RESULTS: The panel was comprised of four endocrinologists, considered experts in the acromegaly treatment algorithm and estimate the resource use associated with national databases contain adequate information on the resource use and costs associated with acromegaly treatment under the Brazilian public health care system (BPS) perspective.

ACROMEGALY TREATMENT UNDER THE BRAZILIAN PUBLIC HEALTH RESOURCE USE AND DIRECT MEDICAL COSTS ASSOCIATED TO

As a result, further research is needed in order to get a consensus on the costs of DM2 in Mexican Ministry of Health's public hospitals. METHODS: A comp-lication—specific survey was designed to estimate resource utilization and procedures performed for T2D—related complications reported in the Mexican Ministry of Health (MoH) perspective. Three public—institution specialists were interviewed per complication. Costs were obtained from MoH hospitals official cost report for 2004 and discounted at a 3% annual rate. Only costs for Year 1 and 2 were considered. Results per complication were shown as maximum/minimum costs for each complication in Mexican pesos (MXN). Cost of medications, prostheses and cardiovascular markers were excluded. RESULTS: The costs for cardiovascular complications were $121,496/120,137 (myocardial infarction), $179,680/175,818 (angina), $117,642/113,517 (congestive heart failure), $147,539/105,992 (stroke), $99,750/96,418 (peripheral vascular disease); ophthalmologic complications cost $42,852/42,593 (retinal photocoagulation), $14,318/14,318 (blindness), $124,370/124,370 (cataract operation); other complications cost $530,318/521,384 (chronic kidney failure), $17,849/16,992 (neuropathy), $133,048/132,799 (non-infected ulcer), $179,821/178,839 (infected ulcer), $96,411/96,411 (gangrene), $156,038/155,300 (foot amputation), $90,632/90,632 (lithotomy) and $69,208/ 69,160 (complicated hypoglycemia). CONCLUSIONS: This analysis showed that the most expensive T2D related complications for the Mexican health system are chronic kidney failure, infected ulcers and angina. As diabetes prevalence rate is increasing rapidly in Mexico, public institutions should adopt cost—effective clinical strategies to avoid the financial burden of future T2D—related clinical complications.

COST OF TYPE 2 DIABETES COMPLICATIONS IN MEXICO

ESTIMACIÓN DEL COSTO ASOCIADO A LA PÉRDIDA DE PRODUCTIVIDAD POR MORTALIDAD ATRIBUÍBLE A LA DIABETES EN ARGENTINA

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