by GPs. The study highlights the relevant economic, social, and quality of life burdens of GERD.

CONCLUSIONS: This is the first Italian study about costs and HRQoL of GERD in which patients are enrolled by GPs. The study highlights the relevant economic, social, and quality of life burden of GERD.

PGS13

COST OF ILLNESS AND QUALITY OF LIFE OF GASTROESOPHAGEAL REFLUX DISEASE (GERD) PATIENTS IN ITALY
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OBJECTIVES: Gastroesophageal reflux disease (GERD) is one of the most common chronic disorders of the gastrointestinal tract. The aim of the study was to evaluate the cost of illness and the Health-Related Quality of Life (HRQoL) in patients with GERD visited by gastroenterologists. METHODS: A cross-sectional observational multicenter cost of illness study was conducted. Patients were enrolled by gastroenterologists of three specialist centers in Italy. Information about demographic characteristics, symptoms (frequency and severity), resource use (visits, drugs, clinical examinations and hospitalizations) and productivity losses was obtained through an ad hoc questionnaire. We evaluated costs of the medical resources and loss of productivity in the perspective of the Italian society. To evaluate the HRQoL we used a battery of two questionnaires (SF-36 and EQ-5D). RESULTS: Ninety-one patients were enrolled, the mean age was 52 years old and the 49% of the patients were males. The average cost per patient-month was €75,42 and hospitalizations accounted for the 34% of total medical costs. Indirect costs, expressed in terms of lost productivity, were about 0.2 working days lost per patient-month. Presence of chest pain and eructation was associated with higher overall costs (P < 0.05). A strong impairment in the HRQoL was also documented: SF-36 showed that “role-physical”, “bodily pain” and “role-emotional” were the most impaired dimensions. These results are consistent with those obtained with the EQ-5D profile. Frequency and intensity of symptoms were significantly associated with lower levels of HRQoL.

CONCLUSIONS: This is the first study investigating cost of care and HRQoL of patients with GERD in Italy. The study highlights the relevant economic, social, and quality of life burden of GERD.

PGS11

USING A COST-UTILITY ANALYSIS FOR ASSESSING SENSITIVITY IN DRUG PRICES OF ESOMEPRAZOLE VERSUS OMEPRAZOLE IN THE ACUTE TREATMENT OF REFLUX OESOPHAGITIS IN THE UK
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OBJECTIVES: Recently published data suggest that an acceptable threshold of around £30,000 per quality adjusted life year (QALY) gained is implicitly used in NICE appraisals on cost-effectiveness of medical interventions. The objective of this analysis was to investigate the sensitivity in drug prices during acute treatment of reflux oesophagitis with esomeprazole 40 mg or omeprazole 20 mg by applying a £30,000 threshold in a cost-utility analysis. METHODS: Results from a cost-effectiveness analysis based on clinical study data have previously been published using a decision analysis model that considered UK direct medical costs up to 8 weeks. In the current analysis, this model was modified to include utility values associated with having (0.69) or not having reflux oesophagitis (0.84). Utility values were derived from a recent study using the rating scale method in patients with gastro-oesophageal reflux disease. An additional analysis was made extending the model to a 16-week time-frame in order to assess further costs and effects of achieving treatment success or not during the initial 8 weeks. Patient management assumptions were based on a UK physician survey. RESULTS: When the price of omeprazole was set to zero, the 8-week and the 16-week analyses resulted in around £27,700 and £23,200 per QALY gained respectively by using esomeprazole treatment. A sensitivity analysis indicated results below the £30,000 threshold in most combinations of different assumptions and scenarios while holding the price of omeprazole constant at zero. In the 16-week analysis, esomeprazole treatment remained cost saving (i.e. esomeprazole provided better effectiveness at similar or lower costs) when the price of omeprazole was reduced by around 45%. CONCLUSIONS: Applying an acceptable threshold of £30,000 per QALY gained in a cost-utility analysis of esomeprazole versus omeprazole in the acute treatment of reflux oesophagitis indicates that esomeprazole will remain cost-effective irrespective of future generic omeprazole prices.