EVOLUTION OF PRESCRIPTIONS AND DRUG COSTS IN HYPERTENSION—RESULTS FROM A DATABASE FOLLOW-UP STUDY
Berger W1, Annemans L2
1Merck KGaA, Darmstadt, Germany; 2Ghent University, HEDM, Meise, Belgium

OBJECTIVE: To compare the evolution of persistence rates and drug costs in patients whose antihypertensive therapy was started with a low-dose combination therapy or with various monotherapies in daily practice. METHODS: Patients in the Thalès database in France, whose therapy was started with 1) a low-dose combination of bisoprolol and hydrochlorothiazide (b/hctz); 2) angiotensin-II-antagonists (AIIA); 3) calcium-channel blockers (CCB); or 4) angiotensin-converting enzyme inhibitors (ACE) from January-August 2000, were followed up for 1.5 years. The prescriptions at inclusion and the final prescriptions in each subsequent quarter were recorded. Patients who remained on their initial treatment were classified as persistent. The average daily drug costs per patient (ADDC) were calculated for all four groups at all measurement points based on public prices in France. RESULTS: A total of 1587 patients were included. The persistence rate at study end was 68.3% in the low-dose b/hctz group, followed by the AIIA (57.2%), the CCB (56.1%) and the ACE group (51.7%). Statistical significance was only reached between the b/hctz group and the ACE group (p < 0.01). Changes in therapy and the initiation of combination treatments led to a steady increase in ADDC in the CCB, ACE and b/hctz groups during follow-up (from 0.66€ to 0.90€, 0.76€ to 0.86€ and 0.43€ to 0.60€, respectively). In the AIIA group, ADDC decreased slightly due to switches in therapy to lower-priced drugs (1.08€ to 1.03€). Pairwise differences in ADDC between the b/hctz group and all other groups reached significance at all measurement points (p < 0.01). CONCLUSION: Frequent changes in treatment make it difficult to predict the evolution of daily drug costs in hypertension. In our study, the ADDC in the b/hctz group were lower than in the three comparator groups at inclusion and remained lower after the effect of treatment changes were taken into account.

COSTS OF HYPERTENSION IN POLAND MEASURED FROM THE SOCIETAL PERSPECTIVE
Hermanowski T1, Jaworski R2, Czech M3, Pachocki R4
1Warsaw University of Technology; Warsaw, Poland; 2Servier Polska, Warsaw, Poland

OBJECTIVE: To compare the costs of hypertension in Poland, measured from the third party payer perspective and the societal perspective. Calculations from the societal perspective were made to evaluate patient expenditure on drugs and indirect costs. RESULTS: The total annual direct medical cost per patient (ADDC) was equal to 239€ in the group of patients under 65 and was equal to 239€. The distribution of the direct medical costs in the elderly group was as follows: drugs 25%, physicians’ consultations 28%, laboratory, diagnostic tests 21% and hospitalisation 25%. Both physicians’ consultation costs (68€ per patient per year) and hospitalisation costs (61€ per patient per year) were higher in the elderly group than in younger patients (45% and 12% respectively). The indirect costs for elderly patients were about ten times lower than in patients under 65, which generated the costs of 214€ per patient per year. CONCLUSION: The direct medical costs were higher in elderly hypertensive patients. The indirect costs were higher in younger hypertensive probably due to retirement at 60 for women and 65 for men in Poland. There are no differences between the compared groups in expenditure on drugs and patients’ co-payment. The trends observed may have a great impact on the total burden of hypertension, because of the higher incidence of hypertension in younger people and the aging of the Polish population.

COST-EFFECTIVENESS ANALYSIS OF THE MANAGEMENT OF ARTERIAL HYPERTENSION
Stafis PC1, Sarafidis PA1, Liakaridis AN1, Aletras VH2, Zouka MD3
1AHEPA University Hospital, Thessaloniki, Greece; 2Hellenic Open University, Patra, Greece; 3Aristotle University of Thessaloniki, Thessaloniki, Greece

OBJECTIVE: The 5 major classes of antihypertensive agents are suitable for the initiation and maintenance of antihypertensive therapy according to 2003 European Society of Hypertension—European Society of Cardiology guidelines. The aim of this study was to compare the cost-effectiveness of these antihypertensive agents in mild to moderate hypertension in Greece. METHODS: