PGS2

ECONOMIC BURDEN OF IBS

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OBJECTIVE: Compare the resource use between IBS patients and non-IBS subjects (controls), in order to estimate the burden of IBS. **METHODS:** Observational, prospective study including a sample of 455 IBS patients, meeting Rome II criteria, and 69 controls. The controls were selected from those subjects who had attended a health centre with a relative due to digestive problems (excluding IBS). Both samples were selected from the consulting rooms of 86 Spanish gastroenterologists and physicians. Patients and controls attended a total of five visits at three-month intervals, making a total follow-up period of one year. During the first month after each visit patients completed a diary including information about resource use. Indirect resources and drugs use were registered in the patients' diary and other direct resources were registered in follow-up medical controls. **RESULTS:** The results presented are preliminary and corresponding to prospective information obtained from the first 3 months' follow-up. The patients mean (SD) age was 43 (14) years and 76.5% were female. Patients and controls were of the same age and gender. 52.6% of IBS patients and 29% of controls visited a clinic at least ones ($p < 0.01$), 2% of patients were hospitalised and 14.2% of patients visited an emergency ward at least ones. The cost associated with resources used was almost three times higher in patients than in controls ($p < 0.01$). In terms of indirect resources, 35.8% of patients and 20% of controls experienced limited or reduced performance at work during the month following the baseline visit ($p < 0.05$). The mean cost associated with absence from work at one month was also higher for patients (€100.34) than for controls (€37.12) ($p < 0.01$). **CONCLUSIONS:** IBS is associated with an important burden in terms of direct and indirect costs, IBS patients using more health resources and experiencing a higher productivity loss.

PGS3

HEALTH CARE RESOURCE UTILIZATION AND COSTS OF TREATING NSAID-ASSOCIATED GASTROINTESTINAL TOXICITY IN JAPAN: FEASIBILITY OF A DELPHI-PANEL APPROACH IN JAPAN

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OBJECTIVE: Using a Delphi panel method, this study determined and evaluated the clinical treatment patterns of moderate-to-severe gastrointestinal (GI) events associated with NSAIDs in Japan. **METHODS:** Two resource utilization questionnaires were originally developed in English for a similar survey in the US and Europe (one for GI events requiring hospitalization and another for those not requiring hospitalization). The questionnaires were translated and culturally adapted for Japan and a pilot test was conducted. For the full survey, a Delphi-panel method was used. **RESULTS:** The pilot test of the translated/culturally-adapted questionnaires indicated that the instruments could feasibly be adapted for use in Japan. Missing data was only 4% in the pilot test. For the Delphi panel, 30 specialists were contacted to participate (10 rheumatologists and 20 gastroenterologists). Physicians were interviewed separately face-to-face, answers were summarized across all participants and the summary results were presented to each participant at a second face-to-face meeting. Participants could then modify their original answers. Average resources and costs required for the treatment and follow-up of GI events will be summarized. **CONCLUSION:** A lack of observational databases in Japan makes identification of treatment patterns and thus resource utilization estimates quite difficult. Interviewing experts about their treatment patterns using a Delphi panel approach appears to be a feasible option in Japan; individual face-to-face interviews are recommended. Cultural adaptation of questionnaires (originally developed for use outside of Japan) was necessary as the design of questionnaires and the structure of questions in Japan is somewhat different. Additionally, modification of the target specialist physicians was necessary due to the different referral patterns found in Japan.

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LOW-DOSE PPI AND STANDARD-DOSE PPI COMPARED WITH H2RA FOR MAINTENANCE THERAPY OF GERD—A COST-EFFECTIVENESS ANALYSIS USING MARKOV MODEL

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OBJECTIVES: To evaluate the cost-effectiveness of three treatment strategies for maintenance therapy of gastroesophageal reflux disease (GERD) from the perspective of a public health organization in Hong Kong. **METHODS:** A Markov model was designed to simulate, over 12 months, the resource utilization and clinical outcomes of GERD patients with healed esophagitis associated with three treatment alternatives: Standard-dose H2-receptor antagonist (H2RA), low-dose proton-pump inhibitor (PPI) and standard-dose PPI. Patients who experienced relapse of GERD on H2RA or low-dose PPI would be stepped-up to standard-dose PPI. Relapse occurred during maintenance therapy with standard-dose PPI would be treated by high-dose PPI. The probabilities of relapse were derived from literature. Resource utilization for maintenance and active treatment of GERD were