of key parameters. CONCLUSION: Clopidogrel as an alternative to ASA is a cost-effective strategy in secondary prevention of ischemic events for high-risk atherothrombotic patients.

COST-EFFECTIVENESS OF A NEW ANTITHROMBOTIC AGENT: A COMPARISON ACROSS COUNTRIES OF THROMBOPROPHYLAXIS WITH FONDAPARINUX FOLLOWING MAJOR ORTHOPAEDIC SURGERY

Minjoulat-Rey MC1, Carita P1, Annemans L2, Badia X1, Bossuyt PM1, Posnett J3, Gabriel S1
1Sanofi Synthelabo Recherche, Bagneux, France; 2Ghent University, HEDM, Meise, Belgium; 3Health Outcome Research Europe, Barcelona, Spain; 4University of Amsterdam, Amsterdam, Netherlands; 5University of York, York, England

OBJECTIVES: Fondaparinux, a new synthetic selective factor XA inhibitor was recently introduced into the market. This may have widespread implications for Health care providers that are expected to vary across countries. We evaluated the cost-effectiveness of fondaparinux relative to enoxaparin up to 5-years in the pre-calculations and cost impact within the cardiac catheterization lab.

RESULTS: A cohort of 46 patients was treated with DES, involving 52 vessels and utilizing 62 stents (56 Cypher, 6 Taxus). Indications for coronary intervention were stable angina (67.2%) and the procedural success was 95.8% (44/46), and the clinical success was 92.5% (43/46). The average number of DES per patient was 1.35. During the same time period, 351 patients were treated with CS, utilizing 622 stents. The average number of stents per patient was 1.48. The total hospital-incurred DES cost was $227,500 for an average stent cost $4945.65 per patient. In the CS group the total cost for stents was $496,050 for an average cost of $1413.25 per patient. The average stent cost per patient was 3.5 times higher in the DES group than with CS. CONCLUSIONS: 1) Indications for DES use are consistent with individuals at higher risk for restenosis; 2) the procedural costs for treating these individuals are significantly greater; and 3) full 6 month outcomes and cost data will be available for presentation.

ADHERENCE/COMPLIANCE

LOWER PERSISTENCE WITH ANTIHYPERTENSIVE DRUGS AMONG WOMEN COMPARED TO MEN

Erkens JA1, Panneman MJ1, Klungel OH2, van den Boom G3, Herings RMC1
1PHARMO Institute, Utrecht, Netherlands; 2Utrecht Institute of Pharmaceutical Sciences, Utrecht, Netherlands; 3Novartis Pharma, Arnhem, Netherlands

Drug-eluting stents (DES) have been shown to reduce the risk of restenosis post coronary intervention compared with conventional stents (CS). However, the cost of DES is significantly higher than CS. OBJECTIVE: To evaluate the utilization of DES along with clinical indications, outcomes and cost impact within the cardiac catheterization lab.

METHODS: Demographic, clinical and angiographic data were collected retrospectively on all patients who underwent DES implantation between October 15, 2002 and April 15, 2003. Cost data, specifically stent costs, were collected concurrently. RESULTS: A cohort of 46 patients was treated with DES, involving 52 vessels and utilizing 62 stents (56 Cypher, 6 Taxus). Indications for coronary intervention were stable angina (67.2%) and the procedural success was 95.8% (44/46), and the clinical success was 92.5% (43/46). The average number of DES per patient was 1.35. During the same time period, 351 patients were treated with CS, utilizing 622 stents. The average number of stents per patient was 1.48. The total hospital-incurred DES cost was $227,500 for an average stent cost $4945.65 per patient. In the CS group the total cost for stents was $496,050 for an average cost of $1413.25 per patient. The average stent cost per patient was 3.5 times higher in the DES group than with CS. CONCLUSIONS: 1) Indications for DES use are consistent with individuals at higher risk for restenosis; 2) the procedural costs for treating these individuals are significantly greater; and 3) full 6 month outcomes and cost data will be available for presentation.