p < 0.01) increase in both LOS and days on IV antibiotic therapy, after adjusting for patients characteristics and site/type of infection. Among patients undergoing surgery for CIAI, unsuccessful initial antibiotic therapy increases length of hospital stay and number of days on IV antibiotic therapy.

**PIM 3**

ASSOCIATION BETWEEN SKIN TATTOOS AND HEPATITIS B OF 1/2000 PRIVATES AT ADISORN FORT HOSPITAL, THAILAND

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OBJECTIVE: To determine whether there is association between skin tattoos, Hepatitis-B and prisons, to investigate risk behaviors for Hepatitis-B and to describe characteristics of person who have tattoos.

METHODS: This retrospective study consisted of a self-administered survey, and an ELISA blood test for viral hepatitis B. The study sample consisted of all 1/2000 privates at Adisorn Fort Hospital Saraburi who had tattoos (n1 = 46) and simple random sampling of another group of 46 volunteers who did not have tattoos.

RESULTS: All privates (N = 92) were male, age 22.88 ± 1.41 years, 67 (72.8%) had graduated from elementary and high school, 29 were positive for Hepatitis-B antibodies (31.5%), 41 (44.6%) had sex with prostitutes, 3 (3.3%) did not use condom, 4 (4.3%) shared razors, 1 (1.1%) shared needles, 25 (27.2%) had been in jail, 87 (94.6%) drank alcohol, 43 (46.7%) had used amphetamines. Twenty (28.6%) had tattoos on 2 arms. Ten (14.3%) had tattoos on their back, 9 (19.6%) obtained their tattoos while in prison, 15 (32.6%) had a tattoo that was greater than 20% of the body's surface area. There was an association between skin tattoos and Hepatitis B (Chi Square, p < .01, OR: 15.9, 95% CI: 2.1–18.8). There was no association between having been in jail and Hepatitis-B. Logistic regression was employed to find factors for Hepatitis-B. The variables that were associated with Hepatitis-B (<0.05) were entered procedure to identify association with Hepatitis-B. Hit rate was 87.9, Pseudo R Square 0.464, Skin tattoos, a history of a family member with Hepatitis-B, and sharing needles increased the chance of getting Hepatitis-B.

CONCLUSIONS: There were associations between jails and tattoos and viral hepatitis-B. Hygiene in tattoo shops should be controlled by the government.

**PIM 4**

CONSUMPTION OF ANTIBIOTICS IN EUROPE: RESULTS OF THE ESAC RETROSPECTIVE DATA COLLECTION

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OBJECTIVES: ESAC (European Surveillance of Antibiotic Consumption, granted by DG SANCO of the EC) is an international network of national surveillance systems, aiming to collect comparable antibiotic consumption data in Europe. During the first phase, data accessibility and validity, as well as strengths and weaknesses of national systems were assessed. METHODS: Quarterly data were to be collected retrospectively (1997–2001) from ambulatory (AC) and hospital care (HC) in 31 countries, using ATC/DDD classification (WHO, version 2001), and expressing results in DDD/1000 inhabitants per day (DID). RESULTS: AC use data were provided by 25 countries; 21 were suitable for international comparison. The remaining 3 were not comprehensive or not in a format enabling international comparison (TU). Quarterly AC data were delivered by 10 countries. HC use data were provided by 23 countries; 21 were suitable for international comparison, 14 of them were based on a limited sample. In 2001, AC use in Europe varied between 10.0 DID (NL) and 32.9 DID (FR). Other high consumers were (in decreasing order) GR, IT, LU, PL, PT, BE and SK, all with a total use exceeding 24 DID. During the observation period of 5 years, consumption clearly increased in GR and PL and decreased in BE and ES. High seasonal fluctuations in AC were observed in BE, GR, PL and SI. Large regional differences could be observed in consumption patterns. Northern European countries (NO, SE, FI, DK, NL) are low consumers using commonly narrow spectrum penicillins, while Southern European countries are high consumers using broad spectrum penicillins and exceptionally high proportions of cephalosporins, macrolides and quinolones.

CONCLUSIONS: An intriguingly high variation in antibiotic use in Europe was observed and needs to be related to social, cultural and economic determinants of use as well as to variation in resistance patterns. Especially in AC, countries seem to cluster in regional consumption patterns.

**PIM 5**

REGIONAL ANTIBIOTIC PRESCRIBING GUIDELINE ADHERENCE RESULTS

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OBJECTIVES: To measure the adherence to antibiotic treatment guidelines distributed to physicians in Washington State, USA. The Washington Department of Health, Washington State Medical Association (WSMA) and Health Plans understand that antibiotic resistance is