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HEALTH CARE RESOURCE UTILIZATION AND COSTS IN A SAMPLE OF REAL-WORLD PATIENTS WITH SEVERE HYPERTRIGLYCERIDEMIA
Grahame M., Higuchi K., Ramsey N., Toth P.F.
1HealthCore, Inc., Wilmington, DE, USA, 2Novo Nordisk Pharmaceuticals Corporation, East Hanover, NJ, USA, 3TCH Medical Center, Sterling, IL, USA

OBJECTIVES: Patients with severe hypertriglyceridemia often experience a variety of symptoms, including acute pancreatitis. Little is known about the health care cost burden among such patients. This study investigated the real-world health care utilization and costs of hypertriglyceridemia in a large commercially insured US population. METHODS: A retrospective observational claims study was conducted among adult patients identified from the HealthCore Integrated Research Database. Patients were started on TG-500 mg/dL or higher. Cost of outpatient visits were then matched to specific therapies for each patient. Model results were stratified by sex and age category (mean(SE) $2140(390) and $1660(340) for patients with/without malnutrition, respectively. Routine procedures and complications during 1-year follow-up cost mean(SE) $2140(390) and $1660(340) for patients with/without malnutrition, respectively.

The results of our study indicate that health care utilization and costs scale with the level of TG elevation with severe hypertriglyceridemia, as well as pharmacy dispensing, approximately doubled in all three cohorts, utilizations, as well as pharmacy dispensing, approximately doubled in all three cohorts, but higher in Cohort A (mean(SE) $8,850(1,370)). At follow-up, the number of patients with dyslipidemia-related office and other outpatient visits, as well as pharmacy dispensing, approximately doubled in all three cohorts, as did related costs. Mean all-cause costs/patient in Cohort A at follow-up were $12,642, of which $3,730 were dyslipidemia-related. Presence of an acute pancreatitis episode was associated with a >300% increase in total all-cause costs in Cohort A.

In regression model, diagnosis of type-2 diabetes mellitus and target organ damage were associated with a higher cost of outpatient visits (p=0.0010), respectively. The cost of medicines, non-drug technologies and rehabilitation. In most studies, cost estimation is performed using a survey of experts and modeling. The objectives of the study were to conduct a cost analysis of patients with PE, which has showed after the operations in “real” practice. METHODS: A retrospective analysis. When analyzing the costs only direct costs were calculated. Total costs were counted by adding costs of medicines, transaction costs, costs of laboratory and instrumental methods of research, medical services, medical staff, costs of hospital stay. RESULTS: 13 patients after various general surgeries. The average age was 73.42±2.6 years. All patients had higher risk of venous thromboembolism. Postoperatively, patients received thromboprophylaxis. PE has developed by an average age of 12.5 years after surgery, and in 69.2% of cases the development of PE resulted in death. In 92.3% the source of PE was deep vein thrombosis of the lower limbs. The costs of 13 patients with PE were 107,174 USD, the average - 7860 USD for 1 patient. The costs of 13 patients with PE were 107,174 USD, the average - 7860 USD for 1 patient. The costs of 13 patients with PE were 107,174 USD, the average - 7860 USD for 1 patient. The costs of 13 patients with PE were 107,174 USD, the average - 7860 USD for 1 patient. The costs of 13 patients with PE were 107,174 USD, the average - 7860 USD for 1 patient. The costs of 13 patients with PE were 107,174 USD, the average - 7860 USD for 1 patient. The costs of 13 patients with PE were 107,174 USD, the average - 7860 USD for 1 patient. The costs of 13 patients with PE were 107,174 USD, the average - 7860 USD for 1 patient.

OBJECTIVES: Patients with severe hypertriglyceridemia were generally referred to tertiary centers in Turkey, therefore necropsy specialists experienced a high weight of post mortem examination. The costs of 13 patients with PE were 107,174 USD, the average - 7860 USD for 1 patient.

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