Heckman two-step selection model was used. The EQ-5D index score was categorized into 10 groups. Marginal effects (ME) were estimated to assess the marginal changes in costs corresponding to, for instance, 0.1 increments in the EQ-5D index score, or the presence of asthma or asthma treatment. All costs were adjusted to 2003 dollars. RESULTS: The EQ-5D index score was a significant predic-
tor of hospital stay in 5 of 8 COPD models, as were asthma, and higher severity of disease. Also, used more health care resources, particularly in the first year. Pharmacological treatment costs about 200-400 €.

Danylo Halytsky Lviv National Medical University, Lviv, Ukraine

Investing in smoking clinic is justified from economic and effectiveness point of view. The findings suggest a significant relationship exists between health care costs and HRQol data. The EQ-5D significantly predicts costs in asthma and asthma treatment, especially after adjusting non-random positive health care spending.

PRS27
EFFECT OF SMOKING STATUS ON HEALTH CARE COSTS AND RESOURCE UTILIZATION IN PATIENTS WITH CHRONIC-OBSTRUCTIVE-PULMONARY-DISEASE IN CLINICAL PRACTICE: A RETROSPECTIVE NESTED CASE-CONTROL ECONOMIC STUDY
Sicras-Mainar A, 1Beiras F, 2Navarro-Artieda R, 3Beizão J 4
1Badalona Serveis Assistencials, Badalona, Spain, 2Pfizer S.L.U., Alcobendas/Madrid, Spain, 3Hospital Universitari Germans Trias i Pujol, Badalona, Barcelona, Spain, 4Badalona Serveis Assistencials, Badalona, Barcelona, Spain

OBJECTIVES: Chronic-Obstructive-Pulmonary Disease (COPD) is a prevalent health condition mainly associated with smoking habit, which is considered for higher health care utilization and related costs in the National health System. The aim of this study was to analyze and compare health care resource utilization and costs according to smoking status in patients with COPD in clinical practice in Spain.

METHODS: A retrospective cohort nested case-control study was designed. Cases were COPD patients with exacerbations in 2009-2010, while two controls (former smokers, asthma patients) were matched by age, sex, duration of COPD, and burden of comorbidity (number of diagnosis and Charlson index) were included using data from medical records. Non-institutionalized COPD patients, both genders, 40 years of age and older, were enrolled over a period of 4 years before the index date and fulfilling eligibility criteria were considered eligible for analysis. Analysis used regression and general linear models with covariates to compare direct and indirect costs and resource utilization. RESULTS: A total of 590 COPD patients with exacerbations were included; 310 were cases (current smokers) and 630 were controls (former smokers). Mean age was 69.4 years (84.6% male). COPD was more severe in cases; Odds ratio (OR) = 1.7 (95% CI 1.1 2.2), and higher percentage of current smokers had exacerbations [OR = 2.7 (2.0;3.8)], with 4.2 vs. 1.7 exacerbations per year, respectively, on average (p < 0.001). Smokers used more physicians visits both at the primary care and specialized level, and emergency room as well. Drugs-based therapies were more common in current smokers COPD subjects. As a consequence, smokers had higher average health care costs and 43.8% in direct health care costs related to treatment with budesonide/formoterol and fluticasone/salmeterol for COPD considering the Italian National Health Service (INHS) perspective.

CONCLUSIONS: Our aim was to assess the list of medicines which are available in Ukraine for COPD treatment. We compared the medications included in the State Formulary of Ukraine with the dosage forms and typical indications according to COPD treatment. Also we calculated annual course costs for each drug in different dosage forms. The annual course was considered as amount of medicine for 365 days in appropriate for COPD basis dosing. Informed to readers these medicines, precacy and severity of exacerbations, improve health status and exercise tolerance.

METHODS: Our aim was to assess the list of medicines which are available in Ukraine for COPD treatment. We compared the medications included in the State Formulary of Ukraine with the dosage forms and typical indications according to COPD treatment. Also we calculated annual course costs for each drug in different dosage forms. The annual course was considered as amount of medicine for 365 days in appropriate for COPD basis dosing. Informed to readers these medicines, precacy and severity of exacerbations, improve health status and exercise tolerance.

METHODS: Our aim was to assess the list of medicines which are available in Ukraine for COPD treatment. We compared the medications included in the State Formulary of Ukraine with the dosage forms and typical indications according to COPD treatment. Also we calculated annual course costs for each drug in different dosage forms. The annual course was considered as amount of medicine for 365 days in appropriate for COPD basis dosing. Informed to readers these medicines, precacy and severity of exacerbations, improve health status and exercise tolerance.

METHODS: Our aim was to assess the list of medicines which are available in Ukraine for COPD treatment. We compared the medications included in the State Formulary of Ukraine with the dosage forms and typical indications according to COPD treatment. Also we calculated annual course costs for each drug in different dosage forms. The annual course was considered as amount of medicine for 365 days in appropriate for COPD basis dosing. Informed to readers these medicines, precacy and severity of exacerbations, improve health status and exercise tolerance.

METHODS: Our aim was to assess the list of medicines which are available in Ukraine for COPD treatment. We compared the medications included in the State Formulary of Ukraine with the dosage forms and typical indications according to COPD treatment. Also we calculated annual course costs for each drug in different dosage forms. The annual course was considered as amount of medicine for 365 days in appropriate for COPD basis dosing. Informed to readers these medicines, precacy and severity of exacerbations, improve health status and exercise tolerance.

METHODS: Our aim was to assess the list of medicines which are available in Ukraine for COPD treatment. We compared the medications included in the State Formulary of Ukraine with the dosage forms and typical indications according to COPD treatment. Also we calculated annual course costs for each drug in different dosage forms. The annual course was considered as amount of medicine for 365 days in appropriate for COPD basis dosing. Informed to readers these medicines, precacy and severity of exacerbations, improve health status and exercise tolerance.

METHODS: Our aim was to assess the list of medicines which are available in Ukraine for COPD treatment. We compared the medications included in the State Formulary of Ukraine with the dosage forms and typical indications according to COPD treatment. Also we calculated annual course costs for each drug in different dosage forms. The annual course was considered as amount of medicine for 365 days in appropriate for COPD basis dosing. Informed to readers these medicines, precacy and severity of exacerbations, improve health status and exercise tolerance.

METHODS: Our aim was to assess the list of medicines which are available in Ukraine for COPD treatment. We compared the medications included in the State Formulary of Ukraine with the dosage forms and typical indications according to COPD treatment. Also we calculated annual course costs for each drug in different dosage forms. The annual course was considered as amount of medicine for 365 days in appropriate for COPD basis dosing. Informed to readers these medicines, precacy and severity of exacerbations, improve health status and exercise tolerance.