ers knowledge of fibromyalgia reveals no difference regarding the definition of this pathology and some mild differences appears in their knowledge of the ACR criteria and their appreciation of the associated symptoms (the frequency of widespread pain and joint swelling in particular). It is surprising how the knowledge GPs in France and Portugal have of FM is closer than between GPs and Rheumatologists in each country.

HEALTH

PIH1

COST-EFFECTIVENESS MODEL OF PALIVIZUMAB IN THE NETHERLANDS

Nuijten MJ[1], Lebmeier M[2], Daalderop P[3], Wittenberg W[4]

[1]Erasmus University, Jisp, AL, The Netherlands; [2]University of Sheffield, Sheffield, UK; [3]Abbott BV, Hoofddorp, The Netherlands; [4]Department Health Economics and Outcomes Research, Ludwigshafen, Germany

OBJECTIVES: To assess the cost-effectiveness of Palivizumab, a prevention against respiratory syncytial virus (RSV) infections in infants at high risk, such as premature babies, infants with bronchopulmonary dysplasia (BPD), and children with congenital heart disease (CHD). **METHODS:** A decision tree model was used to estimate the cost-effectiveness of Palivizumab in high-risk children. The data sources included published literature, the Palivizumab clinical trials, official price/tariff lists and national population statistics. The primary perspective of the study was that of the society, which included cost of the complications asthma and wheezing. **RESULTS:** The use of Palivizumab results in an ICER of €12,728/QALY without discounting for effectiveness, which increases to €20,236/QALY after discounting for effectiveness in the prematurity/BPD indications. In the CHD indication the use of Palivizumab results in an ICER of €4256/QALY without discounting for effectiveness and €7067/QALY after discounting for effectiveness. Sensitivity analyses confirmed the robustness of the model. **CONCLUSION:** This study showed that Palivizumab is a cost-effective treatment against RSV in infants at high risk: the use of Palivizumab results in positive short and long-term health economic benefits to the society and health authorities.

PIH2

THE COST OF PREMATURITY: TWO NEONATAL INTENSIVE CARE UNITS (NICUS) FROM UNIVERSITY HOSPITALS OF ATHENS

Hatzikou M[1], Halkos G[1], Hatzistamatiou Z[2], Geitona M[1]

[1]University of Thessaly, Athens, Greece; [2]Alexandra Hospital, N. Faliro, Greece

OBJECTIVE: The objective of the study was the estimation of the actual hospitalization costs of two neonatal intensive care units of university of Athens. **METHODS:** The study was based on retrospective data gathered from the records of 70 neonates who were hospitalized at the NICUs of Alexandra's obstetric and Aglaia Kyriakou pediatric hospitals of Athens, with admission dates between February and April 2004 until their discharge from the hospital. Clinical data derived from medical records, while economic data from each hospital's administrative and financial department. Regression analysis was performed with SPSS program in order to find the correlation between the cost and birthweight and other parameters. The mean daily treatment cost was estimated according to: birth weight and gestational age of the neonates as well as Length of Stay in NICU and Intermediate level II until their discharge from hospital. Direct cost analysis was based on cost of personnel, cost of supplies, med-

ication, parental feeding, laboratory and imaging tests, cost of infrastructure, hotel services and various other on-site costs. The economic analysis did not include the depreciation of capital assets. The prices used for the analysis were based on Greek NHS prices, expressed in €2004. **RESULTS:** The mean daily actual cost per infant in the NICU of Alexandra was 207 euro and for intermediate level II €121. The mean daily actual cost per infant in NICU for Aglaia Kyriakou hospital was 511€ and for intermediate level II €231. The mean length of stay (LOS) in the NICU and Intermediate level II of Alexandra was 17.22 and 24.16 days respectively. The mean LOS in the NICU and Intermediate level II of A.Kyriakou was 8.5 and 11.5 days respectively. **CONCLUSION:** Estimates of the economic costs of preterm birth can be informative to decision-makers and facilitates quality improvement efforts used in neonatal care.

PIH3

ESTIMATING A PREFERENCE-BASED MEASURE OF SOCIAL PARTICIPATION FROM THE HANDICAP SCALE FOR CHILDREN

Van Dommelen P[1], Schuller A[1], Detmar SE[1], Van den Berg B[2], Oudshoorn C[3]

[1]TNO Quality of Life, Leiden, The Netherlands; [2]University of Technology, Sydney, Australia; [3]Roessingh Research and Development, Enschede, The Netherlands

OBJECTIVES: To establish a model that estimates a preference-based measure of social participation for children between 8 and 18 years from the Handicap Scale for Children (HSC) classification system. **METHODS:** A sub-sample of the social participation vignettes of the HSC classification system was valued on a VAS scale by a representative sample of 249 persons of the general Dutch population aged 18 years onwards. Several models based on a full state (econometric) method were considered in order to extrapolate the available valuations for the sub-sample to all possible vignettes. **RESULTS:** The best fitted model assumes that the VAS scale and the scale of the five dimensions of the HSC (mobility, physical, daily activities, social integration and orientation) are linear, includes an interaction for mobility with physical independence, orientation with mobility, physical independence, daily activities and social integration, and accounts for clustering by respondents. The measurement properties of the weighted scoring of the best fitted model improves upon models which assume an ordinal scale of the five dimensions, do not include interactions and/or do not account for clustering. The model that simply sums up the levels of each dimension provides systematic errors for the preferences. **CONCLUSIONS:** We obtained a preference-based measure for social participation for children between 8 and 18 years that can be used for assessing need, for quality assurance and for evaluating interventions on a group level aiming to increase social participation in children with chronic illnesses.

PIH4

WHAT METHODS OF ASSESSMENT AND MANAGEMENT OF ELDERLY PEOPLE ARE COST EFFECTIVE

Davies LM[1], Drummond M[2]

[1]University of Manchester, Manchester, Greater Manchester, UK; [2]University of York, York, UK

OBJECTIVES: The primary objective was to determine the cost-effectiveness acceptability of targeted (TA) versus universal assessment (UA) and geriatric team (GM) versus primary care (PC) management models. **METHODS:** The primary effectiveness measure was life years gained (LYGs). The perspective was societal. The primary analysis used a 3-year timeframe. Resource use data and survival were collected within a multi-centre, cluster