

observational study was conducted prospectively in a parallel group design. In 22 hospitals, 580 patients were enrolled, 261 patients in the moxifloxacin-(M-)cohort and 319 patients in the standard-(S-)cohort of other antibiotics. The economic perspective of a German hospital was applied for the cost measurement. After conduct of the study, the patient data were grouped into the relevant German DRG and the course of treatment, costs and reimbursement of both cohorts were analysed. **RESULTS:** The outcome of the patients at the beginning of treatment was comparable in both cohorts. The length-of-stay of the patients was significantly shorter in the moxifloxacin cohort for the more severe DRGs E62A (M-cohort 10.1 days, N = 113; S-cohort 12.2 days, N = 164; $p = 0.004$) and E62B (M-cohort 9.7 days, N = 112; S-cohort 10.7 days, N = 146; $p = 0.041$). In the third DRG E62C no differences were found (M-cohort 10.2 days, N = 36; S-cohort 9.4 days, N = 9; $p = 0.306$). Net profit per case for the hospitals in the DRG E62A was 1931€ and 1683€ for the cohorts M and S respectively (E62B: M 1365€, S 1296€; E62C: M 802€, S 791€). **CONCLUSIONS:** For the treatment of hospitalised CAP the study demonstrated the economical relevance of fast recovery secondary to efficacious drug therapy. Under current reimbursement modalities the treatment with moxifloxacin is more profitable from the hospitals' perspective due to a shortened length of stay of the patients.

PRSS**COSTS OF COMMUNITY-ACQUIRED PNEUMONIA FROM THE HOSPITAL'S PERSPECTIVE IN GERMANY—FINAL RESULTS OF A PROSPECTIVE OBSERVATIONAL STUDY**

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OBJECTIVES: Since the beginning of 2004, the diagnosis-related-groups (DRG) are implemented in the reimbursement procedure for German hospitals representing a significant change for the hospitals economic situation. As an example for non-invasive treatment procedures in a German hospital, a prospective health economic study evaluated the treatment costs of community-acquired pneumonia (CAP) from the hospital's perspective. Results of an interim analysis were published in 2003, now the final results of the study are presented. **METHODS:** Open, non-randomized prospective observational study from the perspective of the German hospital administration. In 11 study centres, 319 patients were enrolled. A process-cost-analysis was performed to determine the costs for the German hospital sector starting from the admission up to the discharge of the patient. The cost calculation comprises diagnostic and therapeutic measures, drugs, hotel costs and nursing. Both personnel costs and material costs were included. Acquisition of medical devices was not included into the analysis. **RESULTS:** The patients enrolled suffered from moderate to severe stages of CAP with a mean length-of-stay of 11.5 days (peripheral ward: 10.7; ICU 0.8). Mean costs per patient amounted to 1528€ (SD: 1011€). Most important cost-driving factors were hotel costs (640€) and nursing (554€). Drug acquisition cost resulted in 201€, whereas costs for diagnostics (80€) and therapeutic measures (54€) were comparatively low. The most often applied drugs were macrolides (37.6% of the patients), β -lactamase inhibitor-aminopenicillin combinations (32.3%), and cephalosporins of 2nd (30.4%) and 3rd generation (28.5%). Thirty-six patients (11.3%) died during the hospital stay. **CONCLUSIONS:** In hospitalised CAP, length of stay determines the costs from the economic perspective of the hospital, which underlines the importance of a reduction of length of stay

in this indication. The need for rapid and safe antibiotic treatment becomes evident especially under consideration of the DRG reimbursement system.

PR56**A CANADIAN COST ANALYSIS OF 4 RANDOMIZED DOUBLE-BLIND ACTIVE COMPARATOR TRIALS WITH TELITHROMYCIN IN ACUTE EXACERBATION OF CHRONIC BRONCHITIS (AECB) AND COMMUNITY-ACQUIRED PNEUMONIA (CAP)**

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OBJECTIVE: To estimate health care costs for the treatment of acute exacerbation of chronic bronchitis (AECB) and community-acquired pneumonia (CAP) in 4 previously-reported Phase III multinational comparative trials of telithromycin vs amoxicillin-clavulanic acid and clarithromycin in Canada. **METHODS:** In each of the 4 studies, patients were followed for 1 month and the primary endpoint was clinical efficacy at the posttherapy/test of cure (TOC) visit. Each trial prospectively collected data on study indication-related hospitalizations, additional health care provider visits, and additional antibiotic therapy. Three trials also collected information on additional laboratory and other tests and procedures. Cost analyses were performed from the perspective of the Ontario Ministry of Health. **RESULTS:** A total of 1045 and 853 patients in the 4 trials were randomized to receive telithromycin or a comparator, respectively. At baseline, the patient groups were similar with respect to demographic and clinical characteristics. The clinical efficacy of telithromycin and the comparators was similar in each study. Compared to patients randomized to comparator, those randomized to telithromycin were less likely to require AECB- and CAP-related hospitalization. Total and average costs of care were approximately 2 to 3 times higher in the comparator groups, driven by higher hospitalization rates. The ratio of average total treatment cost per patient in each comparator to that of telithromycin was as follows: \$40/\$19 = 2.1 for amoxicillin-clavulanic acid in AECB; \$241/\$122 = 1.9 for clarithromycin in AECB; \$198/\$109 = 1.8 and \$293/\$90 = 3.3, for clarithromycin in CAP. **CONCLUSION:** Although clinical cure rates for telithromycin, amoxicillin-clavulanic acid, and clarithromycin are comparable, health care costs appear to be lower among patients taking telithromycin, a finding driven by fewer hospitalizations. Since hospitalization accounts for a major proportion of the direct health care costs associated with AECB and CAP in Canada, the use of telithromycin may significantly reduce the total costs of care for these respiratory conditions.

RESPIRATORY DISEASES/DISORDERS**RESPIRATORY DISEASES/DISORDERS—Quality of Life/Utility/Preference Studies****PR57****THE CHRONIC OBSTRUCTIVE PULMONARY DISEASE HAS A NEGATIVE IMPACT ON THE QUALITY OF LIFE OF THE PATIENT: THE RESULTS OF THE EPIDEPOC STUDY**

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OBJECTIVES: COPD is a chronic disease that causes disability and increases with age. The aim was to assess the quality of life of COPD patient treated in Primary Assistance in Spain.