surgery 42%). The questionnaire was sent out twelve weeks after discharge and covered the period since. Reliability was assessed by comparing the 12-week questionnaire with a cost diary which patients were asked to fill in prospectively during the first 4 weeks after discharge. **RESULTS:** The 3-month questionnaire showed a response rate of 88%. Ninety two percent of respondents found the questionnaire easy or very easy to fill in. Rate of completion was close to 100% for all items. Time for completion took on average 27 minutes. Comparison with the data collected by the prospective cost diary showed modest to good correlation for the overlapping period. Intraclass correlation coefficients ranged from 0.57 (cost of daily drug intake) to 0.9 (hospital days). **CONCLUSIONS:** The instrument showed good acceptance and feasibility as well as reasonable reliability when compared to a detailed prospective cost diary. Therefore the instrument appears to be an efficient alternative for patient oriented cost measurement. With respect to reliability further suggestions for improvement of the instrument were developed where indicated.

PCV32

THE USE OF STATINS IN SECONDARY CARE: EVIDENCE FROM ACTUAL PRACTICE DATA

Degli Esposti L[1], Degli Esposti E[2], Valpiani G[1], Saragoni S[1]
[1]CliCon Srl—Health, Economics and Outcomes Research, Ravenna, Italy; [2]Ravenna Local Health Unit, Ravenna, Italy

OBJECTIVE: To perform a pharmacoepidemiologic analysis on the utilization and cost of statins in secondary care practice in non-experimental setting. **METHODS:** The Ravenna Local Health Unit administrative database (approximately 350,000 subjects) was used to perform a registry of Acute Myocardial Infarction (AMI) since 1996. The registry was made by the linkages among patients' baseline characteristics, hospital admissions and drug prescriptions. A 6-month follow-up study included all subjects discharged alive from the hospital after AMI during the period 1996–2000. Patients with previous AMI since 1991 and those not in the province's databases for the entire follow-up were excluded. Drug prescriptions data were processed for statins (ATC Code C10A), ACE-inhibitors (C09A even if associated with C09B), beta-blockers (C07), other antihypertensives (C02, C03, C08, C09C and C09D), as well as for aspirin (B01AC06), antidiabetic drugs (A10A and A10B), cardiac drugs (C01) and other antiaggregants (B01AA and B01AB, B01AC05). Drug cost was evaluated at NHS purchase prices. **RESULTS:** A total of 2265 subjects were enrolled (446 in 1996, 440 in 1997, 443 in 1998, 443 in 1999, and 493 in 2000). The percentage of patients prescribed for statins increased each year (from 22.6% in 1996 to 43.8% in 2000) as well as the percentage of those prescribed for aspirin (from 48.0% in 1996 to 80.5% in 2000) and beta-blockers (from 27.4% in 1996 to 41.0% in 2000). Overall cost for statins accounted to €10,610 in 1996, €15,344 in 1997, €23,483 in 1998, €35,910 in 1999, and €45,103 in 2000. Average cost for patients prescribed for statins ranged from €105.05 in 1996 to €208.81 in 2000 and increased over each year. **CONCLUSIONS:** Evidence from secondary care practice in the province of Ravenna highlights a trend for more frequent use of statins, aspirin and beta-blockers after discharge for AMI.

PCV33

COST-EFFECTIVENESS OF METHODS TO QUIT SMOKING IN FINNISH HEALTH CARE

Jormanainen VJ, Hahl J
GlaxoSmithKline Oy, Espoo, Finland

OBJECTIVES: The Finnish Health For All 2000 target set in the mid-1980s (at least 80% non-smoking) was not realised. Actually, prevalence of smoking has remained rather constant during the 1990s even after introduction of over-the-counter nicotine replacement (NRT) options. Our intent was to model cost-effectiveness of six methods (willpower, physician advice, NRT [patch, gum, spray], bupropion) to quit smoking as applied in Finnish health care. **METHODS:** Data on efficacy (% successfully quit smoking during 12 months' observation period) were obtained from published meta-analyses and original articles. Cost data included only direct costs (physician visits, medications, adverse events [occurrence 1% in each treatment]). Costs were estimated using societal perspective (in year 2000 Euros). Decision-tree based average cost-effectiveness estimates (€/additional quitter) and incremental cost-effectiveness ratios (ICER) were derived by using Data 3.5 software. Two-way sensitivity analyses were performed. **RESULTS:** Efficacy of willpower (1%) and physician advice (3%) were the lowest, followed by NRT patch (13%) and NRT gum (18%) whereas higher for NRT spray (24%) and bupropion (30%). Costs of willpower were set to zero by definition. Cost per additional quitter of bupropion (€954) treatment was the lowest, and NRT spray (€2397) the highest. Bupropion dominated over NRT gum and spray. ICER of NRT patch vs. physician advice was €1495 (€804 for bupropion) whereas ICER of bupropion vs. NRT patch was €404. Sensitivity analyses showed results were robust. **CONCLUSIONS:** Short-term decision-tree analysis suggests that bupropion is a cost-effective option for physicians in order to help motivated smokers to quit smoking in Finnish health care settings.

PCV34

COST-EFFECTIVENESS OF PATHOGEN INACTIVATION FOR PLATELET TRANSFUSIONS IN DUTCH CARDIAC SURGERY

Postma MJ[1], de Wolf JT[2], van Hulst M[1], Staginnus U[3], Smit Sibinga CT[4]
[1]Groningen University Institute for Drug Exploration/university of Groningen Research Institute of Pharmacy (GUIDE/GRIP), Groningen, Netherlands; [2]University Hospital Groningen, Groningen, Netherlands; [3]Baxter, S.L, Madrid, Spain; [4]Sanquin, Amsterdam, Netherlands