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OBJECTIVES: WAVE-bd (International ambispective study of the clinical management of bipolar disorder [BD]) is aimed at providing the healthcare community with updated and representative longitudinal data on this disease. As part of this study, healthcare utilization was assessed in a cohort of Brazilian and Venezuelan BD patients. METHODS: Multinational, multicenter, non-interventional, clinical observational study of BD patients diagnosed with BD with >1 mood event in the preceding 12 months (retrospective data collection from index mood event to enrollment, followed by a minimum of 9 months’ prospective follow-up). Site and patient selection provided a representative sample of patients from both countries, including both public and private hospitals. Data from Brazil and data from Venezuela on the overall BD population (inclusive of BD type I and II) are presented. RESULTS: In total, 397 patients were recruited from public hospitals and university hospitals in Brazil (n = 146 [88.0%]) and n = 20 [12.0%], respectively, N = 166) and from private practice and public and university hospitals in Venezuela (n = 76 [52.9] and n = 155 [47.1], respectively, N = 231). Planned visits to the psychiatrist were the most frequently used resource (7.7 ± 7.02 [mean ± SD] visits/patient-year) and there were also 0.48 ± 1.35 spontaneous visits to this specialist. The mean number of visits to the psychologist was 0.99 ± 5.13 per patient-year. Hospitalization rates since diagnosis and the index study visit were 0.33 ± 0.54 and 0.18 ± 0.54 per patient-year, respectively. Visits to group therapy sessions, general practitioners and the emergency room since the index event were 0.13 ± 0.18, 0.56 ± 0.71 and 0.15 ± 0.75 per patient-year, respectively. There were 140 ± 460 suicide attempts per 1000 patient-years since diagnosis. CONCLUSIONS: Managing patients with BD is a representative of everyday clinical practice involved considerable use of resources in two Latin American countries. Study funded by AstraZeneca, Clinical Trials Registry: NCT01062607.

EX3 INCREMENTAL COST OF IMPLEMENTING A CARE PROGRAM FOR PEOPLE WITH TYPE 2 DIABETES IN ARGENTINA

Gonzalez L1, Caporale E2, Espíta J, Giuglarini J1

CENEX - Centro de Enfermología Experimental y Aplicada (UNLP-CICNET La Plata, Centro Colaborador OPS/OMS), La Plata, Buenos Aires, Argentina

OBJECTIVES: To estimate the incremental cost of implementing a care program for people with type 2 diabetes in Argentina. METHODS: ALAD guidelines were used to identify resources necessary to implement a diabetes care program in two Argentine provinces with opposite socioeconomic characteristics (Córdoba and Misiones). Microcosting techniques were employed to estimate this cost from a public payer perspective, and considering a province without such diabetes program. Probabilistic sensitivity analysis following Monte Carlo simulation was used to determine the number of visits and practices, probability of insulin treatment, combined drug therapy for hypertension, dyslipidemia, and diabetes. The lowest cost was associated to human resources (~5%). The annual individual incremental expenditure was 32% higher in Córdoba due to the pharmaceutical treatment of diabetes (1.361 vs 1.039 USD/DMY). The annual individual incremental cost was higher in Córdoba and Misiones indicates that: a) Misiones has a 32% average incremental cost of diabetes (1.039 USD/DMY) followed by that of the treatment of hypertension, dyslipidemia and diabetes. The mean number of visits to the psychiatrist was 0.99 ± 5.13 per patient-year. THE mean hospitalization rates since diagnosis and the index study visit were 0.33 ± 0.54 and 0.18 ± 0.54 per patient-year, respectively. Visits to group therapy sessions, general practitioners and the emergency room since the index event were 0.13 ± 0.18, 0.56 ± 0.71 and 0.15 ± 0.75 per patient-year, respectively. There were 140 ± 460 suicide attempts per 1000 patient-years since diagnosis. CONCLUSIONS: Managing patients with BD is a representative of everyday clinical practice involved considerable use of resources in two Latin American countries. Study funded by AstraZeneca, Clinical Trials Registry: NCT01062607.

EX4 EFECTIVIDAD DE LOS INDICADORES DE CALIDAD DE LA PRESCRIPCIÓN REGIONALES EN EL SNS ESPAÑOL

Garrido E1, Sabater F1, Hurtado P1, Espíndola B1, Guargu L1, Garcia Lona M1, Viella A1, Badia X2

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OBJECTIVES: En el Sistema Nacional de Salud (SNS) español, las estatinas son uno de los grupos terapéuticos de mayor gasto farmacéutico. Las 17 regiones españolas gestionan su presupuesto sanitario mediante la implementación de diferentes políticas farmacéuticas. Las regiones consideran a simvastatina la estatina de elección y los incentivos farmacéuticos (ICP) se han implementado en algunas regiones. Para identificar los ICP se ha realizado una búsqueda en los sitios web de los servicios farmacéuticos de las regiones. Las regiones analizadas son São Paulo, Salvador, Brazil. 6Hospital General Dr. Miguel Pérez Carreño, Caracas, Venezuela, 7Medical Department, AstraZeneca Pharmaceutical, Caracas, Venezuela

OBJECTIVES: WAVE-bd (International ambispective study of the clinical management of bipolar disorder [BD]) is aimed at providing the healthcare community with updated and representative longitudinal data on this disease. As part of this study, healthcare utilization was assessed in a cohort of Brazilian and Venezuelan BD patients. METHODS: Multinational, multicenter, non-interventional, clinical observational study of BD patients diagnosed with BD with >1 mood event in the preceding 12 months (retrospective data collection from index mood event to enrollment, followed by a minimum of 9 months’ prospective follow-up). Site and patient selection provided a representative sample of patients from both countries, including both public and private hospitals. Data from Brazil and data from Venezuela on the overall BD population (inclusive of BD type I and II) are presented. RESULTS: In total, 397 patients were recruited from public hospitals and university hospitals in Brazil (n = 146 [88.0%]) and n = 20 [12.0%], respectively, N = 166) and from private practice and public and university hospitals in Venezuela (n = 76 [52.9] and n = 155 [47.1], respectively, N = 231). Planned visits to the psychiatrist were the most frequently used resource (7.7 ± 7.02 [mean ± SD] visits/patient-year) and there were also 0.48 ± 1.35 spontaneous visits to this specialist. The mean number of visits to the psychologist was 0.99 ± 5.13 per patient-year. Hospitalization rates since diagnosis and the index study visit were 0.33 ± 0.54 and 0.18 ± 0.54 per patient-year, respectively. Visits to group therapy sessions, general practitioners and the emergency room since the index event were 0.13 ± 0.18, 0.56 ± 0.71 and 0.15 ± 0.75 per patient-year, respectively. There were 140 ± 460 suicide attempts per 1000 patient-years since diagnosis. CONCLUSIONS: Managing patients with BD is a representative of everyday clinical practice involved considerable use of resources in two Latin American countries. Study funded by AstraZeneca, Clinical Trials Registry: NCT01062607.

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