Malaysia, Penang, P.Pinang, Malaysia, and GFR were 247 and 127, respectively. Theophylline was found to significantly

studies investigated the effect on SCr while only three of them reported the effect on GFR. The pooled mean difference in GFR being -0.32 mg/dL (95%CI -0.52 to -0.12), p < 0.001. No heterogeneity was found to be significant using I2. The pooled mean difference in GFR being 10.20 mg/m²/min (95%CI 4.80 to 15.59 mg/m²/min, p = 0.0002). CONCLUSIONS: This study suggests beneficial effects of prophylactic theophylline on reducing kidney dysfunction in neonates with asphyxia. Due to the small number of studies included in the analysis, however, a future meta-

analysis including more RCTs is warranted to verify these findings.

**RESPIRATORY-RELATED DISORDERS - Clinical Outcomes Studies**

**PR2S**

COST-UTILITY OF MOLECULAR IGE IN VITRO DIAGNOSTICS (IVD) IN CHILDREN SUSPECTED WITH PEANUT ALLERGY COMPARED TO MOST USED DIAGNOSTICS IN SELECTED ASIAN MARKETS

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OBJECTIVES: The efficacy of DBPCFC is the gold-standard for food-allergy diagnosis; however it is time-consuming, expensive and has significant relation with HRQoL score (p = 0.05). Only age and marital status, among all demographic characteristics had significant relation with HRQoL score (p = 0.05). CONCLUSIONS: Results of the present study provide the general health status of healthy population of Quetta city, Pakistan, which could serve as baseline data for further investigations.

**RESPIRATORY-RELATED DISORDERS - Cost Studies**

**PR5S**

COST ANALYSIS OF CHILDHOOD ASTHMA IN IRAN: A COST EVALUATION BASED ON REFERRAL CENTER DATA FOR ASTHMA & ALLERGIES

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OBJECTIVES: Asthma as the most common chronic disease in childhood reduces the quality of life of children and their families. We aimed to estimate the cost of managing childhood asthma in Iran and to examine income dependent on disease severity (3 groups of controlled, partly controlled and uncontrolled were defined). The model was comprised of both medical (cost of medication, physician visit and respiratory tests) and nonmedical costs (transportation and hoteling). Furthermore the average family income in each category was figured and the share of asthma managing costs from the average income was calculated in different groups. RESULTS: According to the model, the total cost of childhood asthma in Iran was around 468 million dollars. Moreover, direct medical cost represented 45% of the total costs, among which 66% account-

ing for medication cost. Direct non-medical costs, with the majority (93%) expensed on transportation. Additionally, the mean annual cost per child was approximately 541 dollars. In addition the results indicate the vast majority of patients (86%) are categorized in the uncontrolled group. CONCLUSIONS: The cost of childhood asthma in Iran is extremely high compared to the average income of Iranian families in all categories of asthma severity. Considering the high amount of transportation cost, the accessibility of asthma treatment does not appear to be acceptable. The major source of costs is considered with the health system expenditures that does not necessarily result in a well-controlled disease state.

**RESPIRATORY-RELATED DISORDERS - Patient-Reported Outcomes & Patient Preference Studies**

**PR6S**

SELF-REPORTED ADHHERENCE TO INHALED CORTICOSTEROIDS AND BELIEFS ABOUT MEDICINES IN ASTHMA PATIENTS: A STUDY FROM EMERGENCY ROOM OF A CHEST HOSPITAL IN DELHI, INDIA