

nor paracetamol or aspirin). There were a majority of “stoppers” even among those who previously received celecoxib (53.4%). The proportion of patients with long term COX-2 treatment (3 months or over) was higher in the “continuers” group (23.9% vs. 13.7%; $p < 0.001$). Conversely, patients with history of stroke (4.2% vs. 2.6%; $p = 0.026$) or coronary heart disease (14.7% vs. 11.5%; $p = 0.015$) and with a higher risk of gastrointestinal events (50.7% vs. 43.2%; $p < 0.0001$) were in greater proportion in the “stoppers” group. Finally, the percentage of NSAID treated patients receiving a proton pump inhibitor raised substantially from 37.1% to 72.0% ($p < 0.001$) between the two periods. **CONCLUSIONS:** French GPs reacted in a non selective way, making little difference between rofecoxib and celecoxib, and between cardiovascular and gastrointestinal risks. This unexpected behaviour may be interpreted as a concern toward a reduction of any kind of risk and not only those targeted by the withdrawal decision.

OA4

A HEALTH-ECONOMIC EVALUATION OF RHBMP-2 IN SPINE FUSION SURGERY IN GERMANY AND UK

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OBJECTIVES: Chronic low-back pain related to osteoarthritic changes of the lumbar spine has a significant economic impact on health care budgets worldwide. Anterior-Lumbar-Interbody-Fusion (ALIF) surgery can be an effective treatment option after non-operative therapy fails. Frequently, the affected vertebrae are fused together using bone (autograft) from patient's hip, which requires additional surgery and leads to increased co-morbidity, blood loss, infection rate, and pelvic instability. We assessed the cost-effectiveness of rhBMP-2 compared with autograft in spine fusion surgery over two years from a health care payer's perspective in Germany and UK. **METHODS:** An economic model was developed to evaluate differences in the two-year results between spine-fusion surgery with rhBMP-2 and fusion with bone autograft. The cost and health-related quality-of-life associated with both arms were estimated for two years after surgery. Data were obtained from a previously published analysis of pooled data, in which patients in the rhBMP-2 arm showed significant clinical improvements after surgery compared to standard therapy. Cost data were obtained from German-DRGs and UK NHS and are reported in 2005 values. **RESULTS:** In Germany, significant reduction in secondary interventions, and better fusion rates associated with rhBMP-2 treatment resulted in faster return to work and generated savings of €3453 per patient for health care insurances, leading to net savings of €503 per patient. These savings offset the upfront prize of €2950 for rhBMP-2 therapy. In the UK, the benefits of use of rhBMP-2 lead to an incremental cost-effectiveness ratio of GBP 5483/QALY (€8039/QALY) for the NHS. **CONCLUSIONS:** The standard use of rhBMP-2 in ALIF surgery lowers costs for surgically treated patients with degenerative changes of the lumbar spine in Germany and is a cost-effective treatment option in the UK.

RESPIRATORY DISORDERS

RS1

CAN PHARMACEUTICAL INDUSTRY USE REPS TO PROVIDE MEDICAL PRACTICE GUIDELINES? (MIGRAINE AND ASTHMA)

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OBJECTIVES: Clinical practice guidelines have been shown to improve medical practice. However the place of the reps to improve compliance with guidelines initiated by state agencies (HAS, AFSSAPS) has not been evaluated. The study has been initiated by several pharmaceutical industries involved in research. **METHODS:** Two intervention studies were used to provide evidence of the effectiveness of the reps visits on the physician practice. During their visit, the reps gave a written document. The written document was a validated and synthesized version of a guideline initiated by state agencies. The subjects of the guidelines were asthma or migraine. The first intervention study evaluated the physicians' perception of the reps' intervention. The second study evaluated the physicians' knowledge. For the first study, the study material was a questionnaire (12 questions) and the study was conducted by phone. For the second study, the study material was an internet based questionnaire (40 questions) which follows the content of the written document given by the reps to the physicians. A score was constructed to evaluate the level of knowledge of the physicians. **RESULTS:** For the first study: 800 physicians have been included. 81% (82%) find the intervention of the reps useful and 76 % (81%) legitimate the guidelines for asthma (migraine). For the second study: 294 physicians have been included. The level of knowledge was significantly higher for asthma after the reps' visit (16.37/14.44) and for the physician who conserved the written document. No significant results were found for migraine. **CONCLUSION:** The reps can be another way to diffuse the clinical practice guidelines.

RS2

TREATMENT WITH INHALED CORTICOSTEROIDS IN ASTHMA TOO OFTEN DISCONTINUED

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OBJECTIVES: Inhaled corticosteroids (ICS) are the cornerstone of asthma-treatment. Yet, adherence with ICS-treatment is very low. Therefore, the aim of the study was to investigate adherence, in terms of persistent use, with ICS and its determinants in asthma-patients. **METHODS:** The PHARMO database includes, among others, drug-dispensing and hospital discharge records for >2 million subjects in The Netherlands. All asthma-patients (age <35 yrs) with a first prescription for ICS in 1999–2002 and ≥2 prescriptions in the first year were included in the study. Persistence during the first year was defined as the number of days from start to time of first failure to continue renewal of the initial ICS, and ascertained based on the method of Catalan. Potential determinants of persistence were assessed at ICS-start and one-year before. **RESULTS:** The study-cohort included 5563 new users of single ICS and 297 of fixed combined ICS. Less than 10% of patients using single ICS, and 15% of patients using fixed combined ICS were persistent at one year. Increased persistence with single ICS was observed with type of ICS (budesonide), prescriber (specialist), prior use of long-acting beta-agonists, previous hospitalization for asthma, metered-dose inhaler, low starting dose, and once-daily dosing regimen at start. Decreased persistence with fixed combined ICS-treatment was found in patients having high starting dose of ICS and prior use of antibiotics. **CONCLUSIONS:** Persistence with ICS-treatment for asthma in clinical practice is low for both single and fixed combined ICS-treatment. Persistence was mainly related to patient-factors, such as severity of disease, and to treatment-related factors, such as once-daily dosing frequency and low dose