episodes involving inpatient care and complications could lower substantially the burden of diabetes.

PCV82
REAL WORLD EVIDENCE AND COSTS OF CHRONIC HEART FAILURE: FINDINGS FROM THE ARNO DATABASE
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OBJECTIVES: Patients with chronic heart failure (HF) in controlled trials do not fully represent real population followed in clinical practice. We wanted to give real world picture of epidemiology and hospitalization characteristics of patients with HF, by using an administrative database of fee-for-service 500,000 subjects. Evaluation of healthcare related costs over 1 year follow-up was performed. METHODS: Data come from ARNO database that includes inhabitants of 7 Local Health Authorities of the National Health Service (NHS). Patients were selected when admission for HF occurred over period of 5 years (January 1, 2008 to December 31, 2012). To confirm diagnosis, all patients discharged alive should be prescribed typical treatment for HF. Clinical characteristics co-morbidities, treatment, need for re-hospitalizations were analyzed. Total costs for NHS were calculated as hospitalizations, treatments and out-of-hospital speciality visits or examinations. RESULTS: 54,059 patients (2.2%) were admitted for HF. The great majority of admitted in Internal Medicine/ Geriatric Departments (69.5%). Of 54,059 patients, 41,413 were discharged alive and prescribed HF treatments. Need for re-hospitalization occurred frequently: 56.6% of patients were admitted at least once in 1-year follow-up discharge, 40% of patients were admitted more than once. Hospitalization costs were more than doubled in case of DVT/PE complication compared to patients without stroke. The burdens of stroke were particularly high in patients with NVAF from January 2003 to December 2013. Patients were identified using medical retrospective data. The incidence of DVT/PE, the average hospitalization cost and the average length of stay (LOS) among patients hospitalized for hip or knee replacement surgery were estimated using the longitudinal IMS Hospital Disease Database (year 2013), including data (diagnoses, procedures, costs) on 24% of Belgian hospital beds. Stays were searched based on ICD-9-CM codes corresponding to hip replacement (81.51-81.52-81.53) and knee replacement (81.54-81.55). Occurrence of DVT/PE was identified with ICD-9-codes 451.1-451.2-453.4. The impact of a DVT/ PE complication on LOS/costs was analyzed through a statistical model. RESULTS: 7,160 stays with hip replacement and 6,223 stays with knee replacement were retrieved in the database. The number of stays with a DVT/PE episode was respectively equal to 22 and 43 within the two subgroups, resulting in an incidence of 0.3 patients per 1,000 patients with hip replacement and 0.65% in patients with knee replacement. LOS of patients with a DVT/PE episode was more than twice as high for both hip (35.8 vs. 13.59 days; p < 0.001) and knee (31.8 vs. 9.9 days; p < 0.001) replacement. Hospitalization costs were more than doubled in case of DVT/PE complication (€25,557 vs. €12,721 in hip replacement; €24,953 vs. €11,298 in knee replacement; p < 0.001 in both cases). CONCLUSIONS: The incidences of symptomatic DVT and PE reported in the literature could be confirmed based on this retrospective study. The occurrence of DVT/PE increased dramatically both LOS and hospitalization costs in patients undergoing hip or knee surgery.

PCV86
DIRECT TREATMENT COSTS OF STROKE IN TURKEY
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OBJECTIVES: Stroke is the second leading cause of death globally and the survivors are faced with long-term disability. Stroke survivors are also under the risk of recurrent stroke, heart disease and lung cancer. The cost of stroke studies are of special importance to healthcare policy makers in order to predict and take precautions for stroke in their health care system. The aim of this study was to determine the direct economic cost of stroke in Turkish perspective in Turkey. METHODS: A multi-dimensional approach was used to estimate the direct costs of stroke in Turkey. First a large dataset covering 5 years data for 2000 emergency department stroke admissions from a university hospital was analyzed. The data set covered information on the severity of the disease, socio-demographic status of the patients and also the medical procedures applied during the hospital stay. Second, the actual invoices of the same patients hospitalized in 2014 were analyzed. Third, a form was designed to explore the treatment strategies, medical procedures and resource requirement of stroke outpatients and inpatients. The form was applied to an expert panel and the resources determined by the panel were priced by the Social Security Institution’s official price list. RESULTS: According to the expert panel part of the study, annual outpatient and monitoring costs were €1,807,58 TL and intensive care and inpatient costs were €5,636,52 TL. The total annual cost of stroke per patient was calculated as €7,444,11 TL in Turkey. CONCLUSIONS: The study showed that stroke treatment strategies and outcomes must be taken into account after the healthcare budget. Outpatient and monitoring costs constituted 52% of total costs whereas inpatient costs constituted 37% of total costs.

PCB87
LOCAL COST STUDY OF TREATMENT OF VENOUS THROMBOEMBOLISM IN TURKEY
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OBJECTIVES: Venous thromboembolism (VTE) is a common disorder, with about 1 per 1,000 people per year in the general population. Approximately two-thirds of cases (50% of the classification of venous thrombosis (VTE), the formation of a thrombus in a deep vein, usually of the lower limbs. Around one third of VTE cases present as pulmonary embolism (PE), occurring when dislodged thrombi (from a DVT) travel to the lungs. PE can cause sudden death and those who survive an episode occasionally require intensive care, with recovery taking several weeks or months. The