ative failure, complications and patient non-compliance. A population model was applied to follow to the life-long impact of individuals receiving cataract surgery. Costing estimates are based on primary data collection in 14 epidemiological sub-regions by regional costing teams and literature review, and were estimated for different coverage levels using non-linear cost functions. RESULTS: Intra- and extra-capsular cataract surgery are cost-effective ways to reduce the impact of cataract-blindness. Extra-capsular cataract surgery is more cost-effective than intra-capsular surgery in all regions considered, and higher coverage levels are always more cost-effective than lower coverage levels. Extra-capsular cataract surgery at a 95% coverage level would avert over 3.8 million disability adjusted life years per year globally. The cost-effectiveness ranges from US$69 per DALY in SearD (South East Asian Region with high child and adult mortality) to US$2341 per DALY in WprA (Western Pacific Region with low child and adult mortality). CONCLUSIONS: In cataract surgery, extra-capsular surgery at high coverage level is the most cost-effective way for restoring eyesight.

**PES8**

**Burdens of Illness of Eczema in Canada**

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**OBJECTIVES:** As no Canadian data exist yet, the objective of the study is to determine the burden of illness of patients suffering from eczema in Canada. The resource use, direct costs, indirect costs, demographics and other factors affected by eczema were measured over a 1-year period. **METHODS:** Patients were recruited through Community Pharmacists in Canada and were asked to fill out a four-page survey. Information about gender, age, marital status, employment status, income, healthcare practitioner visits, other medical services visits, hospitalization, absenteeism at work/school, over-the-counter (OTC) treatment, household expenses, sleep disturbances, severity and duration of the disease, number of flares and length of each flare and type of insurance coverage were collected. Costs were attached to the different variables to calculate the burden of illness of eczema for the whole cohort but the group was also divided by severity of the disease. **RESULTS:** Over 100 patients were recruited and more than 70 patients have returned the survey to this point. Each patient has visited a physician due to his/her eczema at least once in the last 12 months. The two variables that have had the most impact on the cost of the disease are the consumption of OTC medications and the extra household expenses incurred by the patient. As expected, the burden increases with the severity of the disease. Nobody was hospitalised due to their eczema. **CONCLUSIONS:** Taken individually, the economic burden of eczema is not exceptionally high but given the prevalence of the disease it represents a high burden for the society. The results are within the range of what has been published until now. Prescription costs were not measured directly in this survey and thus the results are most likely underestimated.

**PES9**

**A Baseline Assessment of the Validity of the 39-Item National Eye Institute Visual Function Questionnaire in German Patients with Age-Related Macular Degeneration**

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**OBJECTIVES:** To investigate the validity of the 39-item National Eye Institute Visual Function Questionnaire (NEI-VFQ-39) at baseline in German patients with age-related macular degeneration (AMD). **METHODS:** Ongoing prospective observational study in which 137 patients attended a clinic in Germany. Patients belonged to one of 3 severity classes: 1) early AMD in both eyes (n = 23); 2) late-stage AMD in one eye and early-stage AMD in the other eye (n = 71); and 3) late-stage AMD in both eyes (n = 41). Correlations of baseline scores were calculated between NEI-VFQ-39 and visual acuity. Baseline mean scores on the NEI-VFQ-39 were compared for different AMD severity using linear regression adjusting for gender, age, education, and smoking. **RESULTS:** Scores on visual acuity correlated moderately, as expected, with NEI-VFQ-39 domain scores on General Vision (r = 0.48), Near Activities (r = 0.52), Distant Activities (r = 0.46), and Peripheral Vision (r = 0.44). As expected, visual acuity correlated modestly though meaningfully with Social Functioning (r = 0.31), Mental Health (r = 0.31), Role Difficulties (r = 0.36), Dependency (r = 0.38), Driving (r = 0.34), and Color Vision (r = 0.30); visual acuity showed little or no correlation with General Health (r = 0.13) and Ocular Pain (r = 0.09). Significant differences (p < 0.01) in mean scores among severity levels of AMD were observed for all NEI-VFQ-39 domains except for domains on Driving, General Health, and Ocular Pain. **CONCLUSIONS:** The German version of the NEI-VFQ-39 exhibits baseline validity as a measure of functional impairment in patients with AMD.

**PES10**

**Patient Reported Outcomes and Economic Implications of a Reformulation to Improve Brimonidine 0.2%**

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**OBJECTIVES:** To assess patient satisfaction and economic implications associated with a new formulation of