clinical course of DVT may also be complicated by recurrent episodes of DVT, the development of chronic venous insufficiency, or acute or chronic lower-extremity venous-embolic pulmonary hypertension (CTEPH). The aim of the study was to estimate the cost of VTE treatment in Turkey. **METHODS:** The study was undertaken from the Turkish health care payer perspective (SSI). An Excel sheet was formed to determine the health-care costs. These were categorized according to patient management by anti-coagulant use, monitoring INR, recurrent DVT, recurrent FE, non IC major bleeding (GIS), Intracranial bleed, CTEPH and PTS long term costs. Resource utilization data were obtained from expert clinical visits and included diagnosis costs and treatment costs. Unit costs were taken from the Social Security Institution’s Health Implementation Guideline. **RESULTS:** According to the results of the study, cost of anticoagulants were ₺66,59 TL, monitoring INR costs were ₺50,00 TL, recurrent DVT costs were ₺1,972.41 TL, recurrent FE costs were ₺306,40 and non IC major bleeding (GIS) costs were ₺1,482.49, Intracranial bleed costs were ₺3,868.6TL CTEPH costs were ₺22,228.12 TL and PTS long term costs were ₺754,29 TL in Turkey. **CONCLUSIONS:** The study showed that VTE treatment poses a high treatment cost due to recurrence and OAC complications in the Turkish health care system.

**PCV88**

**ECONOMIC BURDEN OF ACUTE MYOCARDIAL INFARCTION IN VIETNAM**

Nguyen TP1, Nguyen TP2, Postma M3

1Groningen University, Groningen, The Netherlands, 2Thai Nguyen General Hospital, Thai Nguyen, Vietnam, 3Groningen University, Groningen, The Netherlands.

**OBJECTIVES:** Vietnam spends 6% of its GDP to health care. In context of insufficient evidence on quantifying the economic burden of cardiovascular disease in Vietnam, we conducted a study on the costs of Acute Myocardial Infarction (AMI). Costs were derived from the perspective of health care payers, including health insurance providers and patients. **METHODS:** Data was extracted from the database of a regional hospital in Vietnam. All patients with the single code I21 (Acute Myocardial Infarction) between 2009 and 2013 were extracted from the Canadian Institute for Health Information’s database of a regional hospital in Vietnam. All patients with the single code I21, Non-ST elevation myocardial infarction (NSTEMI: ICD-9: 410.7-411.89) and unstable angina (UA; ICD-9: 410.7) were retrieved from the database, with respectively 1,457, 1,194 and 30 of them being included in the study. Costs were calculated in year 2013. Out-of-pockets payment was quantified as the net of health insurance (HI) reimbursement and actual payments. **RESULTS:** 89 patients were included in the analysis. Patients have an independent relationship with recurrent AMI and AMI mortality. The cost of AMI per hospitalization in Vietnam was higher than GDP per capita (US$ 1095 vs. US$ 365). In-hospital mortality in Vietnam was higher than in hospital mortality in Belgium (3.2% vs. 0.0%). The com- puted costs were higher in the group requiring percutaneous coronary intervention than in the group requiring medical or absent treatment. Mean cost of AMI per hospitalization in Vietnam was higher than GDP per capita (US$ 1095 vs. US$ 365). In-hospital mortality in Vietnam was higher than in hospital mortality in Belgium (3.2% vs. 0.0%). The computed costs were higher in the group requiring percutaneous coronary intervention than in the group requiring medical or absent treatment. **CONCLUSIONS:** The computed costs were higher in the group requiring percutaneous coronary intervention than in the group requiring medical or absent treatment. The cost of treating VTE or DVT is lower when administering enoxaparine instead of fondaparinux. The cost of treating VTE or DVT is lower when administering enoxaparine instead of fondaparinux. The cost of treating VTE or DVT is lower when administering enoxaparine instead of fondaparinux.

**PCV91**

**AN EPIDEMIOLOGICAL EVALUATION OF THE IMPACT OF PERCUTANEOUS CORONARY INTERVENTIONS ON THE HOSPITALIZATION LENGTH, COST OF STAY AND MORTALITY OF PATIENTS HOSPITALIZED WITH ACUTE CORONARY SYNDROMES**

Chevalier P, Lamotte M

IMS Health, Vilvoorde, Belgium.

**OBJECTIVES:** Randomized clinical trials comparing percutaneous coronary inter- ventions (PCI) and non-invasive treatment of acute coronary syndromes mostly favour the invasive approach. This study aimed at assessing whether in a real life settings, PCI outcomes are in-hospital mortality (LOS) and mortality in patients hospitalized for acute coronary syndromes (ACS) in Belgium. **METHODS:** The hospitalization cost, average length of stay (LOS) and mortality among hospitalized patients with ACS were estimated using the Belgian national IMS Hospital database (year 2013). Costs data on about 24% of Belgian hospital beds. Stays were identified based on ICD-9 coding and split in ST-elevated myocardial infarction (STEMI ICD-9: 410.11), non-STEMI (NSTEMI: ICD-9: 410.11-411.89) and unstable angina (UA; ICD-9: 411.11-411.814.3). PCI’s were identified with ICD-9 code 36.0. Comparisons were performed with a Wilcoxon non-parametrical test for cost LOS and a Chi-square for mortality. **RESULTS:** 2,528 STEMI, 2,815 NSTEMI and 407 UA hospitalizations were extracted from the database, with respectively 1,457, 1,194 and 30 of them treated invasively. PCI resulted in higher costs in STEMI (9,342 vs. 8,165; p<0.001) and UA (9,186 vs. 4,714; p<0.001) and in lower costs in NSTEMI (8,483 vs. 9,483; p<0.001). LOS of patients undergoing PCI was significantly lower in STEMI (6.2 vs. 9.7 days; p<0.001) and NSTEMI (5.6 vs. 10.9; p<0.001). In-hospital mortality in patients with PCI was lower in both STEMI (6.2% vs. 21.4%; p<0.001) and NSTEMI (5.6% vs. 8.0%; p<0.001) and PCI mortality was significantly lower in patients with PCI than in patients with a myocardial infarction, at a limited marginal cost.

**PCV92**

**BENEFIT-COST ANALYSIS OF YINDANXINTAI DROPPING PILLS IN THE TREATMENT OF ANGINA PECTORIS CAUSED BY CORONARY HEART DISEASE**

Wu H, Shi Q

China Medical University, Guping, China.

**OBJECTIVES:** To evaluate the costs and benefits of Yindanxintai dropping pills (Guzhuzhunzhiang Pharmaceutical Company) for angina pectoris caused by coronary heart disease from the societal perspective. **METHODS:** The com- parator was chosen from published literature. Treatment results and costs were derived from published literature and government websites. A contingent valuation survey was used to elicit the respondents’ willingness-to-pay (WTP) for angina pectoris treatments. The WTP was modeled as a function of the treat- ment outcomes, design of questionnaire scenarios, individual health states and characteristics. A total of 351 questionnaires were completed. The primary out- come was the annual net benefit or incremental net benefit per person tested. **RESULTS:** WTP increased with the growth of effective rate. The average WTP was given 377 RMB per month (range 100 RMB to 2000 RMB) to the treatment with a 95% effective rate. There were 7 papers that provided adequate information to the further cost-benefit analysis (CBA). Results from the CBA indicated that Yindanxintai dropping pills had a positive annual net benefit when used alone, and the treatment with 56 days was superior to 28 days with an annual incre- mental net benefit (AINB) of 128 RMB per person treated. Yindanxintai dropping pills used with isosorbide mononitrate sustained release tablets (AstraZeneca AB), Xinkang tablets (Lunan Pharmaceutical Company), or Xinkang tablets and Xinkle tablets (Guzhuzhunzhiang Pharmaceutical Company) also had greater net ben- efit when compared with the single-use treatment. A total of 13665 RMB were 70,312 RMB per person tested. The results of this research were proved robust through sensitivity analyses. **CONCLUSIONS:** Yindanxintai dropping pills is cost-benefit in the treatment of angina pectoris caused by coronary heart disease either used alone or used with other drugs.