The resultant cost per person-year at risk for the various age groups is shown in table 2.

The cost per person-year at risk for those patients (of all ages) who received concomitant cimetidine therapy was estimated to be \$US11.88, compared with \$US2.54 for those not receiving concomitant cimetidine.⁶

Implications of cost estimates

It is likely that coprescription of any potentially interacting drug with theophylline will increase the overall incidence of theophylline toxicity and, hence, the costs associated with treating such toxicity.

However, these estimates only take into account those patients hospitalised for theophylline toxicity. If an additional 25% of patients were treated in the emergency department, the estimated cost would rise by \$US0.14 per person-year at risk.⁶ In addition, these estimates are obviously sensitive to differences in hospitalisation and emergency department costs, but they give an indication of the relative increase in costs associated with concurrent prescription of theophylline with potentially interacting drugs.⁶

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Erratum

In the article 'Appropriate prophylaxis can reduce the incidence of ischaemic stroke' (*Drugs & Therapy Perspectives* 4: 8-10, 8 Aug 1994), 'Drug treatment of hypertension in middle-aged patients with DBP >110mm Hg or DBP >100mm Hg in the presence of other risk factors' should be included in table 2 as an intervention that is probably cost effective in the prevention of stroke.

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