OBJECTIVES: Constipation is considered an inconvenient problem, however data on the real burden is lacking. The objective of the current analysis was to assess the clinical and economic burden of chronic constipation in Belgium.

METHODS: From a societal perspective, a natu-ralistic multicentre Cost-of-Illness study was conducted. Adult patients (age >= 18 years) diagnosed with CHDs, were enrolled. Direct and indirect costs were assessed from the societal perspective, reported as mean €/patient-month (treatment cost) and mean days/ patient-month of work/school/usual activities lost (productivity loss). The patients were sub-grouped according to their main condition at the enrolment: hepatitis B, hepatitis C, cirrhosis, liver transplantation, hepatic carcinoma.

RESULTS: We enrolled 1,088 valid patients, 62.0% male (N=675), aged 19-90 (median=60) years; 35.9% (N=318) had hepatitis B, 11.9% (N=129) had liver transplantation, 7.5% (N=82) hepatic carcinoma, 9.0% (N=99) had other hepatitis diseases. Overall, their treatment cost was 278.26 €/pa- tient-month: 96% for conventional drug treatment, 4% for unconventional treat- ment (homoeopathy, preparation of herbs, specific diet, multi-vitamin products). Patients who received liver transplantation were the most expensive (€2,314/ patient-month), followed by hepatitis B (€249/ month), hepatitis C (€167/ month).

CONCLUSIONS: CHDs sensitively contribute to the high cost and require appropri- ate health technology valuations to guide stakeholders to find optimal diagnostic and treatment strategies.

PG17

COST OF OUTPATIENT ENDOSCOPIC CAPSULE (EC) PROCEDURE IN BRAZIL: A STUDY FROM A FAYER'S PERSPECTIVE

OBJECTIVES: There is no published study about the direct costs linked to the pro- cedure of the EC in Brazil. Our aim was to determine a base price of a single procedure of EC.

METHODS: Based on a micro cost approach, we first determined the individual items that compose an EC procedure. Then we conducted a market price search for each of them in order to compose the final total cost. For the permanent equipment needed we considered an amortization time of 24 months and a 1% monthly interest percent rate. RESULTS: An EC procedure requires an initial investment in one computer and in one receiver, which is attached to the patient to capture the capsule’s signal, known as “belt”. Included in the analysis there are also the cost of the capsule itself, some medicines, the physician’s and the nurses’ time.

The initial investment is about US$10,411. Economic analysis shows that US$647 (single use). A medical fee of US$380 was set, that is the administration fee of the capsule, the supervision of the patient during the length of the procedure and the interpretation of the exam. Considering a service that performs three exams a month, a cost of US$6465 would be necessary to cover the expenses with material, personnel (doctors included) and to pay the amortization costs, insurance and interests for a 24 months period.

CONCLUSIONS: In Brazil, the cost of EC procedure may be set at US$6465 in order to cover the expenses of the services.

PG18

TREATMENT OF CHRONIC HEPATITIS C PATIENTS WITH PEGINTERFERON ALFA-2A OR PEGINTERFERON ALFA-2B: A COST-EFFECTIVENESS ANALYSIS FOR THE PORTUGUESE NHS SETTING

OBJECTIVES: Estimate long-term cost-effectiveness of treatment with peginterferon (pegIFN) alfa-2a (180 mcg/week) in combination with ribavirin (RBV) (800-1200mcg/week) versus peginterferon alfa-2b (180 mcg/week) in combination with ribavirin (RBV 800-1400mcg/week), in patients with Chronic Hepatitis C (CHC), from the Portuguese National Health System (NHS) perspective.

METHODS: To project disease progres- sion, a seven-health state Markov model was built based on clinical stages of CHC. Efficiency and survival was obtained from a published meta-analysis of 8 head-to-head ran- domized trials that showed higher sustained virological response (SVR) in patients receiving pegIFN alfa-2a compared to pegIFN alfa-2b. Effectiveness was measured in terms of quality-adjusted life years. Transition probabilities and health state utilities were obtained from published literature. Treatment duration was consid- ered to be 48 and 24 weeks for genotypes 1/4 and 2/3, respectively. A Delphi panel with Portuguese experts was conducted to evaluate direct medical resources asso-