TREATMENTS FOR VARICOSE VEIN DISEASE: EXPECTATIONS AND EXPERIENCES OF PATIENTS
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OBJECTIVES: To assess patients’ expectations and experiences with two treatments for varicose vein disease: duplex-guided foam sclerotherapy (at the outpatient department) and surgical stripping (at the daycase centre). These treatments have comparable recurrence rates, but they differ considerably in nature. Nevertheless, the treatment choice depends on the referral preference of the general practitioner. METHODS: We conducted focus groups and in-depth interviews among patients who were treated for varicose vein disease. We used a semi-structured script, containing the global structure of the interviews and probes to be posed to keep the discussion going. Focus groups and interviews were audiotaped and transcribed. Relevant topics and differences between expectations and experiences were extracted. RESULTS: Fourteen patients participated in the study. Relevant topics in the treatment of varicose vein disease were health complaints, waiting time, information, treatment (nature, anaesthesia, location, duration), pain and side-effects, elastic stockings, usual activities, cosmetic result and retreatment. Information and the elastic stockings were considered as important. Patients did not like the elastic stockings because they were aching and warm. Appropriate information was considered as improving recovery. Differences between expectations and experiences were seen in anaesthesia and treatment (nature and duration). Most patients had negative expectations of anaesthesia, however, the stripping patients experienced the anaesthetic positively. Because of the admission to the daycase centre and the duration, stripping did feel like real hospitalization. However, stripping patients had positive experiences. CONCLUSIONS: Both treatments were experienced positively. The general practitioner should discuss the patient’s expectations and give adequate information to improve outcomes and satisfaction.

MODELLING THE EFFECT OF DIAGNOSTIC STRATEGIES IN PATIENTS WITH SUSPECTED CORONARY ARTERY DISEASE IN THE UNITED KINGDOM
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OBJECTIVES: Planning processes for future diagnostic requirements of cardiology departments should be based on sound clinical and financial information. Current diagnosis of CAD is usually achieved via stress electrocardiography (sECG) / invasive X-Ray coronary angiography (CA). Reliance on these two techniques alone, however, can result in delays in diagnosis and subsequent treatment. Imaging techniques such as myocardial perfusion scintigraphy (MPS), stress echocardiography and X-ray computed tomography are potentially important modalities and could be incorporated into the diagnostic strategy for CAD. A model was developed to allow planners and cardiologists to work together to develop a range of effective diagnostic strategies; that could help to optimise workload across a range of diagnostic modalities. METHODS: A 3-module, decision-support model was developed to simulate diagnosis and management in a cohort of risk-stratified patients with suspected CAD, within a user-defined diagnostic facility. The ‘diagnostic’ module incorporates alternative strategies, comprising combinations of exercise ECG (ExECG), MPS, Stress Echo, multi-slice computed tomography (MSCT) and coronary angiography (CA). The ‘treatment’ module is a Markov model incorporating initial patient management (based upon diagnostic results) and subsequent patient experience (mortality, future myocardial infarctions (MIs) and revascularisation procedures), according to severity of disease and therapy at outset. The ‘capacity’ module defines the local diagnostic capacity for each modality and compares throughput of the selected strategies for current practice and an alternative practice format, both of which are user-defined. RESULTS: Primary outcomes include diagnostic capacity, costs, quality of life and diagnostic accuracy. Including options of MPS, stress echo and MSCT in the diagnostic strategy for patients considered low or moderate risk reduces the average cost per 1000 patients by almost £17,000 and increases the available capacity of CA by 6.7%. CONCLUSIONS: The use of alternative diagnostic strategies is cost-effective and could optimise the use of expensive capital equipment.

A CROSS-NATIONAL COMPARISON ON PRICES OF PHARMACEUTICAL PRODUCT
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OBJECTIVES: In a pharmacoeconomic analysis, price differences between drugs in a country should be taken into consideration. In addition there are situations where medicines have the same indication are priced differently. In applying the result of analysis made overseas to Japan, we should also take into account not only of different prices from country to country but also of differences in the pricing method among countries. Thus, in this study, we compared the differences in drug prices among selected countries and examined the methodology for an international comparison of drug prices. METHODS: Using the VidAL (France), Rote Liste (Germany) MIMS (UK) and NHF price list (Japan), we compared the average daily costs at the time of the introduction of the brand name drugs of antihypertensive agents (ARB, ACE), statins, PPI, and antidepressants (SSRI, SNRI), in France, Germany, the UK and. Japan We adopted the WHO-DDD as the average daily dose and converted the drug prices into euros. We not only compared drug prices directly but also examined the price range of drugs having the same efficacy. RESULTS: The drug price differed from country to country according to the efficacy; while statins and PPI were most expensive in the U.K., the price of SSRI was the highest in France. The variation in price of drugs with the same efficacy was greater in Japan; supposing the price of the cheapest drug in each therapeutic group to be 1, that of the most expensive drugs was 3.0 for ARB, 4.1 for statins, 2.5 for PPI and 8.3 for SSRI, which were on higher levels than those in other countries. CONCLUSIONS: Our study suggested that variation in the price of drugs with the same efficacy might greatly affect pharmacoeconomic analyses.