Homocysteine-lowering therapy combined with the standard therapy of patients with CHD with B12 deficiency is clinically more effective and more cost effective compared to the standard therapy.

PCV714
RELATIONSHIP BETWEEN ADHERENCE TO POST PERCUTANEOUS CORONARY INTERVENTION (PCI) GUIDELINES AND CLINICAL OUTCOMES OF POST-PCI PATIENTS IN HONG KONG - A 5-YEAR RETROSPECTIVE COHORT STUDY

A404
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PCV717
DISEASE MAPPING AND TEMPORAL ANALYSIS OF HOSPITAL ADMISSIONS DUE TO HEART FAILURE IN PORTUGAL

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OBJECTIVES: Heart failure (HF) is a major reason for hospital admissions (HA), with a high socio-economic impact. Therefore it is of utmost importance to understand how HA due to HF are evolving. This study aimed to build a predictive model for the admissions due to HF in Portugal. Methods: Hospital admissions due to HF, between 2003 and 2012, were extracted from National Diagnosis-related group database. Demographic and socioeconomic data were collected per district, from Statistics Portugal, and several generalized linear mixed-effects models (GLMM) were used to estimate the annual number of HA. Spatial heterogeneity was corrected by considering region-related independent variables (IV): proportion of population aged ≥65, average monthly income and hospital access. Random effects were considered for both IV and HA due to HF in Portugal. Results: The fixed effects of the model indicated that the number of HA due to HF increase by 12.4% per year. An increase in 1% in the proportion of population aged ≥65 accounts for an increase of 3% in HA. The increase of 100% in the monthly income represents an average decrease of 2.5% in HA. By its turn, 1 hospital per 100,000 inhabitants accounts for an increase of 5.3% in HA. These changes are conditional to all the other IV remaining unchanged. Estimated random effects accounted for spatial heterogeneity by introducing less restrictions around the fixed effects. The fitted model was compared to a GLMM without random effects for the region-related IV and a fixed effects model. Mean absolute corrections around the fixed effects. The fitted model was compared to a GLMM without random effects for the region-related IV and a fixed effects model. Results: The fitting ability of the model was assessed by MAD of forecast for 2012 based on 2003-2011 data (MAD=77.2). CONCLUSIONS: Although this approach produced good results, the further improvement could be further included by the inclusion of other region-related variables.

PCV72
PHARMACOECONOMIC ANALYSIS OF THE COMBINED HOMOCYSTEINE-Lowering AND STANDARD THERAPY VS STANDARD THERAPY OF PATIENTS WITH CHD, POSTPERCUTANEOUS CORONARY INTERVENTION (PCI) AND B12 DIFCIENCY

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OBJECTIVES: Reasobility of vitamins B6, B12and folic acid (FA) for the preven-
tion of cardiovascular complications in patients with coronary heart disease (CHD) is debated. The aim of the study is to assess the cost effectiveness of homocys-
etine-lowering and standard therapy versus standard therapy for patients with CHD.

METHODS: Results of the clinical randomized trial [O. G Shakhmatov, A. Komarov, A. N. Sanko et al / Racional Pharmacotherapy in Cardiology, 2011; 7(2), 524- 35]. Cost-effectiveness analysis of homocysteine-lowering therapy by vitamins B6, B12and FA combined with the standard therapy versus the standard therapy (anti-
platelet, statin, antihypertensive drugs: ACE inhibitors, beta-blockers) in patients with CHD and postPCI, with the elevated level of homocysteine affected by cyanocobalamin deficiency. The first level of costs, i.e. the cost of treatment, was taken into account. RESULTS: The mean cost analysis for Percutaneous Coronary Intervention was chosen as reference for post-PCI recommended therapies. Total five post-PCI guideline-recommended therapies were included in the analysis for the relationship with the regional adverse cardiac events (MACE). RESULTS: Total 276 (68.3%) PCI patients completed 5-year follow-up. Forty-four (15.9%) patients experienced MACE in the 5-year period with 23 (52.3%) as cardiac death, 11 (25%) as non cardiac death (NVAF), 5 (11.1%) as ischemic events; 4 (8.7%) as cardiovascular death and 9 (19.6%) as event that did not occurred. CONCLUSIONS: The better 5-year clinical outcomes in post-PCI patients. However, one of the guideline-recommended therapies, the adherence to aspirin was significantly associated with reduced 5-year rates of MACE (adjusted OR 0.071, 95% CI 0.005-0.981, p = 0.048) and cardiac deaths (adjusted OR 0.036, 95% CI 0.002- 0.742, p = 0.031). The adherence of dual antiplatelet therapy and lipid management were significant associated with reduced non-cardiac deaths (adjusted OR 0.224, 95% CI 0.072-0.700, p = 0.031) and numbers of hospital admissions (adjusted beta 10.135, 95% CI 1.126 -0.035, p = 0.037) respectively CONCLUSIONS: Adherence to aspirin, dual antiplatelet therapy, and lipid management were associated with better 5-year clinical outcomes in post-PCI patients.

PCV175
A MANAGEMENT VIEWPOINT ON HEALTH ECONOMICS – CASE STUDY ON NETWORK META ANALYSES (NMA) FOR PULMONARY ARTERIAL HYPERTENSION (PAH)

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OBJECTIVES: Demonstrate the need for re-opening the debate around the differ-
sent treatment guidelines for Pulmonary Arterial Hypertension (PAH) by asking the question: How much money could the UK NHS potentially save if they had a clear ranking of the different oral PAH treatments, based on their clinical effectiveness / ICER ratio? Currently the clinical effect ranking of the standard treatments does not exist for PAH. There exists a ranking of the cost effectiveness of the different oral PAH treatments, based on their clinical effectiveness. Is ranking of the cost effectiveness of the different oral PAH treatments, based on their clinical effectiveness, the current treatment guidelines will be followed for