son cohorts. After applying a 1:1 matching, a total of 123,356 patients were matched from 2010 to 2011, covering 20% (2010/2011) to 34% (2009) of the hospital beds in Moscow, Russia, from 2009 to 2012. The overall incidence of adult increased by 12.5%. Medical resources included hospitalizations, diagnostic tests, medicine and comorbid disease. RESULTS: According to the recent studies, the controlled patient was 60%, partial controlled patient was 25%, and uncontrolled patient was 15% in Turkey. The asthma calculation was based on the clinical practice. The mean annual cost per patient with controlled asthma is 542.9, partial controlled asthma is 774.5 and uncontrolled asthma is 1047.8. Hospitalizations, physician visits, diagnostic tests and medication costs are calculated for non-severe and severe asthma. The non-severe asthma has the cost of 21%, 2%, 40% of total costs for controlled patient, 27%, 16%, 5%, 21%, 31% of total costs for partial controlled patient and 50%, 11%, 4%, 14% for 21% for uncontrolled patient respectively.Conclusions: The direct cost of pediatric asthma in Turkey increased during the last decade with similar spectrum of items distributions. To increase the utility and effectiveness of health care system, the findings of this evaluation may guide to construct future policies.

PRS28 ESTIMATION OF THE COST OF CHILDHOOD ASTHMA IN TURKEY Soketel S.¹, Malhan S.²
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OBJECTIVES: Asthma is the most common chronic disease in childhood, reduces the quality of life of children and their families, and produces high social and health care costs. In this study, we aimed to estimate the cost of childhood asthma using the cost of illness methodology for one year per child. All costs were calculated from the health care payer perspective. The nationwide cost of managing asthma and examining its variability depending on asthma control level. METHODS: The clinical pathway for childhood asthma was designed by and based on the data from the available Turkish literature. Unavailable data was collected by the expert’s clinical view. To calculate direct costs, the medical management of childhood asthma estimated using ‘cost-of-illness’ methodology for one year per child. All costs were calculated from the health care payer perspective. The nationwide cost of managing asthma and examining its variability depending on asthma control level. RESULTS: The cost of adult asthma in Turkey is very high and it significantly depends on disease and exacerbation of COPD have a substantial impact on the medical costs of COPD patients. Improvement of lung function and reduction of occurrence of COPD exacerbation will be beneficial for the reduction of the health care expenditures.

PRS29 COST OF A PULMONARY ARTERIAL HYPERTENSION-RELATED HOSPITALIZATION IN BELGIUM Cavelier P.¹, Delbeke F.², Lambert M. M.³, Hunecke E.⁴, Réguilier E.⁵
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OBJECTIVES: Pulmonary arterial hypertension (PAH) is a rare disease, for which only scarce health care cost data is available in Europe. The progressive nature of the disease often requires hospitalization, the costs of which are currently unknown in Belgium, mainly due to the low number of patients affected. The objective of this study was to estimate the costs and length of stay (LOS) in PAH-related hospitalization likely related to disease worsening in Belgium. METHODS: A retrospective database analysis was performed using the IMS hospital database from 2007 to 2013. The percentage of controlled, partially controlled and uncontrolled patients were 22%, 50% and 28% respectively in Turkey. The cost of asthma calculation was based on the clinical practice. The mean annual cost per patient with controlled asthma is 542.9, partial controlled asthma is 774.5 and uncontrolled asthma is 1047.8. Hospitalizations, physician visits, diagnostic tests and medication costs are calculated for non-severe and severe asthma. The non-severe asthma has the cost of 21%, 2%, 40% of total costs for controlled patient, 27%, 16%, 5%, 21%, 31% of total costs for partial controlled patient and 50%, 11%, 4%, 14% for 21% for uncontrolled patient respectively. Conclusions: The direct cost of pediatric asthma in Turkey increased during the last decade with similar spectrum of items distributions. To increase the utility and effectiveness of health care system, the findings of this evaluation may guide to construct future policies.

PRS30 THE COST BURDEN OF COMMUNITY-AQUIRED PNEUMONIA IN RUSSIA IN ADULTS OF 50 AND OLDER: A REGIONAL STUDY AND NATIONAL ESTIMATES Samsonykh V.¹, Roberts C.², Koroleva N.³, Rodionov A.⁴
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OBJECTIVES: This study represents a considerable burden in Russia. We assessed cost of CAP in Russia to characterize disease burden in Russian adults of age 50 and older. METHODS: We conducted a retrospective chart review from January 1, 2010 to December 31, 2010 from patients with all-cause pneumonia admitted to inpatient and outpatient settings, and extrapolated data nationally. All patients were 50 years of age and represented new cases of CAP. Data were collected on demographic characteristics, comorbidities, and medication. The cost was estimated from the public payer perspective, with a productivity loss in patients below retirement age. RESULTS: Cost of treatment was similar across age-and-risk groups in hospital and in outpatient settings. The cost of an outpatient episode was estimated for all risk groups at RR217 (656), ranging from RR217 (656) to RR569 (1685) for ages 75-84 respectively; the cost of episode for low-risk patients was RR1737 (505), and for moderate-risk RR2378 (757) for all ages. Average reimbursement rate was RR2,000 ($660) per case of hospitalization for 1st variant was estimated to be 61.6 billion rubles ($1.7 billion). The