with prescribed drug therapy, such as antimuscarinic agents. We evaluated cost-effectiveness outcomes associated with tolterodine extended release (TER), oxybutynin immediate release (OIR), and no active drug treatment in Germany and the UK (UK). **METHODS:** A decision-analytic model was developed for the analysis. The primary endpoint was cost-effectiveness per patient achieving persistent control (continuing therapy 6 months after initial prescription). A large case-controlled study (N = 10,041 per arm) was used to estimate persistence. Resource uses included in the model were the cost of drugs, regular physician visits, incontinence pads, and the cost of urinary tract and skin infections. These were for controlled and uncontrolled OAB. Costs were estimated from the perspective of the health care systems of Germany and the UK. Sensitivity analyses included variation of the time horizon of the analysis, unit costs, and outcomes achieved. Cost-effectiveness figures were converted to EUR2004 at market rates. **RESULTS:** The expected number of patients achieving persistent control at 6 months was 44% with TER and 20% with OIR. The expected cost-effectiveness per patient during 6 months in Germany was 420.89€ with TER, 224.54€ with OIR, and 51.13€ with no treatment; in the UK, respective costs were 439.20€, 292.60€, and 23.30€. The incremental cost-effectiveness per patient achieving persistent control for TER compared with no treatment was 951.70€ in the UK and 846.13€ in Germany, and compared with OIR, it was 608.28€ in the UK and 814.71€ in Germany. The model was most sensitive to changes in the time horizon considered and dose of drugs required. **CONCLUSION:** More than twice as many patients achieved persistent control with TER than with OIR. This persistence resulted in superior cost-effectiveness for TER compared to OIR in both the UK and Germany.

PUK2

COST-EFFECTIVENESS ANALYSIS OF EXTENDED-RELEASE TOLTERODINE VERSUS IMMEDIATE-RELEASE TOLTERODINE IN THE MANAGEMENT OF OVERACTIVE BLADDER IN SPAIN

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OBJECTIVES: Overactive bladder (OAB) is a common, chronic and distressing medical condition that affects individuals of all ages, and is associated with an increased risk of comorbidities. Tolterodine is an antimuscarinic drug indicated for the treatment of OAB, and is available as both an immediate-release (IR), twice-daily, tablet formulation of tolterodine and extended-release (ER), once-daily, capsule formulation. The aim of this analysis is to carry out an economic evaluation of IR versus ER tolterodine in the management of OAB in Spain. **METHODS:** A cost-effectiveness analysis was performed by building a decision analytic model. Efficacy, tolerability and healthcare resource utilization data were obtained from a double-blind, multicenter, randomized trial showing that ER formulation was more effective and better tolerated than the IR formulation 1. Only direct medical costs-drug acquisition, physician visits, diagnostic evaluations, incontinence pads and treatment of skin complications and urinary tract infection-were taken into account. Drug costs were obtained from official sources, and the rest of data were taken from a national health care cost database. The perspective selected for this analysis was primary care assistance and the time horizon was 12 weeks, the treatment period in the referenced clinical trial. **RESULTS:** The percentage of patients treated with ER tolterodine had a greater control on OAB symptoms (71% vs 60%, $p < 0.05$) and a lower cost/effectiveness ratio (375 vs 414€ per patient with successful outcome) than patients treated with IR tolterodine. **CONCLUSIONS:** This model demonstrates that ER tolterodine is a more efficient therapeutic option than IR tolterodine despite of the difference in acquisition costs between the two formulations. Therefore, ER could be considered as the tolterodine formulation to be selected routinely in the management of OAB in Spain. Van Kerrebroeck et al. Urology 57: 414–421, 2001.

PUK3

ECONOMIC ASSESSMENT OF URO-VAXOM® IN FEMALE PATIENTS WITH RECURRENT URINARY TRACT INFECTION IN GERMANY

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OBJECTIVE: Urinary tract infections (UTIs) often lead to recurrent episodes of UTI, which are generally treated with antibiotics but the latter may induce bacterial resistance. URO-VAXOM® in addition to antibiotics reduces the incidence and severity of UTIs and improves treatment success. The objective of this decision analysis is to assess the economic impact of URO-VAXOM® taken in addition to standard medication. **METHODS:** A Markov model was developed for the analysis. As the health outcome variables both symptom-free quarters and disutilities due to UTIs were chosen. The model simulates the course of recurrent UTI-patients over 4 consecutive quarters. A recent randomised, multinational double-blind clinical trial conducted in 52 centres was used to calculate the treatment effect and the quarterly transition rates. Resource use included were the cost for drugs, general practitioner and specialist visit costs. Costs were estimated from the societal perspective within the framework of the German health care system. Indirect costs for absence from work were based on days off work reported in the clinical trial. Sensitivity analyses included variation of the unit costs and outcomes achieved. **RESULTS:** The Markov analysis resulted in 2.82 total symptom-free quarters for the placebo treatment group and 3.33 for the URO-VAXOM® treatment group. The cumulated effect over 4 quarters for the quality-adjusted life-years was 0.995 for the placebo treatment group and 0.999 for the URO-VAXOM® treatment group. The incremental cost effectiveness ratio (ICER) was 182€ for each additional symptom-free quarter generated and 23,500€ for each additional quality-adjusted life-year in Germany. The ICER was robust to variation of assumptions. **CONCLUSION:** Despite the decline of antibiotic's costs this economic analysis of the randomised, double-blind clinical trial showed that adding URO-VAXOM® to the standard treatment regimen has a favourable cost-benefit ratio, far below values internationally considered to be cost-effective.

PUK4

PATIENT PERCEPTION OF OAB DRUG THERAPY SUCCESS IS ASSOCIATED WITH LESS HEALTHCARE RESOURCE USE

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OBJECTIVES: Overactive bladder (OAB) is a costly chronic health condition affecting women and men of all ages. This study assessed the relationship between patient perception of OAB drug therapy success, and associated resource use. **METHODS:** A descriptive, cross-sectional survey was conducted via the internet in January 2004 in individuals diagnosed with and using various therapies for OAB identified in the 2003 National Health and Wellness Survey. Health care resource use in the previous 6 months was compared between those who considered themselves