PCV3
COMPLIANCE INFLUENCE, PERSISTENCE AND THE BLOOD PRESSURE CONTROL GRADE ASSOCIATED WITH THE INCIDENCE OF CARDIOVASCULAR EVENTS AND THE SANITARY COSTS IN CONSUMPTION OF FIXED-DOSES IN THE ATHERAL HYPERTENSION TREATMENT
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OBJECTIVES: To determine the incidence of cardiovascular events (CVE) and the sanitary costs in function of the compliance, persistence and blood pressure control; comparing patients consuming fixed-doses (FD) in the treatment of HTA. METHODS: Observational-multicentric design. It was included patients >30 years appertaining to six team of primary care and two hospitals, that started pharmacological treatment for hypertension during 2006. It was established two study groups: FD (IECA/diuretics, ARA Bifurcetexts) and FD (IECA + DIU, ARA II + DIL, separately). Main measures: socio-demographics, co-morbidity, parameters: Charlson-index, compliance, persistence and control therapeutic objects (criteria: ESH/ESC). It was determined the accumulated incidence tax of CVE and a total-cost model (differentiating: sanitary/direct: non-sanitary/indirect). The patients’ pursuit was realized during years. Statistic analysis: logistic regression, proportional risk model of Cox and the ANCOVA, P < 0.05. RESULTS: It was recruited 1605 patients, 1,112 (69.3%) in FD and 493 (30.7%) in FD, P < 0.001; age average: 69.4 (12.2) years; women: 55.3%. Patients in FD were associated with the ischemic cardiopathy OR = 1.4 (CI of 95%: 1.1–2.0) and organic insufficiencies OR = 1.5 (CI of 95%: 1.2–2.1), P < 0.031. Patients in FD showed a better therapeutic compliance (77.6 vs. 71.9; P < 0.001) and treatment persistence at 24 months (62.1% (CI of 95%: 56.3–67.9%) vs. 49.7% (CI of 93%: 38.5–60.9%) (P < 0.001). The optimum control of the arterial pressure was higher (48.9% (CI of 95%: 43.0–54.8%) vs. 46.7% (CI of 95%: 35.6–57.8%); P < 0.001). The accumulated incidence tax of vascularebral accident was in 4.6% vs. 2.4%; P = 0.041. The total cost in FD was lower (€1650.7 vs. €1674.8; P < 0.001), in specialized care (€3161.1 vs. €3252.9; P < 0.001) and loses of labour productivity (€444.5 vs. €484.4; P < 0.001). CONCLUSIONS: Treatment of compliance and persistence for hypertension in FD improve the therapeutical control, causing a reduction of CVE and total sanitary costs.

PCV4
COST OF ANALYSIS OF THE ADVERSE EFFECTS OF THE ANTIARYTHMIC DRUGS IN THE CLINICAL PRACTICE IN SPAIN
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OBJECTIVES: The incidence of antiarythmic drugs (AADs) are considered the first-line treatment of atrial fibrillation (AF). However, they present a high adverse effects (AEs) rate. The incidence of adverse effects of main AADs (amiodarone, sotalol, flecainide and propafenone) has been obtained from the database of the Spanish National Health System perspective. RESULTS: Analysis of the adverse effects of the main AADs, we determined the incidence of adverse effects of main AADs: amiodarone, sotalol, flecainide and propafenone, ranging from 30 to 58%. The study calculated the cost of courses were the main pharmacotherapy TN lisinopril and enalapril, ranging from 30 to 245 Rubles, corrective therapy—from 289 to 583 Rubles. In the economic evaluation of SE was the least expensive scheme with drug enalapril, which is more advantageous from an economic position. CONCLUSIONS: The economic analysis of side effects developing on the basis of the basic course of pharmacotherapy, is relevant assessment to improve the quality and credibility of pharmacoeconomics studies of drugs.

PCV5
UPTAKE AND COSTS OF IMAGING MODALITIES IN PACEMAKER-IMPLANTED AND NON-IMPLANTED PATIENTS
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OBJECTIVES: Magnetic resonance imaging (MRI) is considered the gold standard for imaging of the brain, spinal cord, musculoskeletal system, and complex cardiac malformations. However, pacemaker implant is a contraindication to MRI, and thus a decreased access to access in pacemaker-implanted patients for this examination. An analysis of Medicare fee-for-service data was conducted to estimate the difference in MRI uptake rates of pacemaker-implanted and non-implanted Medicare beneficiaries. METHODS: The data comprised the fee-for-service portion of the 2008 Medicare fee-for-service population. Two measures were examined: the prevalence of the diseases for which MRI is the preferred imaging modality, and the uptake rates of all imaging modalities for MRI-indicated beneficiaries with pacemaker implants compared with those having no implants. For each of these diseases for which MRI is the preferred modality we also identified any trade-offs between lower MRI rates and higher rates for other imaging modalities in pacemaker-implanted and non-implanted patients, and potential cost implications substituting MRI with other imaging modalities. RESULTS: The Medicare data indicated MRI uptake was nil in the pacemaker-implanted population where 13% of patients without any implant received MRI in 2008 suggesting that clinical practice is in line with the contraindication for MRI in pacemaker patients. Consequently, uptake of other imaging approaches including CT, ultrasound, nuclear, x-ray was greater in the MRI-indicated cohort of pacemaker patients (54%, 65%, 25%, 82%, respectively) compared to the similar non-implanted cohort (38%, 48%, 18%, 73%, respectively). It was estimated that access to MRI (i.e. patients implanted with MRI-compatible pacemakers) would generate up to 21% reduced diagnostic costs compared with no access to MRI (i.e. patients implanted with older generation pacemakers). CONCLUSIONS: Increased access to the diagnostic superiority of MRI may have a significant diagnostic impact among pacemaker patients, and potential cost implications substituting MRI with other imaging modalities. The results of the study may have important implications for the Medicare program and for patients and payers, as well as potential implications for the development of new pacemaker-implanted technologies.

PCV6
ECONOMICS ESTIMATION OF SIDE EFFECTS CORRECTION ANTHYPERTENSIVE MEDICAL PRODUCTS OF INHIBITORS-ACE IN RUSSIAN HEALTH
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OBJECTIVES: To assess the cost of the basic course of pharmacotherapy of arterial hypertension (AH) of inhibitors-ACE, direct costs associated with the correction of side effects (SE), developing on the background of their application. Consideration of further pharmacoeconomics evaluation of inhibitors-ACE. METHODS: Cost analysis, modeling, a consideration of the basic price of therapy trade names (TN) inhibitors-ACE INN: enalapril, lisinopril and the calculation of direct costs associated with correction of SE in patients diagnosed with stage II AH. Medical patients’ route, the cost structure were modeled by questioning physicians, cardiologists of Institute of Gerontologu, Clinical Hospital 15, Moscow. The study takes into account the cost: symptomatic therapy, specialist consultations, emergency care, hospital bed-days, laboratory and instrumental manipulations. Data registered in RF TN obtained from the site www.regmed.ru, information about prices—www.medlux.ru, www.cardioweb.ru. We took into account recommendations of standards of care for patients with AH, developed by Health Ministry of Russia. The cost of the basic course of pharmacotherapy and PE are estimated at 30-day time period for 1 patient. Average daily dose the drugs accounted for enalapril—5 mg/day, lisinopril—10 mg/day. RESULTS: The develop of side effects (cough, arterial hypotension, allergies, headache, etc.) was the cause of drug withdrawal enalapril in 5.3% of patients, lisinopril at 3.8% of patients. The study calculated the cost of the drugs were the main pharmacotherapy TN lisinopril and enalapril Rubles. In the economic evaluation of SE was the least expensive scheme with drug enalapril, which is more advantageous from an economic position. CONCLUSIONS: The economic analysis of side effects developing on the basis of the basic course of pharmacotherapy, is relevant assessment to improve the quality and credibility of pharmacoeconomics studies of drugs.