tion can be considered to be a very cost-effective strategy when used to prevent progression of AMD.

**LOW VISUAL ACUITY AND BLINDNESS SOCIAL COSTS IN FRANCE**

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IN 6 EUROPEAN COUNTRIES

**OBJECTIVES:** To estimate disability pension costs and institutionalisation associated with low visual acuity (LVA) and blindness in France. **METHODS:** Two national surveys performed by INSEE ( Institut National de la Statistique et des Etudes Economiques) on disability and institutionalisation in France (1998–1999) were carried out. Information (socio-demographics, disability reasons, disability pension and type of institution) was collected on two national representative samples of living at home and institutionalised populations. Three groups were identified in each case: blind people, LVA people and a control group (non-blind/LVA general population).

**RESULTS:** 15,288 people were included in the survey of institutionalised persons; 279 were blind and 2,536 had LVA. The control group included more women. The blind were younger while those with LVA were older; the blind had fewer jobs. 16,915 people were included in the living at home survey; 86 were blind and 1,080 had LVA. The control group had more women and was younger, while those with LVA had less skilled jobs. Disability pensions varied with gender, age and professional categories. Institutions had more workers and was younger, while those with LVA had less skilled jobs. Disability pensions were institutionalised blind people received €112.64 per month more than the control group and €484.33 more than people living at home. Figures for LVA patients were respectively €19.22 and €201.52. Probability of being institutionalised was 6.13% for blind people, 5.91% for LVA and 1.14% for the control group. A person has a 3.4 times greater chance of being institutionalised if blind and 5.2 times with LVA. **CONCLUSION:** Blindness and LVA lead to additional disability pensions payments and institutionalisation. Medical programs aimed at delaying blindness or LVA may have economic consequences outside the direct medical costs that should be taken into account.

**PHARMACOECONOMIC EVALUATION OF A NEW TWO COMPOUND OINTMENT (DAIVOBET® AND CALCIPOTRIOL (DAIVONEX®) IN THE TREATMENT OF PSORIASIS VULGARIS IN SWEDEN**

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**OBJECTIVES:** To assess cost-effectiveness and cost-utility ratios of a new anti-allergic agent Olopatadine in comparison to the reference treatment, Levocabastine, in Seasonal Allergic Conjunctivitis (SAC) in France, Germany, Italy, Spain, Sweden and the United Kingdom. **METHODS:** Data from a randomized, double-blind clinical trial of Olopatadine (O) versus Levocabastine (L) in SAC were used in the analysis. A total of 210 patients were randomized (O:101, L:109). Ocular symptoms and investigator’s Clinical Global Impression (CGI) were reported at baseline and at days 7, 14, 30 and 42. Factorial analysis techniques were used to derive a synthetic symptoms score (effectiveness score) from multidimensional symptom scales. In order to transform symptoms scores into utility scores, a panel of 32 ophthalmologists was invited. The 6 European countries collected data on the painfulness of various symptomatic statuses. Curves representing the evolution of effectiveness and utility scores over time were projected from 42 to 90 days, assuming 3 types of treatment effects after day 42, namely, a maintained effect (H1), a catch-up on comparator (H2) and no additional effect (H3). Areas under effectiveness and utility curves (AUCs) were computed in both arms. Olopatadine-Levocabastine differentials were represented in the effectiveness criterion as the number of Symptoms Adjusted Days saved, (SAD) and in the utility criterion as the number of Quality Adjusted Days saved, (QAD). **RESULTS:** Olopatadine showed a gain from 1.3 (H3) to 2.3 (H1) SADs, and from 0.8 (H3, UK) to 4.2 (H1, Germany) QADs, over 3 months. Assuming a 20% higher price for Olopatadine compared to Levocabastine, the incremental cost-effectiveness ratios of Olopatadine ranged from €1.27 (H1, France) to €21.3 (H3, Italy) per SAD saved, while incremental cost-utility ratio ranged from €1.06 to €23.4 per QAD saved. **CONCLUSION:** Olopatadine showed reasonable cost-effectiveness and cost-utility ratios versus Levocabastine in the treatment of SAC for 6 European countries.

**COST-EFFECTIVENESS AND COST-UTILITY OF OLOPATADINE IN THE TREATMENT OF SEASONAL ALLERGIC CONJUNCTIVITIS (SAC) IN 6 EUROPEAN COUNTRIES**

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IN 6 EUROPEAN COUNTRIES

**OBJECTIVES:** The objective of the study is to investigate the cost-effectiveness of treating patients with psoriasis vulgaris in Sweden. **METHODS:** The cost-effectiveness analysis was performed by comparing effectiveness data obtained from an international multicentre study with the cost of the two products. **RESULTS:** The expected cost per percentage reduction in PASI in Sweden is SEK 15.78 for TCP twice daily, followed by SEK 8.98 for calcipotriol, and TCP once daily SEK 8.29 when comparing