

work is needed to determine whether interventions aimed at these patients will result in improved quality of life.

PCV5

COST OF TREATMENT AND PREVALENCE OF CARDIOVASCULAR DISEASE COMORBIDITIES AND RISK FACTORS IN THE SEVERE AND PERSISTENTLY MENTALLY ILL

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OBJECTIVE: It has been estimated that 92% of geriatric psychiatric patients have at least 1 comorbid physical disorder. The baby boomers will be turning 65 by 2011 and over 130 million people will be over 45 by 2050. The severe and persistently mentally ill population have not been extensively studied concerning comorbidities and physical and behavioral risk factors of cardiovascular disease. We propose to determine the cost of treatment and prevalence of these comorbidities and risk factors in this population. **METHODS:** We conducted a chart review of all adult inpatients (N = 179) of a state psychiatric hospital during July and August 2000. All subjects had a medical history, physical exam, screening blood tests, ECG and medical service utilization data collected. The cost of treatment and prevalence of cardiovascular disease in our population was compared to a control group of Medicaid recipients matched for age and sex. **RESULTS:** Subject Characteristics: 47 + 16 years; 113 male; 29% African American, 10% Hispanic. Cardiovascular Disease Comorbidities: 40% ECG abnormalities, 15% Hypertension, 10% Diabetes, 7% Thyroid Dysfunction, 6% CAD. Physical and Behavioral Risk Factors: 69% overweight (BMI > 25), 38% obese (BMI > 30); 18% hyperlipidemia, 67% nicotine & 49% alcohol abuse, 35% chemically addicted. Cost of Treatment: Total cost: \$2539 (\$2257–\$2821), Cost of cardiovascular disease comorbidities: \$3889 (\$2105–\$5673). **CONCLUSION:** 49% had cardiovascular disease comorbidities. 62% had multiple behavioral and physical risk factors for developing cardiovascular disease in their life time. The sample size limits our ability to make population inferences yet an association between severe and persistently mentally ill patients and an increased risk for cardiovascular disease exists in our group (T = -8.101, df = 356, P < .00001). This association is also evident in the greater cost of treatment \$1985 (\$1518–\$2452) of the severe and persistently mentally ill compared to the control group (T = 4.78, df = 108, P < .00001).

PCV6

ESTIMATING INCREMENTAL COSTS FOR ADDITIONAL HOSPITAL DAYS

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OBJECTIVE: Methods to develop resource costs from administrative data remain underdeveloped. Our objective was to improve current methods of estimating daily hospitalization cost by determining the pattern of resource utilization for patients hospitalized with cardiovascular-related diagnoses. **METHODS:** Using a proprietary cost-accounting system, we assessed the proportion of total hospital costs for each hospital day for patients within 10 DRGs. From these proportions, a series of equations were developed to calculate cost for each day of hospitalization. The dataset for this analysis included records for 2,698 patients for FY 2000. **RESULTS:** 27.39% of costs occurred on Day 1 for medical DRG 127 (Heart Failure, ALOS = 5). For each of the remaining four days the proportion of cost was 18.15%. For surgical DRG 112 (PTCA, ALOS = 3), 65.56% of costs occurred on Day 1 and 17% occurred on each of the remaining two days. The average proportion of costs for the first day of hospitalization and for each day thereafter for the remaining medical and surgical DRGs were 30% and 17%, and 62% and 19%, respectively. To illustrate, the average cost per day of a DRG 112 hospitalization was \$4,333, totaling \$13,000. By using the developed equations, the cost for the first day of hospitalization was calculated to be \$8,500. The cost for each remaining day was \$2,238.60. In this example, use of an average cost per day overestimates the marginal cost of the last day by approximately \$2,000. **CONCLUSION:** Average cost per day grossly overestimates the cost savings of reduced length of stay, especially for surgical diagnoses. The developed methodology will more accurately reflect any cost savings from a reduced length of stay by accounting for the greater intensity of care during the first day of a hospital admission.

PCV7

COST-UTILITY ANALYSIS OF DRUG THERAPY OPTIONS FOR INTERMITTENT CLAUDICATION

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Peripheral artery disease manifests as intermittent claudication in over 4 million people in the US. In people older than 60 years, intermittent claudication occurs in 5% of men and 3% of women. **OBJECTIVES:** The purpose of this study was to develop a cost-utility model to compare cilostazol, pentoxifylline, and placebo based on published randomized control trial data. **METHODS:** In the trial, 698 patients received either cilostazol 100 mg twice a day, pentoxifylline 400 mg 3 times a day, or placebo. Quality of life was measured with the SF-36. Survival was projected to be similar between the three groups from this study of 24 weeks duration and SF-36 was converted to a single utility score using the regression formula published by Bosch. **RESULTS:** On SF-36, cilostazol was significantly better on the physical components over baseline. Pentoxifylline and placebo were not significantly different on either the physical or mental compo-