demographic characteristics of each patient (including diagnosis by ICD9 code) as well as the ATC code, number of packs, number of tablets per package, and cost for each drug dispensed. Rofecoxib in comparison to conventional NSAIDs and the frequency of use of GI protective agents (proton pump inhibitors, sucralfate, H₂-antagonists, misoprostol, and antacids) were considered in a period of follow-up lasted from 3 months (rofecoxib) to 18 months (NSAIDs).

Results A total of 2,935 patients received a treatment on a basis of health assisted population of 26,125 subjects: 2,878 had a NSAID and 57 rofecoxib. Among patients treated with NSAIDs 62% were female and 38% male with a mean age of 63 ± 16 and 59 ± 16 years respectively. The mean age of the patients in therapy with rofecoxib was 69 ± 13 years for female ($p = 0.004$ vs. NSAIDs) and 62 ± 15 years for male. Sixty-eight percent of patients treated with rofecoxib were female. The distribution by age showed that 68% of all treated patients was over 55 years old. The mean prevalence of treatment for OA was 11%. Patients belonging to the CP group who received also a GPA were treated with a significantly higher number of different NSAIDs versus those treated without a GPA (2.30 ± 1.09 vs. 2.04 ± 1.01 , $p < 0.001$ in patients previously treated and 1.92 ± 0.87 vs. 1.78 ± 0.69 , $p = 0.018$ in patients without previous treatment).

Abstract SAT0248 Table 1

	NSAIDs	GPA	Rofecoxib	GPA	±%	p	SE	CI (95%)
Patients with previous treatment								
Occasional Prescription	353	(29.7%)	—	—	—	—	—	—
Continuous prescription	1,054	(46.4%)	39	(20.5%)	-	0.002	8.1	10.0–41.8
Patient without previous treatment								
Occasional prescription	761	(30.1%)	—	—	—	—	—	—
Continuous prescription	710	(39.7%)	11	(9.1%)	-	0.041	13.2	4.8–56.4

Frequency of use of GI protective agents (GPAs).

Conclusion These results confirm previous findings that a large part of elderly population ($> = 55$ years) suffers from OA and is treated with NSAIDs. The remarkable usage of GI protective agents in these patients leads to a consequent increasing of medical costs. Our preliminary data show that rofecoxib significantly improved resources utilisation reducing the frequency of use of GI protective agents (by 56% to 77%). This study provided a high number of drug utilisation data and suggested that a complete prescriptive reading in general practice might be the basis for a larger future work on pharmacoepidemiology and managed care in OA.

SAT0249 GASTROINTESTINAL HEALTH CARE RESOURCE USE AND COSTS ASSOCIATED WITH NONSTEROIDAL ANTIINFLAMMATORY DRUGS: ANALYSIS OF A POPULATION COHORT IN ISRAEL

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Background Gastrointestinal (GI) toxicity is one of the major adverse effects of nonsteroidal antiinflammatory drugs (NSAIDs). Studies in several countries have demonstrated that NSAID-related gastropathy is associated with a considerable economic burden, which includes increased hospitalizations, physician visits, diagnostic tests and use of gastroprotective agents (GPAs) for prophylaxis or treatment.

Objectives This study estimated the gastropathy-related health care resource consumption and costs associated with prescriptions of NSAIDs, in a large cohort in Israel.

Methods We analysed the Maccabi clinical database which covers a population of 1.5 million. Patients who received any NSAID prescription between June 1998 and May 1999 were identified and sub-grouped according to patterns of NSAID consumption (incidental: 1–2 vs chronic: 3 or more prescriptions) and age (< 65 vs 65 years or older). As a population baseline measure of gastropathy rate, age- and sex-matched controls, defined as patients who did not have any NSAID prescriptions during the study period, were randomly selected. Outcome measures included the use of GPAs, gastroenterologist consultations, gastroendoscopy and upper GI imaging tests. Hospitalizations for GI complications were not included in this study.

Results During the one-year study period, 194,814 patients were identified with a total of 365,624 NSAID prescriptions filled. About 82% were incidental users and 18% were chronic NSAID users. Overall, 22% of the NSAID users had GPA prescriptions, compared to 8% of matched controls (a 14% increase in GPA use for patients on NSAIDs). The increases in GPA use were higher among chronic NSAID users and those aged 65 years or older than incidental users and patients below 65 years (20–38% vs 9–10%). H₂-blockers comprised 75–80% of the GPA prescriptions, whereas PPI comprised 20–25%. Thus, for each 1 NIS spent on NSAIDs, an additional 0.52 NIS were spent on the treatment or prevention of GI NSAID toxicity (ie, iatrogenic cost factor defined as NSAID drug plus GI costs divided by NSAID drug cost is 1.52); 70% of these costs were spent on GPAs.

Conclusion Our study showed that the healthcare expenditures for management of NSAID-related gastropathy in Israel were substantial and comparable to published data in other countries. This study may have underestimated the total economic impact of NSAID gastropathy in Israel since hospitalizations for GI complications were not included. Efficacy and safety should be the primary parameters for selecting an antiinflammatory agent. When cost is considered, policy and clinical decision-makers need to take into account the total economic impact, which, in addition to the acquisition costs of these agents, should include health care expenditures for diagnosing, treating and preventing GI side effects.