myocardial infarction (78% versus 68%; P < 0.001). Even after multivariate adjust-
ment, MS was still associated with higher risk of in-hospital heart failure (odds ratio
(OR), 1.37; 95% CI 1.03–1.81; P = 0.028) and mortality (OR, 4.42; 95% CI
1.25–15.5; p = 0.020). CONCLUSIONS: Prevalence of MS in ACS patients in Oman is
high and seen more in females than in males. Furthermore, MS was associated with
higher in-hospital heart failure and mortality.

PCV30
PREVALENCE AND CONTROL OF TRADITIONAL CARDIOVASCULAR RISK FACTORS AND ANTICIPATED ACUTE CORONARY MORTALITY IN PRIMARY PREVENTION IN EUROPE: THE EURIKA STUDY
Barragés R1, Guallar E1, Dallongeville J2, De Backer G3, Huxley RR4, Banegas JR1, Guallar E2, Borghi C3, Dallongeville J4, De Backer G5, Halcox JP6, Massó-González EL7, Perk J8, Steg PG9, Rodríguez-Artalejo F1
1Universidad Autónoma de Madrid, Madrid, Spain; 2Welch Center for Prevention, Epidemiology, and Clinical Research, Baltimore, MD, USA; 3Políclinico Universitario Sant’Orsola, Bologna, Italy; 4Institut Pasteur de Lille, Lille, France; 5University of Gent, Gent, Belgium; 6Cardiff University, Cardiff, UK; 7AstraZeneca Farmacéutica Spain S.A; 8Madrid, Spain; 9Osakar+</p>}

PCV31
BLOOD PRESSURE CONTROL AND ANTIHYPERTENSION STRATEGY DIFFERENCES ACCORDING TO PATIENTS AGE
Font P1, Gatell J1, Martí G1, Suárez S2, Gasch M1, Costa A3
1Newulis Pharma, Barcelona, Spain; 2Hospital Clinic de Barcelona, Barcelona, Spain
OBJECTIVES: This study aims to determine the degree of blood pressure (BP) control and the differences in therapeutic strategies adopted by physicians based on patients’ age and/or their functional status. METHODS: Multicenter and cross-sectional study that included patients with essential hypertension attending primary or specialist care, with at least one year of evolution. The study included 645 patients, stratified into three main groups: a (<65 years) = 2184; B (65–79 years) = 2079; and C (≥80 years) = 2079. RESULTS: 51.3% of patients were male and mean (SD) age was 55 ± 7.5 years (group A), 71 ± 4.0 (B) and 83.7 ± 3.2 (C). 49.1% of patients were overweight. Mean systolic BP values were 141.3 ± 15.6 (A), 140.2 ± 16.3 (B) and 142.3 ± 16.8 (C) mmHg, and mean diastolic BP values were 84.5 ± 10.1 (A), 81.5 ± 10.5, 79.9 ± 11.2 (C). 33.5% of patients had type 2 diabetes mellitus and 59.1% dyslipidemia. CONCLUSIONS: The prevalence of traditional cardiovascular risk factors is high and their control is suboptimal. Traditional risk factors such as hypertension, dyslipidemia and diabetes are responsible for a large fraction of the estimated coronary deaths that could be avoided through primary prevention.

PCV32
BUDGET IMPACT ANALYSIS OF PACLITAXEL DRUG ELUTING STENT (DES) FOR THE TREATMENT OF LOWER LIMB PERIPHERAL ARTERIAL DISEASE (PAD) IN FRANCE
Lozes S1, De Cock E2
1Coeur Medical, Bæverlevg, Denmark; 2United Biosource, Corporation, Barcelona, Spain
OBJECTIVES: The self-expandable paclitaxel DES represents a major development in endovascular treatments for lower limb PAD. Clinical data show improved clinical outcomes compared to bare metal stents (BMS). This budget impact analysis assessed the impact of introducing reimbursement for a paclitaxel DES in France. METHODS: An Excel-based model was developed to estimate the impact of a transition from BMS to DES over a 5-year horizon (15% in 2011 to 35% in 2015). Hospital episode sta-
tistics were used to estimate the 2011–2015 patient population. The analysis was conducted from the payer perspective and only direct costs of procedures were con-
sidered, based on GHG 2009 tariffs (reimbursement and revascularization) and LPRP tariffs (BMS and grafts). The main outcome was target lesion revascularization (TLR) in the superficial femoral artery (SFA) after primary stent placement: angioplasty, re-stenting, or bypass surgery. TLR rates were based on the paclitaxel drug-eluting SFA stent registry and on BMS TLR rates reported in the literature (Years 1 and 2: 6% and 9% for the DES; 16% and 22% for average BMS) and extrapolated for years 3 to 5. Net budget impact was expressed as the difference in cost between the scenario where the DES is progressively adopted versus the status quo (patients treated with BMS only). RESULTS: The base-case results show an incremental cost of €278,526 in year 1, which is more than offset by increasing cost savings in all subsequent years (year 2: €35,901; year 5: €510,025), resulting in a cumulative 5-year net budget impact of €717,649. One-way sensitivity analyses on key inputs continued to show cumulative 5-year cost savings. CONCLUSIONS: Reimbursement and consequent adoption of the paclitaxel DES would result in cost savings for the French health care payer, despite requiring an initial investment. This is due to savings associated with fewer SFA revascularization events after the primary intervention.

PCV33
ESTIMATING THE FINANCIAL IMPLICATIONS TO THE UK NHS OF INTRODUCING COREVALVE ALONGSIDE MEDICAL MANAGEMENT FOR THE TREATMENT OF SERIOUS AORTIC STENOSIS
Watt M1, Mealing S2, Sculptor M3, Eaton JN
1Oxford OsteoCare Ltd, Oxford, Oxon, UK
OBJECTIVES: Aortic Stenosis (AS) is a severe cardiovascular condition and treatment often involves a major operation. For a subgroup of patients medical management (MM) is the only treatment option due to procedural risk. A transcatheter aortic valve implantation device “CoreValve,” is less invasive and allows for the implantation of a replacement valve in this patient group. However, CoreValve is more expensive than MM and introducing this technology into routine care would lead to an increase in National Health Service (NHS) spending. We estimated this budget impact using existing economic models. METHODS: In an Excel based Model model CoreValve was compared to MM for inoperable patients. Parameters were derived from published literature. Costs were taken from the most recent published sources. Decrements were applied to age-specific EQ-5D population norms to generate QALYs. Incidence estimation were derived from information in a large national database. Projected five year uptake rates were provided by Medtronic. The outputs from the economic model were used for all relevant parameters. Case mix estimates were elicited from a clinical advisory board. RESULTS: Across all patients, the estimated incidence rate of AS was 1 per 1,000, 40% of these patients were assumed to be inoperable, 66% of inoperable patients were treated with MM. The uptake rate of CoreValve in the inoperable group rose linearly from 0% to 50% over 5 years. When all inoperable patients were treated with MM the total budgetary cost was £13,454,000. When 50% of patients are treated with CoreValve and 50% with MM, the total budgetary cost increases to £49,706,000. Thus, the total burden to the NHS of 50% of inoperable patients receiving CoreValve would be £56,251,000. With a more optimistic five year uptake rate (75%) this increases to £54,852,000. CONCLUSIONS: Introducing CoreValve would result in an additional £36,251,000 being spent by the UK NHS.

PCV34
BUDGET IMPACT ANALYSIS OF PRIMARY TREATMENT OF HYPERTENSION WITH CANDESARTAN/HYDROCHLOROTHIAZIDE OR LOSARTAN/HYDROCHLOROTHIAZIDE IN THE MEXICAN SOCIAL SECURITY INSTITUTE
Anaya P1, López RJ1, Poloano AC
1AstraZeneca, Naucalpan, Mexico
OBJECTIVES: To calculate and compare costs of primary treatment of hypertension with candesartan/hydrochlorothiazide (HCT) or losartan/HCT in the Mexican Social Security Institute (IMSS). METHODS: An adaptation from Kjeldsen observational study of 14,100 patients diagnosed with hypertension and the costs’ sub analysis of Henriksson was made to have an approximation of incurred costs by IMSS when using candesartan/HCT or losartan/HCT in the primary hypertension treatment and its impact in reducing related cardiovascular events. First assumption for adaptation was use only costs of combined therapies with HCT since monotherapies are not included in the IMSS formulary. Hospitalizations, laboratory tests and physician visits resource consumption reported by Kjeldsen were multiplied by IMSS 2010 unit costs.