COSTS OF CORONARY ARTERY DISEASE (CAD) IN POLAND
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OBJECTIVES: A representative evaluation of CAD costs in Poland including General Practitioners (GPs) and Specialists’ (S) settings. METHODS: A representative sample of 2593 Polish patients with confirmed CAD (1977 patients under GP’s care, 616 patients under S care). A time horizon of the analysis was 12 months and a retrospective approach was applied. The study estimated both direct medical and indirect costs resulting from sick leaves, pensions and sickness benefits. Unit costs were obtained from available published data derived from the National Health Fund and the Polish Social Insurance Institution. A prevalence based method using National Statistical Office data was used to estimate economic burden of CAD. RESULTS: The distribution of total costs was similar in the GPs’ and specialists’ settings. Hospitalisation and invasive treatment constituted direct medical costs’ drivers in both conditions. The average direct medical cost per CAD patient reached annually €1079.09. The average societal cost €1437.19 when the merely indirect costs related to the absence from work (€358.10) was included. Average cost covering also indirect cost related to the patients’ disability increased to the €2254.17. The total average costs were significantly (14.4%) higher in S’s than in GPs’ settings. In accordance with the lowest estimate of CAD prevalence rate (2.9%), the total, societal burden of CAD in Poland in 2005 amounted to €2056.7 million. More than half of this cost (52.1%) was due to the indirect cost, 69.5% of which resulted from patients’ disability. CONCLUSIONS: CAD imposes a high economic burden for the third party payer as well as for Polish society. Clearly, there is a need to develop and apply innovative, cost-effective treatment strategies that will reduce the need for hospitalisation and invasive treatment and may successfully be implemented in the GPs’ practice.

TWO-YEAR HOSPITALIZATION RATES AND ASSOCIATED COSTS IN PATIENTS FROM GERMANY WITH PERIPHERAL ARTERIAL DISEASE: RESULTS FROM THE REDUCTION OF ATHEROTHROMBOSIS FOR CONTINUED HEALTH (REACH) REGISTRY
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OBJECTIVES: Atherothrombosis is the leading cause of death worldwide with huge economic burden. Peripheral arterial disease (PAD), a marker of disseminated vascular disease, puts patients at a high risk of atherothrombotic events. The REACH Registry is an international prospective registry of 67,888 patients from 44 countries at risk of atherothrombosis due to coronary artery disease (CAD), cerebrovascular disease (CVD) and/or PAD, or the presence of ≥3 atherothrombotic risk factors. PAD at enrollment was identified on the basis of current intermittent claudication with either ankle brachial index (ABI) < 0.9, or history of lower limb revascularization (angioplasty/stenting, peripheral bypass graft) or amputation. METHODS: We examined 2-year rates of vascular-related hospitalizations and associated costs in 1303 REACH patients from Germany with established PAD at baseline. Poisson regression was used to identify independent predictors of vascular hospitalizations. The costs per DRG for vascular hospitalizations were derived from the German 2004 Case Fees Catalogue. RESULTS: At baseline, mean age was 68 years, 29% female, 46% diabetes, 76% had ABI < 0.9, 56% had prior lower limb revascularization, 13% prior amputation, 63% had other involved vascular territories (479 CAD + PAD; 136 CVD + PAD; 205 CAD + CVD + PAD). There were 360 (28%) patients who had ≥1 vascular hospitalizations at 2 years. Significant (p < 0.05) independent baseline predictors of an increased hospitalization rate included diabetes, female, ABI < 0.9, prior peripheral revascularization, prior amputation, CAD, hypertension, decreasing age and prior smoking. Mean vascular hospitalization costs per patient were: €23355 overall, €3052 female/€2423 male; €5351/€1973 with/without diabetes; €3973/€2584 with/without prior lower limb revascularization; €2787/€2578 with/without prior amputation.