optimal health care through the elicitation of physicians’ and pharmacists’ preferences to health care, even in the particular context of hemophilia management.

**ASSESSING HEALTH-RELATED QUALITY OF LIFE IN ROMANIAN HAE莫PHILIACS**

Mihaiolu D, Lippert BM, Serban M

1Children’s Hospital, Timis, Romania; 2MERG GmbH, Medical Economics Research Group, Munich, Germany; 3University of Medicine and Pharmacy “Victor Babes”, Timis, Romania

**OBJECTIVES:** inadequate treatment of haemophiliacs leads to high rate of chronic arthropathy, high number of transfusion-transmitted diseases and poor social integration. The objectives of our study were to measure HRQOL and utilities in haemophilia patients and to evaluate the influence of haemophilia severity, patient’s age and socio-professional status on HRQOL and utilities.

**METHODS:** We used SF-36 and EQ-5D questionnaires in 100 haemophilia patients with severe (66), moderate (18) and mild form (16 cases), registered and treated in Haemophilia Center Timisoara. Mean age of the patients was 23.14 years. We considered two age groups: 16–24 years (60 patients) and 25–34 years (40 patients). Seventeen of the haemophiliacs were schoolboys, 13-university students, 19-employees and 51 were handicapped with social support.

**RESULTS:** Compared with Romanian general population norms (available only for SF-36 questionnaire) HRQOL is affected in haemophilia patients in both age groups, although age was not a strong predictor of HRQOL or utilities. Haemophilia severity was found to have a strong influence on HRQOL and utilities. Regarding the socio-professional status, handicapped with social support had the lowest HRQOL scores and utilities values.

**CONCLUSIONS:** Our results confirm the need to develop special long-term national programs in order to improve haemophilia treatment, to reduce the number and the severity of complications, to offer a better social integration of the patients and to improve their quality of life.

**EVALUATING HEMOPHILIA PATIENTS’ PREFERENCES IN PROPHYLAXIS: A CONJOINT ANALYSIS PILOT STUDY**

Mozzini MS, Gringeri A, Scalone L, Villa M, Mannucci PM, Mantovani LG

1University of Milan, Milan, Italy; 2University of Milan and IRCCS Maggiore Hospital, Milan, Italy; 3National Research Council—Institute of Biomedical Technologies, Segrate (Milan), Italy

**OBJECTIVES:** To establish which characteristics patients consider important in prophylaxis, and if cost of treatment could influence their preferences.

**METHODS:** A focus group identified five characteristics: type of product (plasma-derived vs. recombinant), infusions frequency, hemorrhages frequency, possibility to do vigorous physical activities, possibility to do usual activities. Patients gave their opinion rating each characteristic from zero (not important) to 100 (very important). Scenarios describing hypothetical treatment modalities were administered to patients who were asked to chose one for each couple presented. The characteristic “cost”, expressed as increase in health care taxes, was then added in each scenario and patients were invited to make again their choices.

**RESULTS:** Fifteen people, 13 adult patients and 2 parents, were enrolled. The characteristic considered most important was “usual activities” (median = 95), followed by “hemorrhages frequency” (86), “infusions frequency” (81), “type of product” (76), “vigorous physical activities” (69) and finally “cost” (50). Almost all patients did not suggest other important characteristics. Eleven patients (73%) changed at least one choice when “cost” was present.

**CONCLUSIONS:** This pilot study allowed us to identify aspects considered by hemophilia patients as important in prophylaxis. These results will help us to design a Conjoint Analysis aimed at evaluating utilities and monetary value of these aspects.
philiacs (1810€) and was greater for patients in recombinant treatment (2421€) to plasma derived (1001€). Compared to moderate hemophiliacs, severe hemophiliacs placed a higher value on the decrease in the risk of developing inhibitors (1033€ vs. 518€) and on the infusion frequency (706€ vs. 144€). The employment status played an important role on monetary values attributed to way of distribution: employed patients placed a higher monetary value to “home delivery” (1495€) and “office delivery” (2589€) compared to self-employed patients (541€ and 89€, respectively) and to unemployed patients (1002€ and 928€). CONCLUSIONS: We demonstrate that clinical and socio-demographic characteristics influenced patients’ preferences. One of the practical utilities of conjoint analysis consist in the capability of target different group with different characteristics that consequently require different therapeutic decisions. This allow to plan optimal hemophilia care.

**DIABETES**

**DIABETES—Clinical Outcomes Studies**

**ASSOCIATION OF PATIENTS’ KNOWLEDGE AND ADHERENCE TO MEDICAL ADVICE TO GLYCAEMIC CONTROL IN THE MANAGEMENT OF DIABETES MELLITUS**

Lee VW, Sin KK, Yung MS, Li MK, Chan TY

The Chinese University of Hong Kong, Shatin, Hong Kong

**OBJECTIVES:** Diabetes mellitus (DM) is a cluster of metabolic disorders, requiring chronic care. Cockram et al found that 1) a majority (62%) of those diagnosed with type 2 DM did not have access to programs providing patient education in Hong Kong, and 2) an alarming proportion (~50%) of patients with diabetes were not sufficiently informed about the risk of complications. The purpose of this study is to investigate the relationship of DM patients’ medical knowledge and adherence to medical advice to their glycaemic control. **METHODS:** The study adopted the prospective, observational study design. Patients with DM who were followed up at the specialist outpatient clinic at the Princes of Wales Hospital were recruited. Two sets of Chinese questionnaires published in Yung et al were used to assess patients’ 1) knowledge of DM, adherence to medical advice (maximum score = 10) and 2) knowledge of signs and symptoms of hypoglycaemic attacks (maximum score = 13). Demographic information, glycosylated haemoglobin A1C (HbA1C) levels and any previous history of hypoglycaemic attacks were recorded. Pearson product-moment correlation coefficients were used to identify the associations between knowledge, adherence to medical advice and glycaemic control (SPSS, 11.5.1, Chicago). **RESULTS:** A total of 178 medical records were screened and 119 patients (53% male; age: 62.2 ± 11.7 years old; mean duration of DM: 6.8 years) were recruited. The mean HbA1C level increased less than the NPH group (0.4 ± 0.716 (SD ± 0.319) for males and 0.508 (SD ± 0.358) for females. This ranged from 0.716 (SD ± 0.267) in outpatients with no reported complications to 0.490 (SD ± 0.353) in those with ≥3 vascular events. Over 20 years, predicted QALYs ranged from a mean of 8.3 (multiplicative) to 8.9 per patient (empirical) assuming comprehensive care. Under standard care, the QALYS ranged from 6.8 (multiplicative) to 7.9 per patient (empirical). **CONCLUSIONS:** The model predicted variations >1 QALY depending on how the utility estimates were incorporated. The method chosen to value health utility for multiple complications in diabetes models can affect cost-effectiveness estimates of diabetes-related therapies.

**DIABETES—Cost Studies**

**EVALUATION OF IMPROVED UTILITY ESTIMATES IN COST EFFECTIVENESS ANALYSIS OF MULTIPLE COMPLICATIONS IN TYPE-2 DIABETES**

McEwan P1, Peters JR2, Currie CJ2

1University of Wales, Cardiff, Wales, UK; 2Cardiff Research Consortium, Cardiff, Wales, UK

**OBJECTIVES:** Several diabetes models have been developed to determine cost-effectiveness of therapy, some of which predict multiple complications. In these models, quality-adjusted life years (QALYs) have been estimated by multiplying health utility scores for individual complications, largely due to a lack of empirical data. This study evaluated the impact of this assumption using empirical utility values to model multiple complications in patients with type-2 diabetes. **METHODS:** This study used the Cardiff Stochastic Simulation Cost-Utility Model (Dia- bForecast), which follows 10,000 newly diagnosed patients with type-2 diabetes over 20 years. We included the most reliable estimates of diabetes-related health utility scores using data from the Health Outcomes Data Repository (HODaR). The model employed baseline risk profiles used by Eastman. Utility scores were incorporated either multiplicatively (utility values for multiple complications were calculated by multiplying utility values for individual complications), or empirically (direct empirical data were used for patients with 1 and 2 complications and average utility decrements were used for subjects with ≥3 complications). QALY estimates were obtained assuming comprehensive (HbA1c = 7.2%) or standard care (HbA1c = 10%). The discount rate for benefit was 1.5%. **RESULTS:** There were 1965 (8.6%) patients with type-2 diabetes in HODaR. The overall mean utility for diabetic patients was 0.564 (SD ± 0.319) for males and 0.508 (SD ± 0.358) for females. This ranged from 0.716 (SD ± 0.267) in outpatients with no reported complications to 0.490 (SD ± 0.353) in those with ≥3 vascular events. Over 20 years, predicted QALYs ranged from a mean of 8.3 (multiplicative) to 8.9 per patient (empirical) assuming comprehensive care. Under standard care, the QALYS ranged from 6.8 (multiplicative) to 7.9 per patient (empirical). **CONCLUSIONS:** The model predicted variations >1 QALY depending on how the utility estimates were incorporated. The method chosen to value health utility for multiple complications in diabetes models can affect cost-effectiveness estimates of diabetes-related therapies.

**PDB2**

**PDB3**

**COST-EFFECTIVENESS ANALYSIS OF INSULIN DETEMIR COMPARED TO NPH INSULIN IN PATIENTS WITH TYPE-2 DIABETES IN THE UNITED KINGDOM**

Smith I1, Palmer AJ2, Roze S3, Kennedy-Martin T1

1Novo Nordisk UK, Crawley, UK; 2CORE Center for Outcomes Research, Binningen/Basel, Switzerland

**OBJECTIVES:** A recent clinical trial demonstrated non-inferiority in HbA1C and hypoglycaemic events with insulin detemir (IDet) compared to NPH in a basal/bolus regimen. Mean body weight in the IDet group increased less than the NPH group (0.4 Kg vs. 1.3Kg respectively p = 0.017). The aim of this analysis was to use a validated diabetes model to link these short-term outcomes to long-term complication rates and associated UK health care costs, and to calculate the cost-effectiveness of treatment with IDet in type-2 diabetes. **METHODS:** A validated, non-proprietary model, The Core Diabetes Model, was used to predict: long-term complications; improvements in Life Years