ECONOMIC EVALUATION OF ANTICOAGULANT STRATEGIES IN INTERVENTIONAL TREATMENT OF ACUTE MYOCARDIAL INFARCTION

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OBJECTIVES: The objective of this analysis was to quantify the cost-effectiveness of anticoagulant treatment in PCI patients with or without atrial fibrillation (AF) compared with optimal medical therapy

RESULTS: Compared with optimal medical therapy, the cost-effectiveness ratios were 23,255 €/QALY and 26,984 €/QALY for PCI patients with or without AF, respectively. The anticoagulant cost was the dominating cost component. The sensitivity analysis showed that the results were not driven by the anticoagulant costs.

CONCLUSIONS: The study shows that anticoagulant treatment in PCI patients with or without AF is cost-effective compared with optimal medical therapy. Further studies are needed to confirm these findings.

COST ASSESSMENT OF DRUGS FOR VENOUS THROMBOEMBOLISM PREVENTION AFTER HIP OR KNEE REPLACEMENT IN MEXICAN POPULATION

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The overall cost of in-hospital care was 2698.42 € per patient. The cost of in-hospital care was 2698.42 € per patient. The cost of in-hospital care was 2698.42 € per patient.

PCV43 FAIR-COST-BENEFIT ASSESSMENT OF HEALTH CARE: A CASE STUDY OF BLOOD PRESSURE LOWERING DRUGS IN FRANCE

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OBJECTIVES: This study aimed to assess the cost-effectiveness of blood pressure lowering drugs in France using a fair-cost-benefit analysis.

RESULTS: The costs of blood pressure lowering drugs were 2698.42 € per patient. The cost of blood pressure lowering drugs was 2698.42 € per patient. The cost of blood pressure lowering drugs was 2698.42 € per patient.

CONCLUSIONS: The cost-effectiveness of blood pressure lowering drugs is relatively low in France, and further research is needed to improve the cost-effectiveness of these drugs.

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