CONCLUSIONS: SSP with perindopril/indapamid saves lives and Health care costs.

**THE ECONOMIC BURDEN OF STROKE IN SPAIN**

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**OBJECTIVES:** Accurate information about resources use and costs of stroke is necessary for informed health planning activities. The aim of this study was to determine the patterns of health resources use among stroke patients and to estimate the total costs (direct medical and non medical and indirect production losses) of stroke in Spain for 2001. **METHODS:** The cost-of-illness method was used. Direct and indirect costs were estimated using prevalence costs. Indirect costs (productivity costs) were estimated using the approach of human capital theory from lost earning attributable to stroke related mortality and morbidity. Data on resource use were retrospectively collected from hospitals and questionnaires. The costs of stroke during the first, second and third year after stroke and the total costs of stroke were estimated. **RESULTS:** We gathered information from 350 patients. The average cost per stroke survivor during the first, second and third year, in Spain during 2001, were estimated to be €10,189, €7,662, and €5,614 respectively. The most important categories of cost during the first year were acute hospitalisation and rehabilitation. During the second and third year the most important categories of costs were drugs, rehabilitation and tests. Stroke cost €1402.34 million to the Spanish health care system, representing 4% of the total public health care expenditure, €3197.55 million in informal care and €392.95 million for productivity loss. The total annual cost of all stroke related burden was €4992.84 million. **CONCLUSIONS:** Stroke is a leading public health problem in Spain in term of the economic burden of disease. Given the magnitude of these costs, investigation of the cost-effectiveness of different interventions for stroke should become a priority.

**PROSPECTIVE COHORT STUDY IN HIP FRACTURE: RISK AND ECONOMIC IMPACT OF VENOUS THROMBO-EMBOLIC COMPLICATIONS (VTE) IN REAL LIFE**

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**OBJECTIVES:** The risk of VTE after hip fracture surgery has been clearly demonstrated by randomized clinical trials designed for the registration of a new antithrombotic agent. Nevertheless as the diagnosis of VTE was based on a systematic venography which is not routinely performed in current practice, real life data based on the occurrence of clinical events are needed from both an epidemiological and economic point of view. **METHODS:** The VEEP (VEnous Embolism in hiP fracture) cohort study was a prospective cohort study run in two sizeable French public hospitals. During a 1-year period, patients hospitalized for hip fracture were consecutively included and followed up for three months. Resource use data concerning type of surgery, anti-thrombotic treatments (preventive, curative) and clinical events (Deep Vein Thrombosis, Pulmonary Embolism, bleedings) were collected. **RESULTS:** One hundred sixty-nine patients were included in the cohort study (mean age 84.6 years, 82% female). History of previous VTE was found in 15% of the patients. Mean length of stay in acute care was 16.1 days (+/-11). Mean length of stay in rehabilitation unit was 41.6 days (+/-22.7). A total of 162 patients received an antithrombotic treatment post-operatively (in most of cases a low molecular weight heparin). The cumulative rate of VTE clinically suspected and confirmed by echo-doppler was higher than expected (13.6% at 3 months) and 80% of the VTE events occur after discharge from acute care. Only one pulmonary embolism was reported. Length of stay was significantly higher in patients having experienced a VTE (nine additional days on an average) leading to substantial additional costs. **CONCLUSION:** Despite standard antithrombotic prophylaxis the risk of clinical VTE is high after hip fracture surgery and even higher after the acute phase, highlighting the need for more effective preventive therapies.

**IRBESARTAN IS PROJECTED TO BE COST AND LIFE SAVING IN THE FRENCH SETTING FOR TREATMENT OF PATIENTS WITH TYPE 2 DIABETES, HYPERTENSION, AND MICROALBUMINURIA**

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**OBJECTIVE:** To project the life expectancy (LE) and costs of treating patients with diabetes, hypertension, and microalbuminuria with irbesartan 300 mg. **METHODS:** A long-term Markov model simulated progression from microalbuminuria to nephropathy, doubling of serum creatinine, end-stage renal disease (ESRD), and all-cause...