costs were €56.77 and €39.18 correspondingly. "The cost-efficiency" analysis demonstrated that the GER in main group was €67.58 and GER in control group was €72.56.

CONCLUSIONS: The "cost-efficiency" analysis demonstrated that administration of tiazodic acid morpholinium salt in combination with standard therapy is more effective and less expensive in ACS patients. The obtained results allow to optimize treatment expenditures for a state, insurance companies and patients.

PCV7

RESOURCE UTILISATION AND COSTS IN PATIENTS WITH POST-STROKE SPASTICITY IN THE UNITED KINGDOM

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OBJECTIVES: About two-thirds of stroke survivors develop post-stroke sequelae, including spasticity. The burden of post-stroke spasticity (PSS) is high in terms of treatment costs and the effects of comorbidities. Our objective was to describe the burden of PSS on healthcare resource utilisation and cost and to evaluate the difference between patients who develop PSS and those who do not.

METHODS: This retrospective study used the THIN database. Adult patients with a stroke between Jan 2007 and 31 Dec 2012 were included. PSS diagnoses were found to be under-recognised, so machine learning methodology was applied to identify potentially undiagnosed PSS. Cases were defined as patients with diagnosed or predicted PSS in the 12 months after stroke; for patients without PSS, each stroke acted as a control event. PSS cases were matched to controls on age, gender, prior strokes, socioeconomic status, and comorbidities, using the nearest neighbour algorithm. Direct healthcare resources, including primary care visits, all-cause hospitalisations, fees related to laboratory tests, pharmacological treatment, travel costs, and drug costs were then compared between cases and controls.

RESULTS: A total of 12,803 stroke cases were hospitalised, compared to 9% of the controls. Specialist referrals including spasticity. The burden of post-stroke spasticity (PSS) is high in terms of treatment costs, using public sources.

PCV74

COST OF ILLNESS IN AORTIC STENOSIS PATIENTS

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OBJECTIVES: To estimate the incremental annual cost after a myocardial infarction (MI) (METHODS): A French representative cohort of patients who had a MI in France between 2007 and 2011 was extracted from a database of 600,000 patients. Costs were calculated from a community perspective, restricted to direct costs and from a health insurance perspective. A disease management program was conducted on subjects still alive one year after MI. RESULTS: A total of 1,920 patients were identified with an all-cause MI: 20% were males, mean age 67.2 ± 11.6 years, 62% had diabetes, 37.6% hypercholesterolemia and 82.4% hypertension. Among the 1,920 subjects, 346 died in the first year and 3 were lost to follow-up: the cost was performed on 1,571 patients. The direct costs were reported as average annualized cost (per patient per month = average OC in the period after admission, especially when patients underwent cardiac valve replacement). Considering only costs related to cardiovascular disease, the mean cost per patient was €3,470 and €2,272 in the characterization and observation period respectively. CONCLUSIONS: The cost of illness in MI patients is lower in the period after admission, especially when patients underwent cardiac valve replacement.

PCV75

TRENDS IN EMERGENCY ROOM VISITS DUE TO HYPERKALEMIA IN THE UNITED STATES

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OBJECTIVES: Hyperkalemia is a metabolic abnormality seen frequently in the Emergency Department. The most common condition leading to hyperkalemia is miscellaneous etiologies in a patient receiving dialysis and those conditions can predispose an individual to hyperkalemia, such as acute renal failure, extensive burns, trauma, or severe rhabdomyolysis or severe acidosis. The objective of this study was to assess resource burden related to United States emergency room visits due to hyperkalemia.

METHODS: The number of emergency room (ER) visits to hyperkalemia, with International Classification of Disease 9 (ICD-9) code 28,365, were estimated using the Centers for Medicare Medicare and Medicaid Services (CMS) Agency for Healthcare Research and Quality (AHRQ) 2011 data for ED visits. A review of recent publications on hyperkalemia management was also conducted using the databases Pubmed, Embase, Biota, Google Scholar and Cochrane. RESULTS: The number of ED visits with hyperkalemia as one of the diagnoses is estimated to be 814,181 (SE 23,526). The annual number of ED visits with Hyperkalemia as the first listed diagnosis is estimated to be 66,889 (SE 222). Among the age groups 18-44, 45-64, 65-84, 85 the majority of ED visits were in the 45-64 (36.04%) and 65-84 (39.44%) groups (hyperkalemia as the first listed diagnosis). Among the five payer types, Medicare, Medicaid, Private insurance, Uninsured and Other, the majority of patients belonged to Medicare (68.41%). The objective of this study was to assess burden of disease and comorbidities.

CONCLUSIONS: The economic impact of recurrent cardiovascular events is substantial since health-care consumption costs almost tripled after the index MI event.