gression analysis are the number of days of heparin use and the intensity of diagnostic follow-up, as expressed by the number of VQ-scans. **CONCLUSIONS:** The management of PE, from suspicion until discharge, is rather consistent; however, large inter-individual variation in hospital stay is observed. Interestingly, the length of hospitalization is related to the duration of heparin use. This perhaps opens perspectives for anticoagulation that can be administered ambulatory. A patient chart review has the advantage over database research that only resource use strictly related to the investigated condition can be identified.

PCV22

COST-EFFECTIVENESS OF HMG-CoA REDUCTASE INHIBITORS AND FIBRATES THERAPY IN ELDERLY WOMEN WITH CORONARY ARTERY DISEASE

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OBJECTIVE: To determine pharmacoeconomically optimal hypolipidemic drug for preventive maintenance of CAD in women of elder age groups. **METHODS:** 110 women, average age 59 ± 3,4 yrs., with menopause duration more than 5 years, hypercholesterolemia types IIA and IIB, coronary heart disease, angina pectoris of II–III functional class without clinical signs of heart insufficiency were included into the study. They were divided into 5 groups by a method of envelopes: patients of I group received simvastatinin - 10–20 mg o.d., patients of II group - fluvastatin 40–80 mg o.d., patients of III group - pravastatin 20–40 mg o.d., IV group - fenofibrate 200 mg o.d., V group-ciprofibrate - 100 mg o.d. Statins were initially given in bioequivalent doses. The groups of therapy were completely comparable to age; duration of disease and character of accompanying therapy, and also by levels TC and LDL-C Therapy duration was 12 weeks. After 4 and 12 weeks the levels of TC, LDL-C, HDL-C, TG and also conventional biochemical criterion of safety of therapy were determined. The criterion of cost-effectiveness for each drug was defined under the following formula, permitting to determine the cost of 1% reduction of LDL-C by various hypolipidemic drugs: Ñ-E =Σ (DMC + FC)/% of LDL-C reduction, where DMC—the direct medical costs including cost of a medical reception and cost of an out-patient inspection according to the standards of the prices for medical services in adult out-patient departments of Moscow under the program of voluntary medical insurance in 1997–98; FC-cost of a monthly course of treatment by different drugs in Moscow chemist's web in 1997–98. **CONCLUSION:** The comparison of hypolipidemic drugs by a criterion "cost-effectiveness", using as a criterion of therapy efficiency percentage of LDL-C reduction, arranged the drugs as follows: ciprofibrate (100 mg) - fluvastatin (40 mg) - simvastatin (10 mg) - fenofibrate (200mg) - fluvastatin (80mg) - simvastatin (20mg) - pravastatin (20 mg) - pravastatin (40 mg).

PCV23

VARIATION IN COSTS OF TREATING HYPERCHOLESTEROLEMIC PATIENTS IN FRANCE

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OBJECTIVE: To examine the variation in total costs of treating patients with hypercholesterolemia to achieve EAS LDL-C target concentration levels using statins. **METHODS:** A randomized, 54-week, controlled trial was conducted to compare resources used when treating patients to EAS LDL-C targets using atorvastatin, fluvastatin, pravastatin and simvastatin. Variation in total costs among the arms of the study could be attributed to the time at which patients achieved LDL-C targets and the services and medications required to reach LDL-C target. Costs include costs of study drug, add-on therapy, physician office visits, lab tests and attributable adverse events. **RESULTS:** There was substantial variation in total costs and in the components of total costs among study arms. Patients treated with atorvastatin achieved LDL-C target significantly faster ($P < 0.05$) at lower doses of study drug and required significantly fewer clinic visits than patients treated with comparator statins. Consequently, mean total cost of care to reach LDL-C targets were significantly lower than costs for patients treated with comparators ($P < 0.05$). **CONCLUSION:** Costs for treating patients to LDL-C targets with HMG-CoA reductase inhibitors varied significantly among drugs. Total costs of therapy were lowest with atorvastatin, when compared to other reductase inhibitors examined in this study.

PCV24

THE COST OF REACHING LDL-C TARGETS IN SPAIN: A COMPARISON AMONG STATINS

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OBJECTIVE: To examine the variation in total costs of treating patients according to EAS LDL-C target concentration levels attributable to use of alternative HMG-CoA reductase inhibitors (statins). **METHODS:** A randomized, 54-week, controlled trial was conducted to compare resources used when treating patients to EAS LDL-C targets using atorvastatin, fluvastatin, pravastatin and simvastatin. The trial enrolled 336 patients. Patients were dispensed study drugs according to the protocol; starting at the lowest dose and titrating up at regular intervals if LDL-C targets were not met. Per the protocol, the amount of resources consumed varied based upon the time at which patients achieved LDL-C targets. In this treat-to-target study, it was possible to achieve target in