6% and estimated continuation rate of 56% and 65% after 5 years. Sensitivity analysis was performed on OC cost using the lowest and highest costs from the RAMQ list. Discounting was performed at 0%, 3% and 5% over 65 time-periods (13 cycles × 5 years) for OC. No discount rate was applied to Mirena since acquisition cost is paid once at treatment start. RESULTS: The mean cost of an OC is determined to be $11 per cycle, while drug acquisition cost of Mirena is $290. All scenarios favour Mirena. With a 5% discount rate, Mirena offered a mean saving of $346 over 5 years. When the pharmacist’s dispensing fee was included Mirena offered a mean saving of $750. In real life conditions, with a 5% discount rate, the use of Mirena resulted in a mean saving of at least 30% (i.e., between $194 and $221). CONCLUSION: Mirena represents a less expensive alternative to long-term contraception when compared to OC and this, in all proposed scenarios.

**PWM3**

**ERECTILE DYSFUNCTION: A PROSPECTIVE STUDY OF PATIENTS SEEKING THERAPY**

Jackson-Kline SE1, Shepherd MD2, Divers EC3, Lawson KA2, Rascati KL4, Rosen RC4

1Health Outcomes Consultant, Devon, PA, USA; 2The University of Texas, Austin, TX, USA; 3AstraZeneca, Wayne, PA, USA; 4The University of Medicine and Dentistry of New Jersey, Piscataway, NJ, USA

OBJECTIVES: To describe erectile dysfunction (ED) patient demographics, comorbidities, treatment seeking behavior, and patient-reported use and outcomes of therapy. METHODS: A self-administered questionnaire was developed and pilot tested. The final survey instrument included selected demographics, questions regarding when patients first experienced ED symptoms, when patients first sought treatment for ED, patients’ experience with ED treatments, patients’ rating of how well a particular ED therapy worked, and comorbid conditions. Patients evaluated their experience with ED therapies on a Likert-type scale. RESULTS: During May and June of 1997, 285 questionnaires were given to patients while they waited to see their urologist for ED treatment. A total of 59.4 percent (n = 168) of respondents (n = 283) listed “Caucasian, White” as their race. Age of the survey respondents ranged from 31 to 82 years with a mean age of 59.5 years (sd = 11.2). A total of 27.1 percent of survey respondents completed 4 years or more of college. A total of 31.4 percent of respondents reported 1996 household income of $30,001–$50,000. A total of 58.1 percent (n = 165) of the respondents listed “Married/long-term partner” as their marital status. A total of 76.5 percent (n = 218) of respondents reported currently being treated by a physician for health problems in addition to ED. Respondents reported a mean of 2.9 years (sd = 5.1 years, range <= 1 year to 34 years) between first noticing the symptoms of ED and seeking professional medical treatment for those symptoms. A total of 239 (83.9%) respondents reported having tried at least one therapy option to treat their ED. The ED therapy mentioned most often was “an injectable drug” with a mean rating of 3.8 (sd = 1.2). CONCLUSION: This multi-site, prospective study gives insight into patient demographics, comorbidities, experience with ED and its treatment and allows a better understanding of therapy health outcomes for this important medical condition.

**PWM4**

**PHARMACIST-INITIATED EMERGENCY CONTRACEPTION IN BRITISH COLUMBIA**

Fielding D, Soon J, Levine M, Ensom M

The University of British Columbia, Vancouver, BC, Canada

BACKGROUND: As of December 1 2000, the Province of British Columbia launched a program of expanded access to emergency contraceptive pills (ECPs) authorizing pharmacists with special training to provide ECPs to women without a prescription from their physicians. OBJECTIVES: To determine whether the expanded access program (EAP) will increase the utilization of ECPs and reduce pregnancy and abortion rates among women in B.C. METHODS: This research utilizes a province-wide prescription database (PharmaNet) that documents prescription transactions for all residents. PharmaNet data will be linked, in a manner insuring researchers are blinded to patient identity, to information in other provincial health-care databases including physician visits, hospitalizations, and birth and abortion records. Data for all women with an index prescription for an ECP from a pharmacist or a physician for the 2-year period prior to and for the 2-year period after initiation of the EAP will be included in the analyses. RESULTS: Four weeks after the program launch, 50% of the province’s 2400 pharmacists have been certified and half of those are registered providers. Currently, 340 of the province’s 760 community pharmacies have one or more pharmacists certified and registered to prescribe ECPs. To date, 316 patients (mean age 26 years; range, 15 to 48) have received pharmacist-initiated ECPs in 19 of the province’s 20 health regions; 58% of the pharmacist-initiated ECP prescriptions occurred on weeknights or weekends; the average interval between unprotected intercourse and arrival in the pharmacy has been 24 hours; and 53% of the women stated that the reason for need was due to birth control failure. At time of presentation, these data will be updated for the first five months of this study. CONCLUSIONS: Despite limited publicity to date, participation by pharmacists and access by women have been notable during the first four weeks of the program.