Managing a patient with a second AMI was 30% more costly ($34,700 versus $26,600 for single AMI). A stroke results in a 140% increase ($63,836). Occurrence of any secondary event increases the first year management costs by approximately 36% (range: 4% for angina to 149% for CABG). CONCLUSIONS: To properly estimate the cost of AMI, the impact of secondary events needs to be considered. The increased economic burden resulting from these secondary events goes beyond the additional cost of another hospitalization. This information should be incorporated into economic models that address drug therapies for secondary prevention in AMI.

COSTS OF LEFT VENTRICULAR ASSIST DEVICE VERSUS POSITIVE INOTROPIC THERAPY AS A BRIDGE TO HEART TRANSPLANT
Staneck E1, Loh E2
1College of Pharmacy, University of the Sciences in Philadelphia, Philadelphia, PA, USA; 2University of Pennsylvania Medical Center, Philadelphia PA, USA

OBJECTIVES: Recent advances in left ventricular assist device (LVAD) technology have made this therapy a life-saving bridge to orthotopic heart transplant (OHT) in patients with heart failure who fail maximal medical therapy, including positive inotropic support. This study examined the costs of LVAD versus traditional intravenous positive inotropic support strategies in patients awaiting OHT. METHODS: To determine the economic impact of using either LVAD or positive inotropic support strategies for patients awaiting OHT, we retrospectively examined the itemized inpatient billing records of all patients who underwent OHT in 1993 (N = 18) and 1996 (N = 32) at our center. PreOHT costs (in 1997 US $) were calculated for each billed item using institutional cost:charge ratios. Items were categorized as pharmacy, procedure, laboratory, bed, blood product, respiratory care, and supply. Professional fees were excluded from the analysis. Per diem costs were calculated to control for interpatient differences in length of stay. RESULTS: LVAD support was utilized in 10 patients, and the remaining 40 patients received only positive inotropic therapy prior to OHT. The groups were demographically and clinically similar. PreOHT length of stay was 113 ± 63 days vs 71 ± 46 days (LVAD vs positive inotrope groups; P = 0.02). Total preOHT per diem costs were $3651 ± 1510 for LVAD patients and $2625 ± 602 for positive inotrope patients (P < 0.01). Although per diem pharmacy and bed costs were similar, costs in the LVAD patients for procedures ($794 ± 667 vs $237 ± 289), laboratories ($436 ± 280 vs $260 ± 138), blood products ($122 ± 148 vs $12 ± 16), respiratory care ($222 ± 263 vs $61 ± 123), and supplies ($223 ± 131 vs $141 ± 62) were significantly higher than in positive inotrope-supported patients (P < 0.01 for all). CONCLUSIONS: In this study, length of stay and per diem costs were higher in patients requiring LVAD implantation as a bridge to transplant. These increased costs may be justified given the extremely high mortality of these patients in the absence of LVAD support.

COST ANALYSIS OF ANTIHYPERTENSIVE DRUG USE IN TURKEY
Sapci H1, Bozkurt E2, Durlu T3, Kandilci B2, Oszogut B2, Demirdamar R3, Akalin K1, Mutlugil A1
1Numune Hospital, Ankara, Turkey; 2Faculty of Pharmacy, Hacettepe University, Ankara, Turkey; 3General Directorate of Pharmaceuticals, Ankara, Turkey

The ministry of health is preparing a national rational drug consumption program in Turkey. It is a must to rationalize drug use and effectively reorganize reimbursement of drugs in order to minimize costs and maximize effective treatment. However, due to the lack of studies on drug prescription habits, rational drug prescribing and cost analysis, it is not possible to make effective changes. OBJECTIVE: We have conducted a pilot study on reimbursed prescriptions of Emekli Sandigi and BagKur from January 1998-between September 1999 and evaluated antihypertensive drugs. METHODS: 2278 prescriptions from Ankara Numune Hospital and the social security systems (Emekli Sandigi, Bag-Kur) were chosen randomly. Medical information included the length of time medications were extracted. RESULTS: Cost analysis of antihypertensives showed that the average total cost of antihypertensive treatment was $9.09 (range $0.89–$30.52) per patient and the most prescribed antihypertensive drug class was ACE inhibitors (25%). CONCLUSIONS: Taking the results of this pilot study into consideration, a master study for Turkey is planned which will also include postgraduate training programs to enhance rational prescription. In October 1999 the first program was held in Patalya Hotel-Ankara by the ministry of health.

SOCIOECONOMIC EVALUATION OF CILOSTAZOL FOR THE SECONDARY PREVENTION OF CEREBRAL INFARCTION IN JAPAN
Kobayashi M1, Gotoh F2
1Crecon Research and Consulting Inc., Tokyo, Japan; 2School of Medicine, Keio University, Tokyo, Japan

The use of such anti-platelet agents as aspirin and ticlopidine have not been approved in Japan for use in the prevention of the recurrence of cerebrovascular diseases that include cerebral infarction. Cilostazol is an anti-platelet agent indicated for the treatment of ischemic symptoms, including ulcer, pain, and cold sensation in chronic arterial occlusion, but it also has been confirmed to be effective over placebo with respect to the prevention of cerebral infarction recurrences through a randomized, double-blind, placebo controlled, multi-center clinical trial (RCT). OB-