THE COST AND THE MANAGEMENT OF THE ACUTE PHASE OF MYOCARDIAL INFARCTION AND STROKE IN HUNGARY

Borsos K1, Nagy J2, Belicza E3, Blaskó G1, Spiesser J1
1Sanofi-Synthelabo Hungary, Budapest, Hungary; 2Egészségügy- kutató Intézet, Budapest, Hungary; 3Sanofi-Synthelabo Recherche, Bagneux, France

OBJECTIVE: To determine the 1-year cost of myocardial infarction and stroke (first hospitalization and follow-up) in Hungary. METHODS: A retrospective patient follow-up was developed in the National Health Fund Administration (NHIFA) Database. Patients were selected by ICD codes of myocardial infarction and stroke in the database and were follow-up during one year (2000). All of their resources consumption and costs reported by hospitals and outpatient care was registered. Only resource use due to myocardial infarction and stroke was collected. Costing was evaluated from the payer’s (Insurer) perspective. Inpatient and outpatient costs were collected. RESULTS: The average 1-year cost of a myocardial infarction was 374,086 HUF per patients (255,887 HUF for acute care and 118,199 HUF for the follow-up) in 2000. The average 1-year cost of a stroke was 122,399 HUF per patient (91,027 HUF for acute care and 31,372 HUF for the follow-up). The estimated costs for year 2003 is 480 185 for the myocardial infarction and 158,059 for stroke. CONCLUSION: There is little information about total costs of these pathologies in Hungary. The methodology of patient follow-up was able to show the costs paid by Insurer for patients suffering in myocardial infarction and stroke. Costs evaluation allows performing economic evaluation on the field in Hungary.

PCV26

COST-EFFECTIVENESS OF EXTENDING PROPHYLAXIS WITH FONDAPARINUX IN PREVENTING VENOUS THROMBOEMBOLISM FOLLOWING HIP FRACTURE SURGERY

van HOUT BA1, Minjoulat-Rey MC1, Quinlan D2, Theeuwes A4, Gabriel S2
1University of Utrecht, Utrecht, Netherlands; 2Sanofi Synthelabo Recherche, Bagneux, France; 3King’s College Hospital, London, United Kingdom; 4Organon, Oss, Netherlands

OBJECTIVES: Patients undergoing hip fracture surgery are at high risk for postoperative venous thromboembolism (VTE) with the risk remaining elevated for several weeks. Fondaparinux, the new synthetic selective factor Xa inhibitor, is highly efficacious and well-tolerated when administered for 1 week. Extending prophylaxis for 4 weeks results in an additional reduction in symptomatic VTE (relative risk reduction 89%, p = 0.02). This significant efficacy benefit must be weighed against the added cost of prophylaxis for this period. This study examines the cost-effectiveness of extending prophylaxis with fondaparinux from 1 to 4 weeks among patients undergoing hip fracture surgery. METHODS: A cohort simulation model was developed to compare the outcomes and costs to the UK National Health Service (NHS) of extending prophylaxis with fondaparinux for 4 weeks compared with 1 week, up to 5 years. Probabilities for efficacy and safety outcomes were derived from randomized clinical trials with fondaparinux, and from a literature review. Outcomes were symptomatic VTE events (deep-vein thrombosis, pulmonary embolism), recurrent VTE, post thrombotic syndrome and death. Resource consequences were estimated from a survey of UK hospitals and a panel of clinical experts. Costs were based on mean national costs to the NHS. Cost per life-year saved was calculated. RESULTS: Among a cohort of 10,000 patients the use of fondaparinux for 4 weeks compared with 1 week is estimated to prevent an additional 343 symptomatic VTE at 3 months, of which 137 would have been fatal. The number needed to treat to avoid an additional symptomatic VTE event is 30. At 5 years the incremental cost per patient would be £108 and the cost per life year saved £1099. CONCLUSIONS: Extending thromboprophylaxis with fondaparinux from 1 to 4 weeks following hip fracture surgery appears to be a cost-effective strategy with greater clinical benefits achieved and limited additional costs incurred.