could be a potential link between lipid metabolism and liver diseases, which necessitates further investigation.

PCV42

STATIN USE AND RISK OF DEVELOPING DIABETES: A NETWORK META-ANALYSIS

Thakker D, Nair SR, Jamadev V, Shaikh S, Pagada A, Omman S, Malik A

Cagita Ind Pvt. Ltd., Mumbai, India

OBJECTIVES: Studies have shown that statins may induce diabetes in non-diabetic cardiovascular disease patients, as class effect. It is unclear if any particular statin is more likely to have greater risk of developing diabetes; only direct and indirect comparison of treatment effects may clarify this uncertainty. We had previously conducted a systematic literature review to estimate the relative likelihood of statins vs. placebo or other agents. This network meta-analysis (NMA) was conducted to rank the treatments according to their risk of developing diabetes.

METHODS: We searched databases like Embase, PubMed, and Cochrane. Randomized controlled trials that studied one of the statins and reported incidence of diabetes as an outcome were considered for inclusion. Data synthesis was performed by pairwise meta-analysis and NMA using STATA® with routines available from www.mtn.uio. Results: The trials included in this review, in which 78,677 participants had been randomized. The follow-up ranged from two to nine years among the studies. As previously reported the pair-wise meta-analysis showed that statins significantly increased the odds of developing diabetes compared to placebo without considerable heterogeneity. [OR 1.15; 95% CI 1.06, 1.25; p=0.006; I2=52%]. From the present NMA, the drug with highest odds for developing diabetes was simvastatin 80mg [OR 5.24; 95% credible intervals (CrI) 1.28, 21.46], followed by simvastatin 20mg [OR 4.89; 95% CI 1.20, 18.01; CrI 0.92 to 24.33] with atorvastatin 10mg [OR 1.22; 95% CrI 1.05, 1.43] compared to placebo. Atorvastatin 10mg and pravastatin did not significantly increase the risk of diabetes in the network meta-analysis.

CONCLUSIONS: To the best of our knowledge, this is the first study exploring this correlation. The NMA shows the risk of developing diabetes to be higher with simvastatin. However, this should be confirmed from observational studies using a larger safety database.

PCV43

COSTS AND OUTCOMES OF PATIENTS ADMITTED FOR A CARDIOVASCULAR ISCHEMIC DISEASE IN A LARGE COMMUNITY SETTING OF 2,989,512 SUBJECTS OF THE ITALIAN NATIONAL HEALTH SERVICE

Maggioni AP1, Cinconze E1, Rossi E1, De Rosa M2, Esposito I1, Martini N3

1ANMCO Research Center, Florence, Italy, 2CINECA Interuniversity Consortium, Casalecchio di Reno, Bologna, Italy, 3Academia Nazionale di Medicina, Rome, Italy

OBJECTIVES: To assess in a community setting the clinical characteristics, the outcomes and the related costs of patients admitted for an acute coronary syndrome (ACS) or a stroke/TIA (CVD) or a peripheral arterial disease (PAD).

METHODS: From the ANMCO Research Center prospectively collected a record of discharge for ACS and prescription databases, which included 2,989,512 subjects of 7 Local Health Authorities from Northern to Southern Italy. The accrual period lasted from January 1 to December 31, 2011.

RESULTS: Of the 2,989,512 subjects 1,649,888 (55.1%) were hospitalized for ACS, 9,593 (3.3%) for a CVD and 1,048 (0.4%) for PAD. Patients admitted for CVD were significantly older and of female gender than patients with ACS or PAD (71 years vs 73 vs 73 years vs 73 vs 71 vs 73; p<0.001) (gender 50.6% vs 35.5% vs 31.9%, p<0.001). In-hospital mortality was 6.9%, 6.4% and 1.0% (p<0.001) respectively for CVD, ACS and PAD. Over the 1-year follow-up, 63.3% of the patients with ACS needed to be readmitted again vs 49.1 of those with CVD and 57.6% of the PAD. The average yearly cost per patient was $13,966 for the ACS, $8,465 for the CVD, $16,202 for the PAD. The analysis revealed that the cost of the CABG was $50,809, the cost of the HV was $53,812. Methyldopa was the commonly prescribed antihypertensive Monotherapy was Methyldopa (35.1%) followed by Nifedipine (21.2%). The most commonly prescribed antihypertensive drugs. The incidence of high neonatal morbidity and mortality is associated with maternal hypertension. Early diagnosis and treatment through regular antenatal check-up is a key factor to prevent PIH and its complications. Interventions to improve maternal health through information, education and counselling of women of child bearing age should be implemented.

CARDSVASCULAR DISORDERS – Cost Studies

PCV45

ESTIMATING THE BUDGET IMPACT OF CLEVIDIPINE FOR THE MANAGEMENT OF PERIPHERAL BLOOD PRESSURE IN CARDIAC SURGERY: A US PERSPECTIVE

Baker T1, Kuan R1, Goetteria TA, Wang Y1

1ICON Plc, Morristown, NJ, USA, 2Independent, Portland, OR, USA, 3The Medicines Company, Parsippany, N.J, USA

OBJECTIVES: Increased periprocedural blood pressure (BP) variability in cardiac surgery patients is associated with negative outcomes and increased resource utilization (HRU). Clevidipine, an ultrashort-acting, arterial selective calcium channel blocker reduces BP variability and may reduce HRU in this setting. The current model evaluates the one year budget impact of adding clevidipine to an intrave-

Reno, Italy, 2Accademia Nazionale di Medicina, Roma, Italy

IVAH costs totaled $93,958 or 0.5% of total costs. Increasing the proportion of cases treated with clevidipine by 5% for both procedures increased drug acquisition costs by $13,005 and decreased HRU-related costs by $48,439 for a net decrease in costs of $35,434 for one year.

CONCLUSIONS: This analysis predicts a net savings with an increase in clevidipine use. This benefit is consistent across a wide range of cases and is minimal in CABG, 1% in HV.

This should be confirmed from observational studies using a larger safety database.

PCV46

ECONOMIC IMPLICATIONS OF INCREASED UTILIZATION OF 5% ALBUMIN FOR FLUID RESUSCITATION POST ON-POPPUM CARDIAC PROCEDURES IN US HOSPITALS

Runken M1, Dunker M2, Khandagul V3, Munson SH2, Peyerl FW2, Dunker M1

1Grifols, Inc., Research Triangle Park, NC, USA, 2Boston Strategic Partners, Inc., Boston, MA, USA

OBJECTIVES: To construct a budget impact model (BIM) to evaluate the economic impact of a combination of 5% albumin and crystalloids compared to crystalloids alone as fluid therapy administered to patients within one day of undergoing on-pump coronary artery bypass graft (CABG) and/or valve procedures.

METHODS: Model inputs were obtained from clinical outcomes determined from a propensity-matched retrospective US electronic health record (EHR) database (Health Facts, Cerner) analysis performed to assess the differences in patient outcomes for both CABG and/or valve surgical totalization and 322 heart valve (HV) cases annually. Clevidipine usage in the case mix was modeled for one year total cost of $19,045, with the largest proportion of costs from general ward, ICU and operative suite time (approx. 30%, 21%, and 20% respectively). One year HV cost totaled $95,958 or 0.5% of total costs. Increasing the proportion of cases receiving clevidipine by 5% for both procedures increased drug acquisition costs by $13,005 and decreased HRU-related costs by $48,439 for a net decrease in costs of $35,434 for one year.

CONCLUSIONS: This analysis predicts a net savings with an increase in clevidipine use. This benefit is consistent across a wide range of cases and is minimal in CABG, 1% in HV.

This should be confirmed from observational studies using a larger safety database.

PCV47

EXPECTED COST OF DRUG THERAPY IN PATIENTS WITH ARTERIAL HYPERTENSION, DIABETES MELLITUS AND DYSLIPEMIA IN CHILE: A PROBABILISTIC ANALYSIS

Salceda CE1, Espinosa MA1

1Instituto de Salud Publica de Chile, Santiago, Chile, 2Pontificia Universidad Catolica de Chile, Santiago, Chile

OBJECTIVES: To estimate the expected cost of the pharmacological treatment on prevalence of arterial hypertension (AH), diabetes mellitus (DM) and dyslipidemia in the Chilean population, following the recent proposal of Drug National Funds. METHODS: The drugs considered in this study and the information about them, were obtained from the guide published by the health ministry of Chile. The cost was estimated using the drug consumption patterns from the national health survey 2009-2010 and from a vector of prices for different drugs published in the pharmacy catalogue. The results were compared to the recent CMS value-based purchasing initiatives.

PCV48

EXPECTED COST OF DRUG THERAPY IN PATIENTS WITH ARTERIAL HYPERTENSION, DIABETES MELLITUS AND DYSLIPEMIA IN CHILE: A PROBABILISTIC ANALYSIS

Salceda CE1, Espinosa MA1

1Instituto de Salud Publica de Chile, Santiago, Chile, 2Pontificia Universidad Catolica de Chile, Santiago, Chile

OBJECTIVES: To estimate the expected cost of the pharmacological treatment on prevalence of arterial hypertension (AH), diabetes mellitus (DM) and dyslipidemia in the Chilean population, following the recent proposal of Drug National Funds. METHODS: The drugs considered in this study and the information about them, were obtained from the guide published by the health ministry of Chile. The cost was estimated using the drug consumption patterns from the national health survey 2009-2010 and from a vector of prices for different drugs published in the pharmacy catalogue. The results were compared to the recent CMS value-based purchasing initiatives.