structure of direct costs in Russia was as follows – 77% for hospital stays, 21% for outpatient visits, 2% for ambulance service. COPD complications, medication costs, and lost work productivity contributed the major portion of cost and also correlated with disease severity. CONCLUSIONS: COPD associated with significant economic burden on Russian’s health care system. There is a striking direct relationship between the cost of care and severity of the disease with hospitalization leading to disease exacerbation being a major portion of cost.

PRS34 THE SOCIAL AND ECONOMIC IMPACT OF ATOPIC DERMATITIS IN SOUTH KOREA Kim C1, Yim HW2, Je SJ3, Ahn SH4, Seo SJ5, Choi WS6
1Catholic University College of Medicine, Seoul, South Korea, 2Chung-Ang University, Seoul, South Korea
OBJECTIVES: Atopic dermatitis is a global public health concern considering its growing prevalence and mounting socioeconomic burden. However, few studies has assessed the economic impact of atopic dermatitis in Korea. To conduct a cost analysis, we evaluate and assess the economic impact of atopic dermatitis on individual annual disease burden, quality of life, and change in medical expenses in regards to change in health related quality of life. METHODS: This prospective cost analysis of atopic dermatitis by reviewing the housekeeping account books of 32 patients was conducted and evaluated the economic impact of the disease by analyzing the completed questionnaires. To handle the potential uncertainties, we calculated 10 DRG costs which were spent 25 percent of the health insurance fund at secondary and tertiary level of health care organization.

PRS35 THE COST STUDY OF HEALTH SERVICES IN MONGOLIA Damdinbat U
Mongolian National University of Medical Science, Ulaanbatar, Mongolia
OBJECTIVES: The purpose of this main funding sources of health system in Mongolia which are state budget, health insurance and out of pocket payment. Health insur- ance funded health care service based on 115 DRG and total financing to health care organizations were 87.1 billion MNT in 2011. Health insurance rates 240000 MNT per patient per year and primary care facilities have to change based on the study while base rates should be different at secondary and tertiary level of health care organization.

PRS36 A PHARMACOECONOMIC ANALYSIS OF TUBERCULOSIS CONTROL IN PAKISTAN Iqbal MS1, Iqbal MW2, Bahari MB3, Khalid SH1, Iqbal MZ4
1Department of Clinical Pharmacy, Faculty of Pharmacy, AMIST University, Kedah, Malaysia, 2Faculty of Law, Universiti Malaya, Kuala Lumpur, Malaysia, 3Faculty of Law, Universiti Malaysia, Kuala Lumpur, Malaysia, 4Division of Pharmaceutical Technology, School of Pharmaceutical Sciences, Universiti Sains Malaysia, Pulau Pinang, Malaysia
RESULTS: The most common treatments used were isoniazide (47%) and rifampicin (24%) in the treatment of tuberculosis (TB) in patients attending public hospitals in Pakistan. CONCLUSIONS: A descriptive cross-sectional study was conducted in patients attending Accident and Emergency and TB wards of the hospitals in Pakistan by conven- ient-sampling technique. The direct and indirect medical costs were determined by various parameters like consultation fees, cost of medicines, travelling costs and laboratory test expenses etc. All obtained data were analyzed using descriptive and inferential statistics. RESULTS: The mean annual direct medical cost for a TB patient was around Rs. 17317.56 ($US 176.26) and indirect medical cost was Rs. 12918.50 (US$ 131.48). It was also observed that comparatively higher direct and indirect medical costs per patient (p < 0.001) were associated with large and urban hospitals. Besides, association of indirect medical costs with gender and age were the primary predictors of the study. CONCLUSIONS: Severity of disease was proportionate to the disease and length of stay in the hospital were proportional to the direct and indirect medical costs. In Pakistan, a significant proportion of the direct medical cost for TB treatment is subsidized for the public.

PRS37 PHARMACOECONOMIC EVALUATION OF ACUTE EXACERBATION OF ASTHMA IN PATIENTS IN MALAYSIA Iqbal MS1, Iqbal MW2, Barua A3, Veettil SK4, Ling TK4, Yong NB4, Khan AH4, Hussain Z4, Iqbal MW2
1Department of Clinical Pharmacy, Faculty of Pharmacy, AMIST University, Kedah, Malaysia, 2Division of Community Medicine, School of Medicine, IMU, Bukit Jalil, Kuala Lumpur, Malaysia, 3Department of Pharmacy Practice, School of Pharmacy, IMU, Bukit Jalil, Kuala Lumpur, Malaysia, 4Department of Clinical Pharmacy, School of Pharmaceutical Sciences, Universiti Sains Malaysia, Pulau Pinang, Malaysia
RESULTS: The related burden of exacerbations of asthma had not been well studied in literature. The aim of this study was to identify and quantify the (average) cost of moderate and severe exacerbations of asthma in patients attending tertiary-care set up in Malaysia. The related burden of exacerbations was also cal-
culated. METHODS: The costs including lab investigation charges, unit costs of treatments, medications, medical co-morbidities, and cost of asthma exacerbation and loss of productivity were calculated per asthma episode. Data was analysed by Statistical Package for the Social Sciences (SPSS) version 18.0 using various descriptive and inferential statistical tests. RESULTS: A median medical cost of acute exacerbation of asthma in a 52-year old patient (M0G) in RM was RM84.47 ($US 27.96) per episode. Medication cost comprised the majority (52.38%) of the total medical costs. A median medical cost of acute exacerbation of asthma under patient’s per-treatment episode was RM 1,557.90 ($US 503.73) and the median cost of asthma exacerbation in regards to change in health related quality of life.

PRS38 PHARMACOECONOMIC EVALUATION AND BURDEN OF ILLNESS OF ACUTE EXACERBATION OF COPD IN PATIENTS IN MALAYSIA Iqbal MS1, Iqbal MW2, Barua A3, Veettil SK4, Wei LY4, Khan AH4, Hussain Z4, Iqbal MW2
1Department of Clinical Pharmacy, Faculty of Pharmacy, AMIST University, Kedah, Malaysia, 2Department of Pharmacy Practice, School of Pharmacy, IMU, Bukit Jalil, Kuala Lumpur, Malaysia, 3Department of Clinical Pharmacy, School of Pharmaceutical Sciences, Universiti Sains Malaysia, Pulau Pinang, Malaysia, 4Faculty of Law, Universiti Malaysia, Kuala Lumpur, Malaysia
OBJECTIVES: Acute exacerbation of chronic obstructive pulmonary disease (AECOPD) appears to be the main reason of hospitalization in COPD patients. Since substantial economic burden of COPD have not been previously studied in Malaysia, this study aimed at estimating and identifying different costs and related burden of illness in patients receiving treatment of AECOPD in a tertiary care hospital in Malaysia. METHODS: A prospective follow-up study was performed in Department of Accident and Emergency and Respiratory Medicine of the hospital. Data were derived on the basis of per exacerbation episode. Relationship between direct medical costs and disease severity was analyzed using various descriptive and inferential statistical methods. RESULTS: A median actual direct medical cost was RM 727.61 ($US 219.31) and out- of-pocket cost were RM 457.68 (US$ 141.97) and RM 28.25 (US$ 8.76) per exacerbation respectively. Drug cost (41%) was the leading cost driver, followed by unit cost of treatment per bed (33.6%) and lab investigation cost (25.4%). However, cost of drug represented the largest proportion in out-of-pocket costs. More than 95% of actual direct medical costs were supported by the Government of Malaysia in the patients studied. CONCLUSIONS: Impacts of AECOPD in health care resources are worthy of attention. Cost information from pharmacoeconomic studies is impor-
tant in decision making for health care professionals and policy makers in order to improve health care outcome and minimize costs.

PRS39 PROSPECTIVE STUDY ON THE AVERAGE COST OF THERAPY FOR BRONCHIAL ASTHMA PATIENTS IN AN INDIAN TERTIARY CARE TEACHING HOSPITAL Sai SV, Abdulsalim S., Yedavalli N.S., Shukla R., Mohan M.K.
Manipal University, Manipal, India
OBJECTIVE: To conduct a study to determine the average cost of therapy for bronchial asthma patients in a tertiary care center. METHODS: A prospective obser-
vation was carried out on 100 bronchial asthma patients after ethical clearance was obtained from an Independent Ethical Review (IER) board. The patients selected for the study were in-patients admitted to the Medicine and Pulmonary wards for bronchial asthma related complaints with and without co-morbidities. The study assessed the average cost of therapy which was obtained from patient records. Statistical analysis was performed using SPSS version 20. RESULTS: The study was conducted on 100 patients (N=100) and cost constituted 61% of the study population. The job profiles of the majority of study population were house wives (53%) and agriculturist (15%). The average cost of therapy among 100 patients was found to range from $1.81 to $598. The impact on the length of stay on cost of therapy per day was classified into ≤ 5-10, 11-21 days and cost was found to be $9.21 ± 5.57, $12.12 ±9.65 and $15.6x±10.36 respectively. Impact of co-morbidities (35%) and without co-morbidities cost of therapy per day was found to be $13.03 ± 5-10, 63 and $8.54 ± 6.77 respectively. CONCLUSIONS: Asthma creates a substantial financial burden on the society and results in compromise on diagnosis and treat-
ment mainly in a developing country like India. There was a substantial increase in the cost of therapy as the duration of hospital stay increased and also in the case of patients with co-morbidities. Pharmacoeconomic analysis is needed to develop strategies to reduce the cost of therapy and thereby achieve greater medication adherence and improved quality of life in asthma patients.

PRS40 RESOURCE USE AND HEALTH CARE COSTS OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE IN SLOVAKIA Ondrusova M, Pesikova M, Machakova Eszenyi K
Pharm-In Ltd, Bratislava, Slovak Republic
OBJECTIVES: The objective of this study was to measure the resource utili-
sation, cost and health status of patients with chronic obstructive pulmonary disease (COPD) in Slovakia and to provide a basis for cost-effectiveness evaluations. METHODS: The cross-sectional survey was performed to obtain the information on cost of COPD and to estimate the direct costs of the disease management. The survey included 4 experts experienced in COPD treatment. The studied population were cohorts of COPD patients evaluated separately according to the stage of the disease (mild, mod-
erate, severe and very severe) and to the presence of co-morbidities. The cost were set for one average patient per 3 months of treatment. The cost data were assessed and actualized due the 1st July 2014. All types of health care used in COPD management were evaluated (hospitalization, outpatient visits, diagnostics, labo-
atory tests and the management of symptoms, use of bronchodilators). Moderate