Introduction Hepatic encephalopathy (HE) is associated with high morbidity and mortality. Rifaximin-α is effective in reducing the recurrence of episodes of overt HE. The aim was to characterise the cost effectiveness of rifaximin-α versus standard care (lactulose).
Methods This economic evaluation used a Markov state transition model. The outcome was the incremental cost effectiveness ratio (ICER), derived from estimates of the cost/quality adjusted life years. The payer perspective was that of UK National Health Service. Outcome data were from two trials of rifaximin-α. Population outcome data were from a complementary study of patients with liver cirrhosis treated within the NHS. Cost data (GBP£2012) were derived from published sources. Health-related utility was estimated indirectly from disease-specific trial QoL data. The time horizon was five years. Costs and benefits were discounted at 3.5%. Extensive sensitivity analysis was carried out.
Results The average cost of the included elements of care was £15,476 in the rifaximin-α arm and £4,486 in the lactulose arm, a difference of £10,990. The corresponding values for benefit was 2.36 QALYs, and 1.83 QALYs per person, respectively; a difference of 0.53 units. This translated into a base-case ICER of £20,852/QALY. Key parameters that impacted the ICER included the event-free survival pattern, ranging from an ICER of £13,919 using an exponential model, to £21,425/QALY using a log-logistic model. Evaluation to 10 years resulted in an ICER of £19,122/QALY.
Conclusion Rifaximin-α in patients with liver cirrhosis was cost effective compared to standard care, reducing episodes of overt hepatic encephalopathy.
Disclosure of Interest C. Poole Consultant for: Norgine, P. Conway Employee of: Norgine;, K. Nanuwa Employee of: Norgine, B. J, oseph Employee of: Norgine, C. Bannister Consultant for: Norgine, C. Currie Consultant for: Norgine.>

PWE-154 THE FIRST EVALUATION OF THE RELATIONSHIP BETWEEN THE CHRONIC LIVER DISEASE QUESTIONNAIRE AND THE EQ-5D INDEX IN HEPATIC ENCEPHALOPATHY PATIENTS TREATED WITH RIFAXIMIN-A

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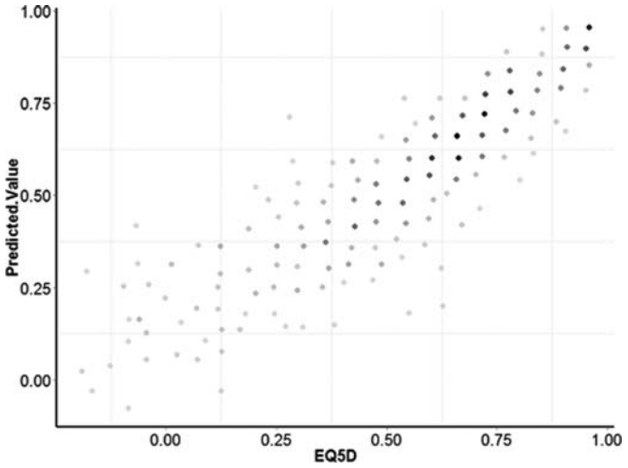
Introduction Estimation of health-related utility is a vital component of the evaluation of relative cost effectiveness of healthcare interventions. The correlation between different measures of quality of life and health related utility in hepatic encephalopathy (HE) has not been explored. The aim of this study was to characterise for the first time the relationship between scores for Chronic Liver Disease Questionnaire (CLDQ) and health-related utility as measured by the EQ-5D index in patients with HE.
Methods Data were available from a phase three trial of rifaximin-α in patients with recurrent HE. Corresponding CLDQ and SF-36 scores were recorded at monthly visits. EQ-5D scores were derived using the SF-36 using a recognised mapping technique. Generalised, linear, mixed modelling methods were used to examine for any association in order to allow for repeated measures.
Results 202 of 299 patients with 920 corresponding observations were included. The average age of the cohort was 57 years and 133 (65.8%) were males with an average baseline MELD score of 13.8. The average time since diagnosis of HE was 25.6 months. Figure 1 illustrates the observed and predicted utility scores derived from CLDQ with an r-squared value of 0.835, indicating a strong relationship.



Abstract PWE-154 Figure 1 Observed versus predicted EQ-5D index values using generalised linear mixed modelling to allow for repeated measures.

Conclusion This is the first time that a direct association between the EQ-5D index and the CLDQ score has been reported. The r-squared value of this association suggested that liver-related morbidity may explain the majority of differences in health-related utility in these subjects.
Disclosure of Interest E. Berni Consultant for: Norgine, C. Bannister Consultant for: Norgine;, C. Poole Consultant for: Norgine, P. Conway Employee of: Norgine, K. Nanuwa Employee of: Norgine, C. Currie Consultant for: Norgine.

PWE-155 THE SAFETY OF ASCITIC DRAIN INSERTION IN PATIENTS WITH DERANGED COAGULATION

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Introduction Abdominal paracentesis for ascites is not an uncommonly performed procedure. Most patients needing abdominal paracentesis have significant derangement of coagulation. We wanted to assess the safety of abdominal paracentesis in patients with significant INR elevation.
Methods 67 consecutive patients requiring abdominal paracentesis at our hospital were retrospectively analysed. Patients were placed in to 3 groups depending on the baseline INR (Group A: INR 1–1.4, Group B: INR 1.5–1.9, Group C: INR 1.9 and above). Complication data collected on all patients using a standarised profroma. All data was then entered on to a spreadsheet program (Microsoft Excel) and analysed using SPSS v22.
Results Of the 67 patients 25 (37%) had a near normal INR (group A), 32 (48%) had moderate INR prolongation and 10 (15%) had significant INR prolongation (group C). 3 patients in group C received fresh frozen plasma (FFP). Overall there was no significant increase in the frequency of Blood staining, Hypotension, Leaking drain site, Infection, Peritonitis, Perforation and Death across all 3 groups (full data and p values shown in Table 1).