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 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 once (p < 0.01), 2% of patients were hospitalised and 14.2% of patients visited an emergency ward at least once. 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.

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 derived from administrative databases and included direct and indirect costs, respectively. The costs of drugs, health care utilization and hospitalization were derived from literature. The probabilities of relapse were derived from literature.
A COST-EFFECTIVENESS ANALYSIS OF ESOMEPRAZOLE VS. OMEPRAZOLE IN THE ACUTE TREATMENT OF PATIENTS WITH REFLUX OESOPHAGITIS IN GREECE
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OBJECTIVE: To compare the cost-effectiveness of esomeprazole 40mg od or omeprazole 20mg od in the acute treatment of patients with reflux oesophagitis in Greece. METHODS: A simple decision analysis model was designed to compare the cost-effectiveness of esomeprazole vs. omeprazole during eight weeks' acute treatment of reflux oesophagitis patients. Omeprazole, the leading PPI in Greece, was chosen as the comparator. Probability of treatment success was based on pooled healing rates (Life Table estimates) from 3 clinical studies (N = 4877). Only direct medical costs were included in the cost-effectiveness analysis. As patients can unrestrictedly visit public or private sector GPs or gastroenterologists, all patients were assumed to visit a specialist. An endoscopy was assumed to be carried out in non-responders after eight weeks' of therapy, which is a conservative patient management assumption, according to results obtained from a market research among Greek gastroenterologists. Furthermore, the analysis did not consider additional treatment costs (e.g. drugs, visits) for failures beyond eight weeks. One analysis was carried out by using private market and one by using public hospital endoscopy and visit charges. RESULTS: Healing rates from the pooled analysis showed that esomeprazole is significantly more effective than omeprazole. After 4 weeks of therapy, healing rates were 77.7% for esomeprazole compared with 67.6% for omeprazole (p < 0.001). The corresponding values after 8 weeks treatment were 93.4% and 86.2%, respectively (p < 0.001). The decision analysis model resulted in similar direct medical costs for the esomeprazole and the omeprazole strategy, both when using public (€328 vs. €330) and private charges (€335 vs. €336). CONCLUSIONS: Despite using conservative assumptions, esomeprazole 40mg od was found to be cost-effective compared with omeprazole 20mg od in the acute treatment of patients with reflux oesophagitis in Greece, since esomeprazole provides better effectiveness at no additional treatment costs.

The recommended Helicobacter Pylori (H. Pylori) eradication treatment strategy in duodenal ulcer (DU) disease includes one-week proton pump inhibitor (PPI) triple therapy regimens followed by PPI monotherapy for three weeks. Triple therapy regimens of omeprazole, amoxicillin and clarithromycin (OAC) are the most widely used regimens in Greece. Esomeprazole, the first PPI developed as an optical isomer, has been shown to achieve greater and more sustained acid control than omeprazole, with a similar tolerability and safety profile. Results from two clinical studies reveal that eradication regimens with esomeprazole 1-week triple therapy (esomeprazole, amoxicillin, clarithromycin) (EAC) without subsequent three weeks monotherapy show comparable eradication rates with OAC including 3 weeks monotherapy (EAC: 90%, n = 204, OAC: 88%, n = 196; EAC: 86%, n = 214, OAC: 88%, n = 219). OBJECTIVE: To evaluate the potential cost savings associated with eradication of H. Pylori with EAC 1-week therapy compared with OAC 1-week therapy followed by 3 weeks omeprazole monotherapy in patients with DU in Greece. METHODS: Patient management in clinical practice was investigated through market research of 10 Greek gastroenterologists. A cost analysis was performed to assess incremental direct medical costs associated with the esomeprazole and omeprazole based eradication strategies. The perspective of the analysis was that of the Greek health care system (Greek public sector charges). RESULTS: The cost analysis showed that eradication treatment with esomeprazole therapy results in a cost per patient of €114,57 while treatment with omeprazole results in a corresponding cost per patient of €138,18. Thus, esomeprazole therapy provides cost savings of 28% ($43,6) per patient when compared with omeprazole therapy. CONCLUSION: Eradication of H. Pylori with 1-week triple therapy with