following criteria: (1) treatment, as opposed to secondary prophylaxis, of VTE; and (2) documentation of resource use and costing methods. We extracted data on study characteristics, outcomes, costs, and cost drivers associated with VTE treatment.

RESULTS: We identified 17 economic evaluations of VTE treatment: three cost-minimization studies, eight cost-effectiveness studies, two cost-effectiveness studies, and four cost-utility studies. Studies assessed the economic burden of VTE treatment from a payer perspective for various sites of care and types of studies. Only two studies included indirect costs; no studies from a caregiver perspective were identified. The mean VTE hospital day costs varied from $4.8 to $11, depending on the VTE and treatment. Readmissions for deep vein thrombosis (DVT) ranged from 6.7% to 19.2%. Annual mean inpatient costs for DVT ranged from $5779 (1999 USD) to $16,600 (2004 USD) per patient. Acute costs of uncomplicated DVT (i.e. no pulmonary embolisation, PE), bleeding, or heparin-induced thrombocytopenia were estimated as $3436 (1997 USD) compared with $11,189 for DVT with major bleed and $9476 for DVT with PE. These outcomes were sensitive to key cost drivers (e.g. length of stay, readmissions, and complications such as bleeding, HIT, and post-thrombotic syndrome).

OBJECTIVES: This study aims to estimate the economic impact of switching from valsartan (including valsartan-based single pill combinations) to other ARBs without apparent medical indications.

METHODS: The clinical and cost related details of the patients who had undergone PTCA with stenting were collected retrospectively from a private tertiary care hospital. The cost of re-admissions within a period of one year was added to initial cost to get the total cost spent for revascularization after one year. RESULTS: A total of 231 patients who had undergone PTCA with stenting were included in the study. Average length of stay was found to be 3.7 ± 0.4 days (Mean ± SEM) days. The average cost of the procedure was INR 3,10,000 ± 700 where the cost of PTCA package varied from INR 75,000 to INR 1,15,000. Average number of Bare Metal Stent (BMS) and Drug Eluting Stent (DES) inserted per patient was 1.56 and 1.33 respectively. The average initial cost for the patients who received only BMS (60 patients) and only DES (175 patients) were INR 2,13,522 ± 9,386 and INR 3,34,550 ± 9,161 respectively. Total 34 patients (13.5%) were readmitted for cardiac related reason within a year. Out of 34, 20 patients (BMS: 16.67%, DES: 5.7%) underwent repeat revascularization within a year. One patient suffered from stent thrombosis that received a DES initially. The cost after one year for BMS and DES groups were INR 3,18,606 and INR 3,69,978.

CONCLUSIONS: One-year outcomes revealed that rates of repeat revascularization were lower for DES group as compared to BMS group but the total cost of revascularization after one year. RESULTS: A total of 231 patients who had undergone PTCA with stenting were included in the study. Average length of stay was found to be 3.7 ± 0.4 days (Mean ± SEM) days. The average cost of the procedure was INR 3,10,000 ± 700 where the cost of PTCA package varied from INR 75,000 to INR 1,15,000. Average number of Bare Metal Stent (BMS) and Drug Eluting Stent (DES) inserted per patient was 1.56 and 1.33 respectively. The average initial cost for the patients who received only BMS (60 patients) and only DES (175 patients) were INR 2,13,522 ± 9,386 and INR 3,34,550 ± 9,161 respectively. Total 34 patients (13.5%) were readmitted for cardiac related reason within a year. Out of 34, 20 patients (BMS: 16.67%, DES: 5.7%) underwent repeat revascularization within a year. One patient suffered from stent thrombosis that received a DES initially. The cost after one year for BMS and DES groups were INR 3,18,606 and INR 3,69,978.

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CONCLUSIONS: One-year outcomes revealed that rates of repeat revascularization were lower for DES group as compared to BMS group but the total cost of revascularization remained higher for DES group.

ECOCCONEST O TIO OF SWITCING FROM VASULAR TO OTHER ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs) IN PATIENTS WITH HYPERTENSION

METHODS: Patients with essential hypertension and at least six months of continuous vasular treatment, free of hospitalization, cardiovascular events, renal events or ARB-associated adverse events were identified from the large administrative sources (CBHPM 5th, PROAHSA, Brasíndice and SIMPRO) and reported in 2010.

RESULTS: A total of 99,926 vasular patients and 2,150 (with a mean copayment decrease of $16.5 per month) were identified and matched. After matching, switching from versus maintaining vasalar was associated with an 8% higher risk of medication discontinuation (P = 0.004), 19.1 additional outpatient visits/100 patients (P = 0.002) and 9.3 additional hypertension-related inpatient days/100 patients (P = 0.03). Con¬sequently, switching from versus maintaining vasalar was associated with higher total medical costs by $746/patient (P < 0.01), driven largely by higher costs for hypertension medications and other medical services by $492/patient (P = 0.004). CONCLUSIONS: Results suggest SES patients had a 29% risk reduction of revascularization compared with PES patients. SES may also offer a 7.32% potential reduction in costs for the payer.

COSTS ASSOCIATED WITH DISCHARGES AGAINST MEDICAL ADVICE IN A CVD POPULATION

OBJECTIVES: Compared to patients with an authorized discharge, patients who self-discharge AMA may be at higher risk for a future hospital readmission. Thus, the cost of discharges AMA may be alternatively examined by considering readmissions costs. The objective of this study is to estimate the relationship between discharges AMA and hospital readmissions costs in the cardiovascular disease (CVD) setting. METHODS: This cross-sectional study uses confidential inpatient hospital discharge...