direct and indirect costs of patients with AF-related stroke in China, producing an average cost per patient per year and the economic burden of the whole AF-related stroke population. METHODS: A systematic review of economic data was performed. Prevalence data on AF-related stroke for the Chinese population was collected from literatures. An observational retrospective study was conducted to collect the economic data. We recruited 156 patients diagnosed with AF and stroke related to heart failure and at Shanghai, Shanghai, China from October 2011 to October 2012. Patients or their carers were interviewed about resource utilization and absenteeism from work in the past year. Direct medical costs included outpatient visit, hospitalization, ambulatory, drug, diagnostic tests, and physiotherapy costs. Indirect costs were estimated using a human capital approach. All costs referred to 2011. RESULTS: Among 156 patients with AF-related stroke, 59.35% were male and the mean age was 67.9±9.2 years. 98.0% of patients had Medicare and/or hospital insurance. Based on the societal perspective, total costs per patient over one year amounted to Chinese Yuan (CNY) 25538 (median: CNY13342, IQR: CNY7662-CNY38714), with direct costs accounting for 71.08%, for 5.8% of the total and for the direct costs, the informal care costs were CNY9162. The drug costs were CNY6293. Based on the prevalence of AF and AF-related stroke in China from literatures, there was about 0.968 million patients of AF-related stroke. Costs for the nation are estimated at 0.254 billion per year. CONCLUSIONS: The economic burden of AF-related stroke in China is considerable. The primary burden on patients was due to informal care and drugs.

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THE COST-OF-DISEASE OF DEEP VENOUS THROMBOSIS AND ITS SHORT- AND LONG-TERM CLINICAL CONSEQUENCES IN TURKEY: AN EXPERT PANEL APPROACH FOR ESTIMATION OF COSTS
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OBJECTIVES: To estimate the costs-of-disease and direct cost components of DVT and its consequences including pulmonary thromboembolism (PTE), pulmonary hypertension (PH) and post-thrombotic syndrome (PTS), in Turkish setting. METHODS: A panel consisting of experts on cardiology, hematology, pulmonology and cardio surgical, held a meeting to discuss the disease management processes of DVT, FE, PH and PTS. They reviewed the global and local guidelines and recommendations, and also they discussed the spectrum of local clinical practices that are performed frequently. All cost components, including medications, surgical treatment, hospitalization, out-patient follow-up procedures, diagnostic tests, and psychosocial aspects of the disease were estimated. Results: The direct annual DVT cost was estimated to be 32,651 USD. Indirect cost was estimated to be 1,721 USD, as the number of days of work lost among AF patients, accounting for 44.21% followed by heart failure (38.14%). The DALYs loss in male is more than female, 31.9% and 3% respectively. The DALYs loss in diabetic mellitus (4,769,127). The patients with the age below 60 and the age above 60 contributes to 31% of the total DALYs loss. The DALYs loss in female is more than male, 63% vs. 35%. The average DALYs loss increases with age in the whole lifetime. This was confirmed as the leading contributor to the DALYs loss among AF patients, accounting for 44.21% followed by heart failure (38.14%) and myocardial infarctions (17.65%). CONCLUSIONS: The BOI in AF in China is considerably significant. This study is to analyze the economic burden of AF in China. METHODS: A systematic review of studies on AF was conducted in both English and Chinese databases from 2000 to 2012. Epidemiologic and economic data were abstracted to analyze the two key measures of BOI in AF: the Disability Adjusted life Years (DALY) loss in AF and the BOI in stroke attributable to AF. RESULTS: DALYs loss in stroke attributable to AF was 9.5 million (95% CI: 9.0-10.0) of which 89% was contributed by the patients above 60. The DALYs loss in AF amounts to 4,595,687 in total for the population above 30, which outstrips the DALYs loss in hypertensive heart disease (5,348,925) and is very close to the DALYs loss in CHF. Among (4,769,127) patients with AF, the age above 60 contribute to 31% of the total DALYs loss. The DALYs loss in male is more than the loss in female (55% vs. 45%). The average DALYs loss increases with age in the whole lifetime. This was confirmed as the leading contributor to the DALYs loss among AF patients, accounting for 44.21% followed by heart failure (38.14%) and myocardial infarctions (17.65%). CONCLUSIONS: The BOI in AF in China is considerably significant. Stroke is the driver of BOI in AF in China. The average DALYs loss of AF attributable to stroke is higher than the age below 60 contribute to 31% of the total DALYs loss. 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