

national pharmacy (Apoteket AB). Costs were calculated from a societal perspective by multiplying quantities of resources used with unit costs (presented in Euros 2007). **RESULTS:** In Sweden, about 326,100 patients over 54 years suffer from acute insomnia (DSM-IV 307.42), a prevalence of about 12% in this age group. The associated costs exceed €151 million per year. About 44% are direct costs (outpatient care €40.4 m, drugs €22.5 m, diagnostic examinations €0.48 m, specialist visits €0.47 m and inpatient care €0.22 m) and 56% indirect costs (presenteeism €78.5 m, absenteeism €6.6 m and occupational and domestic accidents related to daytime dysfunction caused by poor sleep and current treatment €0.91 m and €0.57 m, respectively). Other relevant cost items that were not incorporated in this estimate, due to the high degree of uncertainty, include: cognitive behavioural treatment, productivity losses due to early retirement, medical costs due to comorbidities aggravated by insomnia, side-effects of current treatment (incl. increased risk of traffic accidents, tolerance, dependence and withdrawal symptoms), and quality of life losses. **CONCLUSIONS:** Our results confirm that insomnia presents a substantial clinical and economic burden. The annual cost per patient (€463) is consistent with estimates for e.g. Germany, France and the US. As a large share of the costs fall outside the health care system, a societal perspective is important when evaluating treatments of insomnia.

## PIH12

**INPATIENT LENGTH OF STAY AND TOTAL COSTS OF ILLNESSES OF PRESSING CONCERN FOR ASIAN-AMERICAN AND PACIFIC ISLANDER WOMEN IN THE UNITED STATES**

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**OBJECTIVES:** To generate national estimates of the inpatient economic burden of key medical conditions among Asian-American and Pacific Islander (AAPI) females hospitalized in the United States in 2005. Conditions analyzed were based upon research conducted by the US Department of Health and Human Services, Office of Women's Health, which identified conditions of particular concern for this underserved population. **METHODS:** Data from the 2005 HCUP Nationwide Inpatient Sample (NIS) database were analyzed for 438,577 hospital stays (unweighted = 91,092) for AAPI females. Among these, we identified stays in which the primary or second diagnosis, using relevant ICD-9-CM diagnosis codes, was for tuberculosis (TB), Hepatitis B (HBV), osteoporosis, cervical cancer (CC), and breast cancer (BC). Using sampling weights provided with the NIS dataset, national estimates of mean per-discharge length of stay (LOS) and total costs, and aggregate (i.e., summed across all discharges) total days and costs were estimated for each condition. **RESULTS:** Among hospitalizations for AAPI women in 2005, we found 485 hospitalizations for TB (with relevant primary or second diagnosis only), 1237 for HBV, 672 for osteoporosis, 490 for CC, and 1594 for BC. For each condition, the mean per-discharge LOS and aggregate total days were 12.3 and 5611; 4.7 and 5804; 3.5 and 2325; 4.7 and 2316; and 2.7 and 4379 days, respectively. Finally, for each condition, the mean per-discharge and aggregate total costs were \$20,563 and \$9,099,718, \$10,230 and \$11,408,636, \$8,284 and \$5,269,951, \$10,174 and \$4,472,145, and \$8,040 and \$11,655,081, respectively. **CONCLUSIONS:** In this study we examined the inpatient economic burden of illnesses that are of concern for AAPI women in the US. The total cost incurred for just these 5 conditions (4,478 discharges) was in excess of \$40,000,000. Policy and other decision makers should be aware of the burden of these

conditions as strategies to address these illnesses among this minority population are developed.

## PIH13

**ASSESSING THE INCREASED MATERNAL AND NEONATAL HEALTH CARE COSTS ASSOCIATED WITH PREECLAMPSIA**

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**OBJECTIVES:** To assess health care costs associated with a diagnosis of preeclampsia or hypertension during pregnancy by describing 5-month antepartum and delivery, and 3-month postpartum health care costs. **METHODS:** Pregnancy episodes (1999–2005) for female claimants ages 15–55 who met continuous enrollment criteria were constructed using a U.S. employer-based insurance claims database. Episodes were stratified based on a diagnosis of preeclampsia (ICD-9 642.4–642.7; N = 2,435), hypertension during pregnancy (ICD-9 642.0, 642.1, 642.3, 642.9; N = 2,419), or absence of either of these diagnoses (N = 39,597). Pregnancy-related maternal (5-month antepartum and delivery, and 3-month postpartum) and neonatal (3-month postpartum) health care costs were compared using nonparametric Wilcoxon rank-sum tests, with mean values reported here. **RESULTS:** Antepartum and delivery costs were highest for the preeclampsia group (\$13,491), followed by the hypertension (\$8,899) and comparison (\$8,075) groups (between-group differences  $p < 0.001$ ). Inpatient costs in the preeclampsia group were 58% (\$11,031 vs. \$6,961;  $p < 0.001$ ) and 63% (\$11,031 vs. \$6,781;  $p < 0.001$ ) greater than in the hypertension and comparison groups, respectively. Maternal postpartum medical costs in the preeclampsia, hypertension, and comparison groups were \$1623, \$1028, and \$741, respectively (between-group differences  $p < 0.001$ ). Neonatal costs in the preeclampsia group were much higher than those in the hypertension and comparison groups (\$7035 vs. \$2784;  $p < 0.001$  and \$7035 vs. \$2484;  $p < 0.001$ ). More than 60% of all neonatal costs in the preeclampsia group were associated with neonatal or pediatric intensive care unit (NICU/PICU) services, compared to less than 40% in both the hypertension and comparison groups. Total maternal and neonatal postpartum costs were \$8658, \$3812, and \$3226, respectively (between-group differences  $p < 0.001$ ). **CONCLUSIONS:** Pregnancies with a preeclampsia diagnosis are associated with significantly higher maternal antepartum and delivery costs, and all postpartum costs. Neonatal costs are also significantly higher, largely due to NICU/PICU care of babies born to mothers with a diagnosis of preeclampsia.

## PIH14

**COSTS AND OUTCOMES ASSOCIATED WITH IN VITRO FERTILISATION (IVF) OR INTRACYTOPLASMIC SPERM INJECTION (ICSI) USING RECOMBINANT FOLLICLE STIMULATING HORMONE (rFSH)**

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**OBJECTIVES:** To evaluate, in a real-life clinical setting, the utilisation, cost and outcomes of assisted reproduction treatment (ART) with rFSH and assess whether the economic burden is consistent with that established by the UK National Institute for Health and Clinical Excellence (NICE). **METHODS:** Study