RESULTS: An MI in a diabetic patient was 35% more expensive compared to a non-diabetic (€5,485 vs. €5,449; p = 0.001). In angina and heart failure the difference was less pronounced when compared to non-diabetic patients. Direct medical costs of severe angina were 22% higher (an: €2,570 vs. €2,101; p = 0.01), heart failure: €8,776 vs. €7,757; p = 0.001). Stroke was 8% more expensive and TIA 17% more expensive (stroke: €9,508 vs. €8,804; TIA: €4,802 vs. €4,109; both p = 0.001). Reason for this higher cost is the longer length of stay within the hospital ranging from 1 day in angina to 3 days in MI. The percentage of women was significantly higher in the diabetic group (50% vs. 47%; p < 0.05) and diabetic patients were on average 1.8 years older (72.8 vs. 71.0; p = 0.01). A regression analysis learned that age was the most important cost driver for all outcomes and diabetes was an independent driver for MI and stroke. CONCLUSIONS: Patients with diabetes do not only have a higher risk of cardiovascular events, in case they have an event this event is significantly more expensive.

PCV33 ECONOMIC BURDEN OF CARDIOVASCULAR DISEASES IN RUSSIAN FEDERATION Konstanteva A1, Kalimna A2
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OBJECTIVES: To study the economic burden of cardiovascular diseases (CVD) in Russian Federation in 2006-2009. METHODS: The economic burden was calculated by the cost of illness method. The calculations included direct costs of health care system and indirect costs, associated with premature death in working age and disability. We used official statistics of health care resources utilization, associated with CVD (hospital days, outpatients visits, emergency visits), the results of pharmacoepidemiological surveys of CVD, mortality and disability statistics in Russia in 2006-2009. RESULTS: The total economic burden of CVD increased from 20.6 billions of euro in 2006 till 26.6 billion of euro in 2009 what was equal to 3.1-2.8% of GDP of Russian Federation. The increasing of the burden was mainly caused by the price increasing and in some degree by the increasing of PCH in GH patients in recent years. Concluding increased 24.3% of annual cost of CVD (5.7 billions of euro), indirect costs – 7.8% (2.9 billions of euro) in 2009. Indirect costs mainly consisted of the GDP losses because of premature death of working age men. CHD represented 37.8%, cerebrovascular diseases 17.1 % and hypertension -10.8% of overall CVD costs. In-hospital care represented 67.5% of direct costs, outpatients visits – 21.8%, medication – 20.7%, PC - 4.1% and emergency care 4.1% of direct costs in 2009, respectively. CHD represented 45.3% of direct cost, because of large duration of hospitalization and PCI costs. CONCLUSIONS: CVD is a big public health challenge in Russia. The results of economic burden assessment should help policy makers evaluate policy impact and prioritize expenditures.

PCV34 THE ECONOMIC COST OF ACUTE CORONARY SYNDROME IN TURKEY Çakır B1, Caliakan Z2, Ergün H3, Erol C2, Gumusel B1, Tokgozcu L1, Daylıoğlu M1
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OBJECTIVES: Acute coronary syndrome (ACS) is a major complication of the atherosclerotic process that may lead to myocardial necrosis. It is a medical emergency and requires immediate hospital admission. The aim of the present study was to present the economic burden of ACS in Turkey. Because the population in aging, incidence of cardiovascular diseases tend to increase, yet knowledge on ACS-related health expenditures are inconclusive. METHODS: For this purpose, the 2008 data acquired from 28 hospitals of the Diagnose-Related-Group (DRG) datasets was used, accounted for 6% of the population. Accordingly, the number of hospitalized patients with an ACS diagnosis in 2008 was 102,677. The majority of patients with ACS were ≥60 years of age, and thus, all statistical analyses were limited to this age group. RESULTS: The rate of new ACS admissions was calculated as 4.44 per 100,000. With the consumption-based on earlier published work) that 1/3 of ACS patients failed to reach health care settings, the prevalence of new ACS cases in the general population was estimated to be 66 per 100,000. The average in-patient fatality rate was 29% (41% for females and 24% for males) among the ≥40 years of age group. The economic burden of ACS in Turkey was 1,778,372,874 USD. The direct cost was 151,261,411 USD, whereas the indirect cost presented 37.8%, cerebrovascular diseases 17.1% and hypertension -10.8% of overall costs. Indirect costs mainly consisted of the GDP losses because of premature death of working age men. CHD represented 37.8%, cerebrovascular diseases 17.1% and hypertension -10.8% of overall costs. In-hospital care represented 67.5% of direct costs, outpatients visits – 21.8%, medication – 20.7%, PC – 4.1% and emergency care 4.1% of direct costs in 2009, respectively. CHD represented 45.3% of direct cost, because of large duration of hospitalization and PCI costs. CONCLUSIONS: CVD is a big public health challenge in Russia. The results of economic burden assessment should help policy makers evaluate policy impact and prioritize expenditures.

PCV35 COSTS OF TREATING CARDIOVASCULAR DISEASES IN GERMANY: A SYSTEMATIC LITERATURE REVIEW Xu W1, Hensen M2, Pinaka S2, Felcos C3
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OBJECTIVES: Germany reformed its hospital reimbursement scheme to service-based payment for inpatient-diseases-related groups. Hospitals in Germany might be more cost-conscious in treating patients compared to the pre-reform period. This study identified the post-reform individual-level direct medical costs and costs over time of several cardiovascular diseases (CVDs), including myocardial infarction (MI), heart failure (HF), cerebrovascular artery diseases (PADs), and stroke, from the perspective of Statutory Health Insurance in Germany. METHODS: A systematic review. (January 2003 to May 2012) was conducted in PubMed, Embase, CRD, TIBORDER, and German dissertation database to identify relevant English or German language publications. RESULTS: The search identified 157 publications, of which 10 met the predefined inclusion/exclusion criteria for review: 5 about MI, 2 about HF, 1 about PAD, and 5 about stroke. The direct medical costs of MI were between €11,672 - 12,372/patient in the 1st year after the event; 50-60% of the costs incurred in the acute phase. During the 13-18 months after the event, the costs were estimated to be 6-7/patient. Direct medical costs of severe angina were 22% higher (an: €2,570 vs. €2,101; p = 0.01), heart failure: €8,776 vs. €7,757; p = 0.001). Stroke was 8% more expensive and TIA 17% more expensive (stroke: €9,508 vs. €8,804; TIA: €4,802 vs. €4,109; both p = 0.001). Reason for this higher cost is the longer length of stay within the hospital ranging from 1 day in angina to 3 days in MI. The percentage of women was significantly higher in the diabetic group (50% vs. 47%; p < 0.05) and diabetic patients were on average 1.8 years older (72.8 vs. 71.0; p = 0.01). A regression analysis learned that age was the most important cost driver for all outcomes and diabetes was an independent driver for MI and stroke. CONCLUSIONS: Patients with diabetes do not only have a higher risk of cardiovascular events, in case they have an event this event is significantly more expensive.