Rankin Scale (mRS) was 3.8, SD 0.8, 95 CI [3.4 - 4.1]. At day 15 follow-up NIHSS, was 15, SD 5.4, 95 CI [9.3 - 12.8], mean mRS score was 1.9, SD 0.7, 95 CI [1.7 - 2.1] (p = 0.000 and 0.000 respectively). Only one patient report nightmares as adverse event.

CONCLUSIONS: The current study demonstrate that cerebrolysin treatment improves functional outcome safety in Mexican patients with AIS. Future double-blind, randomized, placebo controlled trials of different sizes will further help to explore beneficial effects of this drug in stroke outcome.

PCV4
A PHYSICIAN-CENTERED INTERVENTION TO IMPROVE CONTROL OF BLOOD PRESSURE: SYSTEMATIC REVIEW AND META-ANALYSIS
Lima KM1, Ribeiro RA1, Ziegelmann P1, Leal L2, Schmidt F1, Polanczyk CA1
1Hospital Moinhos de Vento, Porto Alegre, Brazil, 2Hospital de Câncer do Rio Grande do Sul, Porto Alegre, Brazil, 3Hospital de Câncer de Porto Alegre, Porto Alegre, Brazil
OBJECTIVES: To review trials of physician-centered interventions to reducing systolic blood pressure (SBP) and diastolic blood pressure (DBP) in patients aged 60 years or older.

RESULTS: Twenty-five trials of 7595 participants were included. Seventeen studies were cluster RCT, one trial was factorial and cluster trial. The remaining seven studies were randomized at individual patient level; five of them used a two-by-two factorial design. Two studies did not report any estimates of variance.

CONCLUSIONS: A systematic review and meta-analysis revealed lower risk of stroke. Given heterogeneity among eligible studies, additional patients over 64 years old were at lower risk for stroke [OR 1.37, 95% CI 0.87-2.17, I2 = 68.4%]. In a five year follow-up study, the risk for stroke was estimated to be US$6,742.76 at the CE model. 16% versus 12% positive response to treatment was seen at alteplase and BSC arms respectively. Starting at a 3% Market share level, and assuming an increasing share at a 3% rate per year, potential savings for new cases at year five (8% share) could be estimated US$16,371,461.00.

PCV5
ANTIPSYCHOTIC EXPOSURE AND RISK OF STROKE: A SYSTEMATIC REVIEW AND META-ANALYSIS OF OBSERVATIONAL STUDIES
Hou W1, Esmail-Fard A2, Lee C2
1National Taiwan University Hospital, Taipei City, Taiwan, 2The University of Texas MD Anderson Cancer Center, Houston, TX, USA

BACKGROUND: Use of antipsychotic medications has been associated with increased risk of cerebrovascular events; however, this association remains questionable given conflicting evidence in the literature. OBJECTIVES: We conducted a systematic review and meta-analysis to determine the risk of stroke with the use of antipsychotic medications. METHODS: All articles reporting cost- and effect-estimates published between 1970 and February 2015 were identified by comprehensively searching PubMed, MEDLINE and EMBASE without language restrictions. Observational studies comparing patients on and off antipsychotic medications were selected.

RESULTS: We included 22 potentially relevant studies from 1.17 countries. Of these, 9 studies (3 cohort, 5 case–control and 1 case–case–time-control) with a total of 155,789 subjects and 10,203 cases of stroke were eligible for final analysis. Use of antipsychotics was associated with a significantly higher risk of developing stroke [OR 1.57, 95% confidence interval (CI) 1.29-1.98, I2 = 62.6%]. With exposure to atypical antipsychotics, the risk of stroke was even higher [OR 1.57, 95% CI 0.87-2.12, I2 = 64.5%]. Due to limited data on individual agents, only Risperidone was evaluated in the subgroup analysis of atypical antipsychotics. Risperidone users were less likely to develop stroke than non-users of antipsychotics [OR 0.63, 95% CI 0.33-1.17, I2 = 55.2%].

CONCLUSIONS: Exposure to conventional antipsychotics was associated with a significant increase in stroke risk. Use of atypical antipsychotics revealed lower risk of stroke. Given heterogeneity among eligible studies, additional research is needed.

PCV6
BURDEN OF HEART FAILURE IN LATIN AMERICA: A SYSTEMATIC REVIEW AND META-ANALYSIS
Ciapponi A1, Baracho A, Calderón M, Alcaraz A, Mata MG, Chaparro M, Soto N
1Institute for Clinical Effectiveness and Health Policy (ICCS), Buenos Aires, Argentina

OBJECTIVES: Heart failure (HF) is a common clinical syndrome representing the end stage of heart diseases. Our objective was to estimate the burden of heart failure in Latin America. METHODS: A systematic review and meta-analysis was performed. We searched in MEDLINE, EMBASE, LILACS, and CENTRAL from January 1994 to June 2014. We included non-comparative data from experimental and observational studies. No language restriction was imposed. We included studies with samples of at least 50 participants of 18 years of age or older with HF. The outcomes analyzed were incidence, prevalence, hospitalization rates and case fatality rates of HF in different time periods, length of stay and mortality. RESULTS: The search retrieved 4792 references of which 143 studies were finally included. Most were conducted in South America (92%), particularly in Brazil (64%). The mean age of HF was 60-69 years old, and the median length of stay was 7.0 days. In-hospital mortality was 11.7%, being higher in patients with worse ejection fraction, with ischemic and with Chagas disease. Mortality at one year was 55% (95% CI 19.42 to 30.02).

CONCLUSIONS: This SR of HF in Latin America, could help decision-makers to design better preventive strategies, and guide effective patient-centered care.

PCV7
BUDGET IMPACT ANALYSIS OF THE USE OF ALTEPLASE IN THE TREATMENT OF ACUTE ISCHEMIC STROKE IN MEXICO
Huicochea-Barrientos J1, Palacios E2, Zapata L2, Herran S3
1Hospital Moinhos de Vento, Porto Alegre, Brazil, 2, Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil, 3Hospital de Câncer do Rio Grande do Sul, Porto Alegre, Brazil

OBJECTIVES: To estimate the economic impact of the use of alteplase versus best supportive care (BSC) in patients with acute ischemic stroke in Mexico. METHODS: A decision tree cost-effectiveness (CE) model assessed the treatment related cost for Alteplase and BSC related to two mayor disease branches: with or without intracranial hemorrhage. Terminal nodes in each arm included death, independent- or dependent survival. Published results of head to head clinical trials efficacy inputs population model. Treatment related cost were obtained from the local government guide. Public institutional direct medical costs (2014 purchases and price tabulators) where retrieved to adopt the national health system perspective. Governmental databases and 2014 purchases provided the epidemiology inputs. A five year forecast estimated the budget impact of the use of alteplase versus BSC. RESULTS: 7,076 patients yearly were calculated to require medical attention due to an acute ischemic stroke in Mexico. Five patients per year per 120 individuals in BSC arm was estimated to be US$67,142.76 at the CE model. 16% versus 12% positive response to treatment was seen at alteplase and BSC arms respectively. Starting at a 4% Market share level, and assuming an increasing share at a 3% rate per year, potential savings for new cases at year five (8% share) could be estimated as US$15,342,527.00.

CONCLUSIONS: At a better response rate with lower costs of treatment, alteplase was estimated to be a cost-saving therapy versus BSC in a CE model. In a five year budget impact analysis, this novel alternative showed to bring potential savings in the public Mexican institutional context versus BSC. The savings proportionally increase with a higher levels of patients treated and market share.

PCV8
BUDGET IMPACT ANALYSIS OF THE USE OF TENECTEPLASE IN THE TREATMENT OF ACUTE MYOCARDIAL INFARCTION IN MEXICO
Huicochea-Barrientos J1, Palacios E2, Zapata L2, Herran S3
1Hospital Moinhos de Vento, Porto Alegre, Brazil, 2Universidad Federal do Rio Grande do Sul, Porto Alegre, Brazil, 3National Institute for Cardiology, Mexico City, Mexico

OBJECTIVES: To estimate the economic impact of the use of tenecteplase versus streptokinase in patients with acute myocardial infarction (AMI). METHODS: A decision tree cost-effectiveness model assessed the treatment related cost for tenecteplase and streptokinase related to two mayor disease branches: with or without acute reperfusion therapy. In the reperfusion arm, terminal nodes included death, independent survival or dependence following stroke. Tenecteplase was estimated to be US$67,142.76 at the CE model. 16% versus 12% positive response to treatment was seen at alteplase and BSC arms respectively. Starting at a 4% Market share level, and assuming an increasing share at a 3% rate per year, potential savings for new cases at year five (8% share) could be estimated as US$15,342,527.00.

CONCLUSIONS: At a better response rate with lower costs of treatment, alteplase was estimated to be a cost-saving therapy versus BSC in a CE model. In a five year budget impact analysis, this novel alternative showed to bring potential savings in the public Mexican institutional context versus BSC. The savings proportionally increase with a higher levels of patients treated and market share.

PCV9
IMPACTO ORÇAMENTÁRIO DO EVEROLIMO, SIROLIMO E TACROLIMO PARA MUNUSOPRESSÃO EM TRANSPLANTADOS CARDÍACOS NO SISTEMA PÚBLICO DE SAÚDE DO BRASIL
Schneider RE, Bastos EA, Domingues PH, Xavier LC, Reis FC, Alexandre RF, Nascimento Junior JM
Hospital do Coração, São Paulo, Brazil

OBJECTIVES: Analisar o impacto orçamentário da do everolimo, sirolimo e tacrolimo para transplantes cardíacos no SUS. MÉTODOS: Para estimar a população que realizou transplante cardíaco no SUS, utilizamos dados de transferência de pacientes do Sistema Único de Saúde (SUS) ao Sistema Nacional de Informação do SUS (SINIUS) entre 2004 e 2014. Considerando que os medicamentos em análise estão disponíveis no SUS para transplantados