impact of TEs in patients after an acute coronary syndrome (ACS patients) and in patients with chronic heart failure (CHF patients). We developed multi-state Markov models to describe different pathways where TEs could affect patient outcomes. Model parameters and outcomes were extracted from a reanalysis of a recent randomized trial in ACS patients, and from a literature search in CHF patients. For both models, the study was conducted adopting the health care payer perspective and the horizon was one year. TEI incremental cost–utility ratios (ICURs) were expressed in 2011 €/QALY and US $/QALY for ACS and CHF patients, respectively. Base case analyses were completed by univariate and probabilistic sensitivity analyses. RESULTS: TEI was more expensive and less effective than no intervention in the base-case analysis of ACS patients. However, in the sub-group of ACS patients with one or no risk factor and no previous history of ACS, however, the ICUR was 20,343 €/QALY. In this subgroup, the probabilistic sensitivity analysis also indicated that TEI was not cost-effective in a substantial number of simulated iterations. TEI was dominant—i.e. less expensive and more effective than no intervention—in the base-case analysis of CHF patients. While the TEIs evaluated in this analysis are a part of the list of anti-hypertensive drugs, their evidence in the literature is not widespread; as such, this study provides useful evidence for the health care decision maker.

METHODS: The objective of this study was to evaluate the effectiveness of the use of TEs for preventing cardiovascular diseases, to estimate the cost of care, and to determine the cost-effectiveness of the use of these medications. The study was conducted in a retrospective manner, using data from a large health insurance company, and included patients with a diagnosis of cardiovascular disease or at risk for developing such a disease. The study population was composed of 1,000,000 patients, with a mean age of 60 years and a mean follow-up of 2 years. The primary outcomes were the rate of hospitalization for cardiovascular disease and the total cost of care. The secondary outcomes were the rate of mortality and the rate of readmission for cardiovascular disease. The study was conducted in accordance with the principles of the Declaration of Helsinki.

RESULTS: The rate of hospitalization for cardiovascular disease was 10% in the study population, with a mean length of stay of 3 days. The total cost of care was $50,000 per patient. The rate of mortality was 2%, with a median duration of survival of 1 year. The rate of readmission for cardiovascular disease was 15%, with a mean duration of stay of 2 days. The cost of readmission was $10,000 per patient. The cost-effectiveness analysis showed that the use of TEs was cost-effective, with a cost of $10,000 per QALY saved. The incremental cost-effectiveness ratio was $20,000 per QALY. The analysis was performed using a Markov cycle model, with a time horizon of one year. The results were presented considering the whole ACS patients population. In the subgroup of ACS patients with one or fewer risk factors and no previous history of ACS, the ICUR was higher—i.e. more effective and more expensive than no intervention—than in the rest of the study population.

CONCLUSIONS: In general, patients who were adherent to their statin/anti-hypertensive drug regimens had lower short-term disability costs than the non-adherent. Employers concerned with the relationship between cardiovascular disease and employee costs should also consider the effect of adherence to statins and anti-hypertensives on short-term disability costs.

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HEALTH CARE RESOURCE UTILIZATION AND COSTS AMONG ACREMACY: A RETROSPECTIVE STUDY IN A LARGE CLAIMS DATABASE IN THE UNITED STATES

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OBJECTIVES: To quantitatively evaluate the use of TEs in patients with cardiovascular disease, and to determine the cost-effectiveness of the use of these medications. The study was conducted in a retrospective manner, using data from a large health insurance company, and included patients with a diagnosis of cardiovascular disease or at risk for developing such a disease. The study was conducted in accordance with the principles of the Declaration of Helsinki.

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