the care pathway to ensure rapid assessment and treatment for TIA patients would avoid 128 future stroke events over three years. As a result, the costs associated with the reconfiguration of the TIA patient care pathway would be partially offset by savings in acute stroke management costs. CONCLUSIONS: Our model suggests that implementing a revised TIA care pathway in Hungary would result in a reduction of TIA-related recurrent strokes, leading to reduced costs associated with the acute management of stroke. This would partially offset the costs of establishing rapid assessment and treatment clinics for patients experiencing TIA.

OBJECTIVES: Preeclampsia, a leading cause of maternal and perinatal morbidity and mortality, is only detected after the onset of clinical symptoms. Earlier diagnosis may be possible with a new serum test using soluble fms-like tyrosine kinase-1 (sFlt-1) and placental growth factor (PIGF) biomarkers. Clinical and economic benefits may result from appropriate detection and management of subclinical cases, and from averting costs associated with incorrect diagnoses. We evaluated the financial impact of the novel test versus standard care from a UK health care payer perspective.

METHODS: We developed a decision-analytic model of the clinical and economic impact resulting from improved sensitivity and specificity of the new test over current diagnostic practice. Acute management and follow-up costs were associated with true positive, true negative, false positive, and false negative diagnoses. The base-case analysis assumed that, of all pregnant women, 15% present with risk factors which were assumed to be screened, while an additional 10% were subsequently true positive, true negative, false positive, and false negative diagnoses. The base-case scenario assumed that, of all pregnant women, 15% present with risk factors which were assumed to be screened, while an additional 10% were subsequently screened at 8 weeks and 20 weeks of gestation. True positive and false negative patients were assumed to enter one of four health states: mild preeclampsia; severe preeclampsia; eclampsia; or death. Data pertaining to treatment practices, health care resource utilization, incidence, costs, and funding for detection and management of preeclampsia in the UK were obtained through interviews with clinicians, laboratory managers, and health care payers in the UK. Additional data were obtained from published literature and public databases.

RESULTS: Model results suggest that when used for screening, the novel test would reduce false negative diagnoses of preeclampsia by 67% and false positives by 71%. Costs per patient were estimated to be £1781 with the novel test and £2726 with standard practice, saving an estimated £945 per patient given the novel test. CONCLUSIONS: This test has the potential to improve detection and management of preeclampsia translating into substantial cost savings for UK health care payers.

OBJECTIVES: Atrial fibrillation (AF) is a frequent cardiac disease. The prevalence in Slovak republic is estimated about 1% in adult population. The most potential risk of AF is stroke, 1st incidence is estimated about 2.3% e.g. more than six times as in standard population. The main objective of this study was to determine direct medical costs related to AF and the possible budget impact of new treatment by dronedaron.

METHODS: Direct medical costs were evaluated from data collected in 2007 from the General Health Insurance Company, the largest one in Slovakia, covering 55% of 5.4 million inhabitants. The results were recalculated to the total population. The costs were quoted in 2007 prices. RESULTS: The AF costs were €1,483,743; in hospital care they were €1,384,743; in diagnostic procedures they were €2,013,127 and in diagnostic procedures they were €1,152,633. Totally it was 0.556% of total Slovakia health care budget. The cost of treating the patients with stroke was €30,098,891, which is 1.003% of total Slovakia health care budget. Dronedaron is new drug for the treatment of AF. The outcomes from the ATHENA study showed 26% risk reduction of hospitalization and 34% risk reduction of stroke. The dronedaron usage can reduce the health care costs by €2,872,370 per year, i.e. 0.096% from total budget. CONCLUSIONS: The direct costs associated with AF comprise an important part of total health care budget in Slovakia. They signalize