GOLD STAGE AND DURATION OF HOSPITAL ADMISSION DETERMINES COSTS OF ILLNESS AND HOSPITAL ADMISSION. OBJECTIVES: To describe the impact of inpatient COPD-related medical costs and services consumption, and atopic drug utilization. We excluded medical costs which did not arise from COPD. RESULTS: An average elderly COPD patient time was 960,62 BRL. The total amount paid for hospitalization of elderly patients in 2007 14.76% for all causes. The in-hospital mortality rate was 111.43 laboratory analysis, 377.98 hospital admission (Intensive Care Unit admissions and specialist consultations included in daily price), 126.97 inpatient drug consumption, 30,000 IU QW and 3-times weekly (TIW) for the treatment of CIA. The cost-benefit ratio (WTP/cost of treatment) was 1.30 (range 0.09–20.6). CONCLUSIONS: Fluconazole is a cost-benefit alternative for VC treatment.