eight percent would consider the information when prescribing. Seventy-five percent of the profiled physicians who responded agreed that the profiles were informative and useful, and 67% would consider the information in their prescribing decisions.

CONCLUSION: Providing antibiotic prescribing profiles for physicians may influence prescribing patterns and maintain cost in a managed care setting.

MEDICOECONOMIC EVALUATION OF OUTPATIENT MANAGEMENT OF INFANTILE BRONCHIOLITIS IN FRANCE

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OBJECTIVES: To compare—in terms of effectiveness and costs—outpatient management of infantile bronchiolitis by homeopathic GPs vs allopathic GPs vs paediatricians.

METHODS: A 6-month prospective, “real-world” study was carried out by setting up 3 observatories with: homeopathic GPs, allopathic GPs and paediatricians recruited by sample-drawing.

Patients aged between 3 and 24 months, consulting for first bout of acute bronchiolitis since birth, who had not yet received treatment and who did not require immediate hospitalisation were included. Effectiveness (number and duration of bouts, number of complications, persistence of bronchial obstruction), direct medical costs (from the French Health Insurance and societal perspectives) and indirect costs (sick leaves) were assessed. The statistical analysis was performed after matching patients to have comparable patients.

RESULTS: One hundred seventeen, 150 and 253 patients were respectively included by 38 homeopathic GPs, 59 allopathic GPs and 95 paediatricians. At the end of the study, there were: no significant differences between the management by homeopathic GPs vs allopathic GPs vs paediatricians.

The analysis is consistent through several scenarios, built upon varying parameters such as coverage and attack rates. In the basic scenario, obtained by observed data, MF59 allows a saving of 16,444 € per death averted, with respect to standard vaccine, and a saving of 2718 € per death averted as compared to non vaccination. CONCLUSIONS: Using Bayesian Networks can help structure the decision problem and allow for a direct multivariate stochastic sensitivity analysis. The use this tool is in our opinion highly valuable, yet not established, in health economics.