Papers:

PMSH4
EVALUACIÓN ECONOMICA DEL SEGUIMIENTO FARMACOTERAPÉUTICO EN PACIENTES CON TRASTORNO AFECTIVO BIPOLAR I
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OBJECTIVES: El seguimiento farmacoterapéutico (SFT) es una tecnología en salud, en especial en el campo del tratamiento farmacológico, que se responsabiliza de la necesidad del paciente para contribuir al logro de mejores resultados farmacoterapéuticos posibles. Propósito para el que el método Dáder ha sido ampliamente utilizado. El objetivo de este estudio es realizar un análisis determinístico de una vía, con el costo del SFT como variable incertidumbre y el efectividad como variable conocida y cost. Due to a lack of Brazilian data, this study investigates the association between their satisfaction with medication was lower (4.9 vs. 5.3) (All p < 0.01), a pattern that remained after controlling for covariates (OR=1.4, p<0.01). Visiting a psychiatrist (OR=1.7) or a psychologist (OR=1.8) was also more common with private insurance (both p<0.001). Among those diagnosed with depression, severity was lower among those with private insurance (mean 10.8 vs. 11.9, p=0.026). Employed patients with depression were more likely to work due to health (14.3% vs. 8.0%, p<0.01), while the levels of health-related impairment while at work, overall work impairment, and activity impairment were not significant between private and public insurance. A future study to compare against public insurance appears to be associated with more access to depression care as well as less severe depression among depression patients. More work missed among privately insured patients warrants further study, and may be due to differences not included here, such as type of employment.

Mental Health - Health Care Use & Policy Studies

PMSH10
USO DE RECURSOS MÉDICOS EN LA INTERVENCION DE EXÁMENES DE TAMIZAJE Y TRATAMIENTO DE PACIENTES CON PROBLEMAS Y TRASTORNO DE SALUD MENTAL 2012-2013
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OBJECTIVES: Estimar el uso de recursos médicos en la intervención de exámenes de tamizaje y tratamiento de pacientes con problemas y trastornos de salud mental 2012-2013 en el ámbito de Presupuesto por Residuos. RESULTADOS: Contrastándose el uso de recursos médicos versus el indicador de desempeño del programa: Violencia familiar tomado de la Encuesta de Demografía y salud familiar (ENDES) 2012-2013. RESULTADOS: 26,246 niñas y niños de 8 a 14 años de edad en 26,261 centros de salud en el país fueron sometidos al examen. El año 2012-2013 se usó un monto de US$ 3,471,485 US$1,754,384, el material e insumo médico disminuyó de US$9,343,020 a US$7,046,667, en equipos disminuyó de US$5,594,154 a US$5,440,450. Porcentaje de Mujeres que sufrieron agresión física fue de 12.9, Para el año 2013 Porcentaje de Mujeres que sufrieron agresión física fue de 12.1 CONCLUSIONES: La priorización en el presupuesto del uso de recurso humano en la intervención de exámenes de tamizaje y tratamiento de pacientes con problemas y trastornos de salud mental 2012-2013 ha tenido buenos resultados por lo que se debe tener mejor calidad de gasto en este recurso
**12.5 million.** **CONCLUSIONS:** Colombian decision makers in health could largely benefit by controlling costs for these types of patients. This study is one of the first approaches at quantifying the impact of the disease and its relapse. Policy measures should consider this data for addressing mental health in a systematic and conjoint approach.

**RESPIRATORY-RELATED DISORDERS – Clinical Outcomes Studies**

**PR51**

**EVALUATION ANALYSIS OF SMOKING POPULATION IN ULAANBAATAR**

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**OBJECTIVES:** To study health effect of smoking by questionnaires and tests.

1. To study by comparing smoking population’s function of the lung with non-smoker’s function of the lung.

2. To study by comparing smoking population’s function of the lung with non-smoker’s function of the lung.

**METHODS:** A cohort model with a Markov-type process depicting expected risk, consequences and costs of pneumococcal disease was developed. PCV13 effectiveness was based on data from CAPTIA, the 23-valent polysaccharide vaccine (PCV13) effectiveness was based on published literature. Pneumococcal disease rates were based on data from DATASUS. Outcomes, direct and indirect costs (in BRL) were evaluated from a Brazilian public (n = 20,228,045) and private (n = 11,396,682) payer perspective over a 5 year time horizon.

**RESULTS:** From a public payer perspective, vaccination with PCV13 versus PPV23 avoided 676,031 PD cases, 853 deaths with BRL 2,32 million cost saving. An expected 696,970 PD cases and 29,644 deaths would be avoided for PCV13 versus no vaccine, 2,16 million cost savings. From a private payer perspective, vaccination with PCV13 versus PPV23 avoided 1,074,841 PD cases, 5,124 deaths with BRL 1,27 million cost-savings. An expected 1,420,159 PD cases and 18,482 deaths would be avoided for PCV13 versus no vaccine with a 1,69 million cost saving.

**CONCLUSIONS:** PCV13 prevents more pneumococcal disease cases and deaths than PPV23 or no vaccine and is expected to save economic resources (direct and indirect) from a private perspective, and cost-effective from a public perspective.

**PRS5**

**COSTO DE TUBERCULOSIS EN LOS ESTABLECIMIENTOS DE SALUD DEL PERÚ**

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**OBJECTIVES:** Estimar los costos de la Tuberculosis (TBC) en los establecimientos del Ministerio de Salud del Perú. **METODOLOGÍA:** Se realizó una evaluación económica parcial de costo tipo de enfermedad (CE). La población de estudio fue una cohorte hipotética de pacientes afiliada al Seguro Público de Salud (Seguro Integral de Salud – SIS) de Lima, Perú. Se utilizó la información financiera tomados para el año 2014 (Incidencia de TBC Pulmonar: 0.11%, incidencia de TBC Extrapulmonar: 0.02%, incidencia de TBC Multidrogoresistencia: 0.0036%).**

**RESULTS:** Total cost of TBC patients in Peru was estimated in 27,443,865 dollars. This amount represents 54.3% of the TBC budget. The total cost of TBC treatment was estimated in 20,228,045 dollars. The study concluded that if PCV13 was used in Peru, 70,302 PD cases and 1,771 deaths would be avoided, representing a 5 year time horizon.

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**PRS5**

**RESPIRATORY-RELATED DISORDERS – Cost Studies**

**PRS5**

**PUBLIC HEALTH AND ECONOMIC IMPACT OF 13-VALENT PNEUMOCOCCAL CONJUGATE VACCINE (PCV13) IN PUBLIC AND PRIVATE SYSTEM VERSUS PPV23 AND NO VACCINATION IN OLDER ADULTS**

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**OBJECTIVES:** Pneumococcal disease is a public health concern worldwide. This study estimates the public health and economic impact of 13-valent pneumococcal conjugate vaccine (PCV13) vaccination in Brazilian adults aged ≥50 years. **METHODS:** A cohort model with a Markov-type process depicting expected risk, consequences and costs of pneumococcal disease was developed. PCV13 effectiveness was based on data from CAPTIA, the 23-valent polysaccharide vaccine (PCV13) effectiveness was based on published literature. Pneumococcal disease rates were based on data from DATASUS. Outcomes, direct and indirect costs (in BRL) were evaluated from a Brazilian public (n = 20,228,045) and private (n = 11,396,682) payer perspective over a 5 year time horizon.

**RESULTS:** From a public payer perspective, vaccination with PCV13 versus PPV23 avoided 676,031 PD cases, 853 deaths with BRL 2,32 million cost saving. An expected 696,970 PD cases and 29,644 deaths would be avoided for PCV13 versus no vaccine, 2,16 million cost savings. From a private payer perspective, vaccination with PCV13 versus PPV23 avoided 1,074,841 PD cases, 5,124 deaths with BRL 1,27 million cost-savings. An expected 1,420,159 PD cases and 18,482 deaths would be avoided for PCV13 versus no vaccine with a 1,69 million cost saving.

**CONCLUSIONS:** PCV13 prevents more pneumococcal disease cases and deaths than PPV23 or no vaccine and is expected to save economic resources (direct and indirect) from a private perspective, and cost-effective from a public perspective.

**PR5**

**FLUTICASONE PROPIONATE VERSUS BUDENOSIDE OR BECLOMETHASONE AS MONOTHERAPY TREATMENT FOR ASTHMA PATIENTS – A SYSTEMATIC REVIEW**

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**OBJECTIVES:** To compare the efficacy and the safety of fluticasone propionate in the treatment of moderate to severe asthma in adults and children to the Brazilian government. **METHODS:** A systematic review of the MEDLINE, the Cochrane Library and Centre for Reviews and Dissemination (CRD) databases was conducted until September 2014, including randomized clinical study and systematic reviews about comparison between fluticasone propionate and the other corticosteroids currently available in the public health care system in order to present an alternative therapy to the Brazilian government.

**RESULTS:** There were 788 articles identified in MEDLINE, 231 in The Cochrane library and 46 in CRD, among all of these, 219 were duplicates, remaining 568 to be analyzed. Of these, 56 were selected according to the inclusion criteria of this reviewing process. The summary of the selected articles was presented in Table 1. The results showed no statistically significant difference between the compared medications. According to the results, fluticasone propionate is effective and well tolerated for the treatment of moderate to severe asthma in adults, as well as beclomethasone and budesonide.

**CONCLUSIONS:** From this perspective, the inclusion of fluticasone propionate in the Brazilian Clinical Protocol and Therapeutic Guidelines could represent an extension of the therapeutic arsenal, especially, for the pediatric population.

**PR5**

**OUT HOSPITAL DRUG CONSUMPTION IN THERAPY OF OBSTRUCTIVE PULMONARY DISEASE IN SERBIA IN THE PERIOD FROM 2007 TO 2012**

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**OBJECTIVES:** Non infectious chronic diseases become one of the most frequent cause of morbidity all around the world and they are results of interactions between man and his environment. This group of diseases includes also chronic obstructive pulmonary disease (COPD), which explains why medications for the treatment of this disease take a large part in the consumption. The aim of this study was to analyze the consumption of medications in COPD in Serbia and in Norway in period from 2007 to 2012. **METHODS:** The data about the use of medications in Serbia were taken from the Agency for Drugs and Medical Devices of the Republic of Serbia. The data about the use of medications in Norway were taken from official website of the Norwegian healthcare system. **RESULTS:** Total consumption of medications for the treatment of respiratory diseases in Serbia from 2007 to 2012 was lower than the consumption of the same medications in Norway in the same time of period. The utilized medications of R group in both countries was very uneven in this period of time. Between the subgroups, the most frequently used medications were those for the chronic obstructive pulmonary disease (COPD). The consumption of medications in Serbia and Norway from 2007 to 2012 was higher than in Norway. While analysing the consumption of medications we can make conclusion that the structure of the utilized medications in Serbia is not appropriate and is not similar to the pharmacoeconomic practice in well developed Norway. This research was supported by Provincial Secretariat for Science and Technological Development, Autonomous Province of Vojvodina project No 114-451-2458/2011 and by Ministry of Science, Republic of Serbia, project no 41012...