54% and Germany 45%. An overall increase in co-prescribing of clopidogrel and PPIs was observed in all countries from April 2006 to April 2009 except for France where omeprazole co-prescribing decreased in 2008–2009. The most frequently prescribed PPI in combination with clopidogrel was omeprazole in all three countries (58% in the UK, 36% in France and 35% in Germany). The second most frequently used PPI was lansoprazole in the UK (36%), pantoprazole in Germany (21%) and esomprazole in France (28%). The proportion of clopidogrel patients who were co-prescribed lansoprazole was 36% in the UK and only 11% in France and 2% in Germany.

The number of life-years gained was calculated by multiplying the number of avoided deaths per patient day to the 75th percentile for operative nursing units from a hospital perspective. The intervention was to increase nurse staffing levels in Belgian general cardiac postoperative nursing units was associated with lower mortality rates. The aim of this study is to conduct a cost-effectiveness analysis of increasing nurse staffing levels to the 75th percentile in Belgian general cardiac postoperative nursing units from a hospital perspective and compared with nurse staffing levels after ACS care is commonly used in the UK, France and Germany. Since the publication of the OCLA study in 2008 no decrease in concurrent prescribing of clopidogrel and omeprazole was observed except in France. Revisions of national guidelines and the clopidogrel label in 2009 may further affect prescribing of PPIs, and especially omeprazole, with clopidogrel in the future.

INCREASING NURSE STAFFING LEVELS IN BELGIAN CARDIAC SURGERY CENTERS: A COST-EFFECTIVE PATIENT SAFETY INTERVENTION!

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OBJECTIVES: A previous study indicated that increasing nurse staffing levels in Belgian general cardiac postoperative nursing units was associated with lower mortality rates. The aim of this study is to conduct a cost-effectiveness analysis of increasing nurse staffing levels to the 75th percentile in Belgian general cardiac postoperative nursing units.

METHODS: The intervention was to increase nurse staffing levels to the 75th percentile for operative nursing units staffed below that level. The comparator was a "do nothing" alternative. Data on nurse staffing levels were extracted from the Belgian Nursing Minimum Data Set. Costs were calculated using the Incremental Cost-Effectiveness Ratio (ICER) method. The incremental cost-effectiveness ratio was robust to changes in input parameters. CONCLUSIONS: Increasing nurse staffing levels appears to be a cost-effective intervention as compared to other cardiovascular interventions.

MODELING OF HEALTH SERVICE RESEARCH RESULTS WITH UPDATED COST DATA—THE GERSHWIN STUDY EXAMPLE

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OBJECTIVES: Health services research is an expanding field of interest for recently introduced medical technologies. Completing efficacy results with effectiveness data illustrates the clinical contribution of a new technology in the real-life setting. With effectiveness results being relatively stable over time, the change in reimbursement and price decreases have a substantial impact on the cost-effectiveness considerations. The three-year GERSHWIN study (GERman Stent Health outcomes With Supporting Information) was designed to determine long-term clinical outcome and economic consequences of Sirolimus-eluting stents (SES) versus bare-metal stents (BMS) in the treatment of CAD from a societal perspective. Economic analysis resulted in an ICER of 259,868 per avoided major adverse coronary events (MACE) based on 2003 to 2005 prices. Due to substantial price reductions, a remodelling with current prices would increase applicability of results by decision-makers.

From the Antiplatelet Treatment Observational Registry II

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OBJECTIVES: This analysis aims to explore management of acute coronary syndromes (ACS) from acute event to hospital discharge in Austria, and to measure Quality of Life (Qol) at discharge. METHODS: This 12-month international, prospective, observational study recruited ACS patients in selected hospitals undergoing percutaneous coronary intervention (PCI). April 2008–March 2009, capturing practice patterns, resource use and QoL. RESULTS: A total of 148 ACS-PCI patients (out of the 152 recruited) were eligible: median age 60 yrs (IQR 51–69), median weight 80 kg (IQR 70–89), 20% female, 28% Type II diabetics, and 17% prior myocardial infarction (MI). Index diagnosis was unstable angina or non-ST-elevation MI (UASTMI) in 44% and ST-elevation MI (STEMI) in 56%. Most patients (96%) received stents: 28% bare metal stents only, 70% drug eluting stents only and 2% both. Time from start of ACS symptoms to PCI was 53 days in 86% of UASTMI patients and 51 days in 98% of STEMI patients. Oral antiplatelet therapies at discharge included loading dose (LD) used: aspirin-97% and clopidogrel-91%. Clopidogrel LD was administered in the ambulatory care, 98% hospital-10%, emergency room-41%, CCU or ICU-31%, catheterization lab-5%, or other-5%. LD was administered within 6 hours before to 6 hours after PCI in 82% of LD cases. The first clopidogrel LD was 600 mg in 85% and 300 mg in 10% of cases and in-hospital maintenance dose was 75 mg in 97%. At time of hospital discharge, 97% of the discharged patients were prescribed clopidogrel (discharge dose 75 mg for all patients except one). Qol in discharged patients was good: median EQ-5D health state index at 1.00 (IQR 0.81–1.00). CONCLUSIONS: These real life data reflect treatment patterns among ACS patients managed by PCI in selected hospitals in Austria in 2008–2009. Timing and place of loading of antiplatelet agents differ. The Qol of patients at discharge was high.

AN INTERNATIONAL COMPARISON OF DUAL ANTIPLATELET USE BY STENT TYPE AT 6 MONTHS FOLLOWING HOSPITAL DISCHARGE AFTER ACUTE CORONARY SYNDROME: RESULTS FROM THE ANTIPLATELET TREATMENT OBSERVATIONAL REGISTRY II (APTOR-II)

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OBJECTIVES: Current European Society of Cardiology Guidelines recommend dual antiplatelet therapy for 12 months for patients with acute coronary syndrome (ACS); however, reimbursement for antiplatelet therapy differs by EU country and is dependent upon the use of bare metal (BMS) or drug-eluting (DES) stents during percutaneous coronary intervention (PCI). Dual antiplatelet (clopidogrel + aspirin) treatment