costs and outcomes discounted at 5%, equals 33,622 PLN (7815 €) for each year of life gained. CONCLUSIONS: In a population of high risk NSTE MI patients, adding epiftibatide is a cost-effective way of achieving health benefits in terms of cardiovascular events avoided, and ultimately life years saved. This result is much below thresholds accepted in Poland (60,000 PLN—dialysis).

COST-EFFECTIVENESS ANALYSIS OF THE USE OF ACETYLSALICYLIC ACID COMPARED TO CLOPIDOGREL IN THE SECONDARY PREVENTION OF PATIENTS WITH PREVIOUS MYOCARDIAL INFARCTION
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OBJECTIVES: To perform an economic evaluation of the use of low dose acetylsalicylic acid (Aspirin) in comparison with clopidogrel (Plavix) in the prevention of cardiovascular events in patients with a previous myocardial infarction (MI) using a cost-effectiveness analysis in the setting of the Spanish National Health Service. METHODS: Using the efficacy data from the CAPRIE study on the incidence of new cardiovascular events in patients with a previous MI, the sanitary and economic consequences of the use of the two treatments, acetylsalicylic acid and clopidogrel, in this indication were modeled. The costs used in this analysis refer to the year 2004 in the Spanish National Health Service setting. RESULTS: In the base case, the total cost of the acetylsalicylic acid treatment (€1515) was considerably lower than that of clopidogrel (€2942). The efficacy results in the subgroup of patients with a previous MI, are comparatively better with acetylsalicylic acid, however the difference is not statistically significant. With the assumptions adopted in the base case, treatment with acetylsalicylic acid is superior (better or equal efficacy and less cost) when compared to treatment with clopidogrel. The treatment with acetylsalicylic acid was found to be superior to that of clopidogrel in all of the scenarios studied in the analysis of sensitivity. CONCLUSIONS: The treatment with acetylsalicylic acid is effective, safe and cost-effective in the secondary prevention of cardiovascular events in patients with a previous MI, and is still the first choice antiplatelet therapy for this indication.

COST AND OUTCOMES AFTER FIRST ACUTE MYOCARDIAL INFARCTION HOSPITAL ADMISSION: A LONGITUDINAL STUDY USING ADMINISTRATIVE DATABASES
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OBJECTIVE: to assess the economic and epidemiologic impact of AMI in Friuli Venezia Giulia (FVG) of a region of approximately 1.2 million inhabitants in the north-eastern Italy. METHODS: All residents of FVG are registered in to Regional Health Service (RHS) database, which keeps tracks of the use of medical care admissions and reimbursement purposes. We selected residents of FVG who had during year 2000 a first AMI hospital admission and we followed them up till death, or 31 Dec 2004 (we a priory excluded people who during the period 1995–1999 had a previous CHD event). Mortality was investigated by collecting information from Regional Citizen Register file. We obtained information on medical costs from electronic databases of prescriptions, hospitalizations, visits and diagnostic examinations in the RHS and are expressed in Euro 2005. RESULTS: We enrolled 1185 patients with incident AMI (mean age 71 ± 13 y.o.), 59% were men. The average cost person/year was €4913.32; 71.2% attributable to hospitalisations, 19.3% to drugs. The 38.5% patients died during the follow up period, with a mean age of 79.3 ± 10.1 statistically different (p < 0.0001) from survivors (mean age 65.0 ± 12.0 y.o.). There was no significant difference in mortality between men and women adjusting for age. CONCLUSIONS: AMI imposes a huge economic burden on NHS and society because of the large number of hospitalisation and the high rate of mortality after the first event. Future investigations will be conduct to asses the relationships between comorbidity, costs, therapy and survival.

THE DIRECT COSTS OF SELECTED CARDIOVASCULAR DISEASES IN AUSTRIA
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OBJECTIVES: To measure the direct costs of selected cardiovascular diseases within the Austrian health care system for the first year including the event, as well as from the second year onward. METHODS: In this study, we analyzed the direct costs of angina pectoris (AP) and myocardial infarction (MI) in Austria. The direct costs were identified as resource consumption for hospitalization, inpatient rehabilitation, outpatient treatment, medication and transportation. Costs for inpatient care were calculated according to the tariffs of the Austrian Diagnosis Related Group (DRG) system and the average number of allocated points to AP and MI. Costs for inpatient rehabilitation treatment were calculated with tariffs per day taken into account the mean duration of stay. For outpatient treatment costs we considered the average number of consultations and the fee for service, which is mainly paid by social insurance. Medication costs were calculated and assessed with tariffs according to the distribution of type and amount of prescribed agents. Costs for transportation after the event were included with the tariffs per ride. RESULTS: The total costs for the treatment of MI in the first year of event in 2004 were calculated with €8.960, rehabilitation contributing to 68% of this amount. Since there were no inpatient rehabilitation costs to consider from the second year onward, costs declined to approximately €1.490 per year. Costs due to AP amounted about €2.180 for the first year and declined on average to €1.190 from the second year onward. CONCLUSIONS: In line with the study direct costs for cardiovascular diseases were calculated for the first time in Austria. As one of the main finding we would like to point out the high direct inpatient rehabilitation costs as the main cost driving factor for MI in the first year of event.

POSTMYOCARDIAL INFARCTION CARDIAC REHABILITATION IN LOW RISK PATIENTS: RESULTS WITH A COORDINATED PROGRAM OF CARDIOLOGICAL AND PRIMARY CARE
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OBJECTIVES: To assess the efficacy of cardiac rehabilitation with a mixed primary and cardiological care program in patients