those with traumatic injury in a multi-payer US population. Increasing severity appears to increase the likelihood of developing a DVT. Further, new interventions that mitigate the development of DVT may reduce the economic burden of traumatic injury among pediatric hospitalizations. Clinicians and other decision makers should be aware of the relationship between injury severity and DVT development and resource utilization-associated outcomes.

**INDIVIDUAL’S HEALTH—Cost Studies**

**ECONOMIC ASSESSMENT OF SILDENAFIL FOR THE MANAGEMENT OF PATIENTS WITH ERECTILE DYSFUNCTION (ED) SECONDARY TO DIABETES MELLITUS TYPE 2 (DM2) AND HYPERTENSION IN MEXICO**

Arreola-Ornelas H,1 Dorantes-Aguilar J,1 García-Mollinedo MDL1, Rosado-Buzzo AA2, Mould-Quevedo J3, Davila-Loaiza G3

1Fundación Mexicana para la Salud, Funsalud, Mexico City, Mexico, 2Links & Links S.A. de C.V, Mexico City, Mexico, 3Pfizer Mexico, Mexico City, Mexico

**OBJECTIVE:** Medications used to control DM2 and hypertension are common associated with ED problems. This had affected adherence and therefore the long-term control of Mexican patients with those diseases, increasing long-term complications and health care costs. The purpose of the study was to evaluate the cost-effectiveness of using ED treatments as adjuvant therapies in patients with DM2 and hypertension from an institutional perspective.

**METHODS:** A cost-effectiveness assessment was performed employing a ten-years decision tree model. Comparators used in the model were Sildenafil (50 mg/day-100 mg/day); Tadalafil (20 mg/day) and Vardenafil (10 mg/day-20 mg/day). Effectiveness measure used was the number of hospitalization avoided related to uncontrolled-patients due to ED causes. The transition probabilities were obtained from international published literature and a local survey, previously validated, related to ED problems in Mexican patients. The model was calibrated according to international guidelines. Probabilistic sensitivity analyses were performed using bootstrapping techniques.

**RESULTS:** Savings per patient with DM2 were US$816.70 for sildenafil 50 mg/day; US$668.30 for sildenafil 100 mg/day; US$711.20 for tadalafil; US$646.30 for vardenafil 10 mg/day and US$603.50 for vardenafil 20 mg/day. Annual mean savings per patient with hypertension resulted in US$1,627.00; US$1,447.50, US$1,520.80, US$1,444.50 and US$1,432.20, respectively following the order above. Patients treated with ED therapies avoided significant hospitalizations (complications) in both diseases and sildenafil 50 mg/day was the therapy which showed the higher savings per patient.

**CONCLUSION:** ED therapies should be employed in males who show this problem secondary to DM2 and hypertension. These results could be used by Mexican decision-makers to generate cost-containment strategies.

**BURDEN OF ILLNESS OF HYPERTENSION AMONG WOMEN USING MENOPAUSAL HORMONE THERAPY**

Pelletier E1, Gricar JA2, Chang J3, Nahum GG1, Mitapally R1

1IMS Health, Watertown, MA, USA, 2Independent HealthCare Consultant, New York, NY, USA, 3Bayer HealthCare Pharmaceuticals, Wayne, NJ, USA

**OBJECTIVE:** High blood pressure is common in menopausal women and some hormone therapies (HT) for menopause may contribute to increased blood pressure. However, the burden of illness (BOI) of hypertension in women receiving menopausal HT is not well-documented in the current literature. This study estimates the prevalence and economic burden of hypertension in this patient population.

**METHODS:** Patients with at least one prescription for menopausal HT were selected from the PharMetrics database during the period from July 1, 2003–June 30, 2005. HT patients were divided into those with and without hypertension. The non-hypertensive cohort was propensity score matched to the hypertensive cohort, controlling for patient demographics, overall comorbidities, and type of HT use. The BOI of hypertension was defined as the difference in average annual total health care expenditures per person between the cohorts.

**RESULTS:** The prevalence of menopausal HT use was 9.75% among potentially eligible patients in this commercially-insured sample. Hypertension was the most common comorbidity, with a prevalence of 34%. HT patients with hypertension (n = 106,729) had significantly higher average annual health care expenditures compared with matched HT patients without hypertension ($8,908 versus $5,960; difference of $2,948; P < 0.001). Less than 1% was due to differences in menopause-related care between the cohorts; 54% was attributable to hypertension-related care and 45% to the care of other common comorbidities, such as lipid disorders.

**CONCLUSION:** Hypertension is the most common comorbidity among commercially-insured menopausal hormone therapy users in the United States. The annual incremental BOI of hypertension among HT users is both substantial and statistically significant, averaging $2,948 per patient per year. Given the number of menopausal women who use HT and the prevalence of hypertension in this cohort, employers and medical care payers should be interested in finding ways to lessen the burden associated with hypertension.