2011. One-year costs were identified by applying cost data to medical information obtained by review of medical records. Costs included those for medications, laboratory and diagnostic tests, clinic visits, emergency room visits and hospital stays. Contemporary data were obtained from epidemiological studies, government datasets, and other sources to estimate prevalence. National costs (US dollar 2012) of treatment for PAH were estimated by extrapolation of mean cost estimate per person to national incidence data for PAH. Because of uncertainties surrounding some of our estimates such as prevalence, one way sensitivity analyses were undertaken. The number of 134 PAH patients were identified and their demographic and clinical characteristics, patterns of care were examined. The mean age was 38 years, and 83% were female. The average per patient annual cost was $10,869, with specific treatment (implantation and replacement).

The average cost of illness to be NRs. 30,888.14 (US $ 360) for an outpatient episode. An independent retrospective, cost-of-illness study was conducted between August 2008 and July 2009. In many patients pay for medicines out-of-pocket. This study's aim was to calculate the number of days' wages required to pay one month of antihypertensive therapy ranged from 0.08 - 3.81. The average was 0.67 -1.90 for beta blockers, calcium channel blockers, ACE inhibitors and angiotensin II receptor antagonists or ARBs.

To calculate cost of illness due to coronary heart disease in the patients attending National Heart Center, Kathmandu, Nepal. The study found high cost of illness due to coronary heart disease in the patients attending National Heart Center, Kathmandu, Nepal. METHODS: Descriptive cross sectional survey was conducted. The total number of sample was 120. The sample was selected by non-probability purposive sampling method. Data entry and analysis was done using SPSS 16.0. Categorical variables were compared using Independent Sample t-test and cross tabulation was done and chi-square test was done in a correlation between the cost of HAP and disease severity with hospitalization owing to disease severity being a major contributor to cost. With the expected increase in the incidence of PAH in Mexico over the coming decades, these results emphasize the need for effective preventive and acute medical care.

PCV17 A HEALTHY ECONOMY IS A PROSPEROUS ECONOMY. Mexico, Mexico

The number of days' wages required to pay one month of antihypertensive therapy ranged from 0.08 - 3.81. The average was 0.67 -1.90 for beta blockers, calcium channel blockers, ACE inhibitors and angiotensin II receptor antagonists or ARBs.

Aggregate national health care expenditures for treatment of PAH were $31.433. Aggregate national health care expenditures for treatment of PAH were estimated by extrapolation of mean cost estimate per patient to national incidence data for PAH. Because of uncertainties surrounding some of our estimates such as prevalence, one way sensitivity analyses were undertaken. The number of 134 PAH patients were identified and their demographic and clinical characteristics, patterns of care were examined. The mean age was 38 years, and 83% were female. The average per patient annual cost was $10,869 with specific treatment (implantation and replacement).

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PCV18 ECONOMIC BURDEN OF CORONARY HEART DISEASE IN THE PATIENTS ATTENDING NATIONAL HEART CENTER, KATHMANDU, NEPAL

The number of days' wages required to pay one month of antihypertensive therapy ranged from 0.08 - 3.81. The average was 0.67 -1.90 for beta blockers, calcium channel blockers, ACE inhibitors and angiotensin II receptor antagonists or ARBs.

To calculate cost of illness due to coronary heart disease in the patients attending National Heart Center, Kathmandu, Nepal. METHODS: Descriptive cross sectional survey was conducted. The total number of sample was 120. The sample was selected by non-probability purposive sampling method. Data entry and analysis was done using SPSS 16.0. Categorical variables were compared using Independent Sample t-test and cross tabulation was done and chi-square test was applied to show significant difference between variables. RESULTS: Agriculture was the main source of income for the coronary heart disease patients. The average annual household income was NRs. 1,54,000 (US $ 179). The study estimated the average cost of illness to be NRs. 30,888.14 (US $ 360) for an outpatient episode of coronary heart disease which was 20.0% of the average annual income of GHD household. The average total time loss of the GHD household was 8.75 person days. The average total direct cost was NRs. 29,600 (US $ 344) of which medical cost was the largest component. The average monetary value of time loss by the household was found to be 2,981.18 (US $ 35). CONCLUSIONS: The study found high cost of illness due to centralised system of health care. The findings of the study showed that households struggled to cope and adopted unsustainable strategies that damaged asset and caused or sustained impoverishment. Thus, estimated cost appears to be an estimated economic burden on the individual household.

PCV19 AFFORDABILITY OF ANTIHYPERTENSIVE TREATMENT IN MEXICO

To calculate cost of illness due to coronary heart disease in the patients attending National Heart Center, Kathmandu, Nepal. METHODS: Descriptive cross sectional survey was conducted. The total number of sample was 120. The sample was selected by non-probability purposive sampling method. Data entry and analysis was done using SPSS 16.0. Categorical variables were compared using Independent Sample t-test and cross tabulation was done and chi-square test was applied to show significant difference between variables. RESULTS: Agriculture was the main source of income for the coronary heart disease patients. The average annual household income was NRs. 1,54,000 (US $ 179). The study estimated the average cost of illness to be NRs. 30,888.14 (US $ 360) for an outpatient episode of coronary heart disease which was 20.0% of the average annual income of GHD household. The average total time loss of the GHD household was 8.75 person days. The average total direct cost was NRs. 29,600 (US $ 344) of which medical cost was the largest component. The average monetary value of time loss by the household was found to be 2,981.18 (US $ 35). CONCLUSIONS: The study found high cost of illness due to centralised system of health care. The findings of the study showed that households struggled to cope and adopted unsustainable strategies that damaged asset and caused or sustained impoverishment. Thus, estimated cost appears to be an estimated economic burden on the individual household.

Le membre du comité d'Éthique de l’Étude de Santé en Afrique occidentale et centrale (REMISA) a émis une opinion favorable pour l’étude. Le comité a recommandé de ne pas dévoiler l’identité des patients soumis à un traitement. L’étude a examiné une grande variété de traitements pour la hypertension, y compris les inhibiteurs de l’enzyme de conversion (IEC) et les antagonistes des récepteurs de l’angiotensine II (ARA II). Les résultats ont montré que ces traitements étaient efficaces pour contrôler la pression sanguine, mais qu’ils entraînaient des effets secondaires indésirables, tels que les troubles digestifs et la fatigue. Le comité a donc recommandé de surveiller attentivement les patients pendant leur traitement pour déterminer les effets secondaires et ajuster les doses si nécessaire. En conclusion, cette étude a montré que l’étude de l’affordability of antihypertensive drugs is important for ensuring access to effective treatment for hypertension in low-income countries. The study found that the high cost of these drugs was a significant barrier to treatment, especially for patients with low income. The committee recommended that governments and international organizations take action to reduce the cost of antihypertensive drugs and improve access to effective treatment for hypertension in low-income countries. 