were each asked to review a different batch of ECGs with differing proportions of AF and sinus rhythm. Physicians were presented with two decision scenarios in two variations: full 12 lead and 10-second rhythm strip only. The diagnoses (AF/SR or unsure) were compared to a Consultant Cardiologist reading the 12-lead ECG. RESULTS: Overall, compared to the Consultant Cardiologist, the AF detection rate using a 12-lead was 81% and 10-second rhythm strip only 74% with a significant difference (chi squared test, p = 0.01) in AF detection rate when the reviewers were divided into two groups according to level of cardiologic experience. The AF detection rate for the 12-lead ECG amongst specialists vs. non-specialists was 95% vs. 70% (P < 0.001) and 92% vs. 73% (P = 0.003) for the rhythm strip. CONCLUSIONS: Our findings indicate that a 10-second rhythm strip alone has a comparable AF detection rate to a 12-lead ECG in the hands of doctors and nurses when measured against the consultant’s diagnosis. With both the rhythm strip and a 12-lead ECG, the accuracy of AF detection improved with experience. Mass screening using a single strip could be acceptable and inexpensive particularly with mobile phone technology.

PCV79 COST-EFFECTIVENESS OF DABIGATRAN COMPARED WITH WARFARIN, APIXABAN, RIVAROXABAN AND LOW MOLECULAR WEIGHT HEPARINS FOR THE TREATMENT AND SECONDARY PREVENTION OF VENOUS THROMBOEMBOLISM IN COLOMBIA

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OBJECTIVES: To evaluate the cost-effectiveness of dabigatran and new oral anticoagulants (NOA) compared to currently reimbursed warfarin and low molecular weight heparin (LMWH) for thromboembolic disease in patients with heart failure (HF) from a societal perspective in Colombia. METHODS: Markov decision model based on efficacy, utilities and safety inputs from clinical trials (CT) (RE-COVER I and II, Einstein-DV, RE-SONATE, and the German Heart Study Group) and the Labeled indication for LMWH. Cost of medication was obtained from SISMED, Vademecum Medécins and government refence prices; costs of events were estimated from hospital billing records, POS tariffs, SOAT Manual and local experts. Costs are reported in euros (€1 = COP 2,550). RESULTS: In the base case scenario, dabigatran was cost-effective versus LMWH in the treatment arm (€32,228/QALY). Sensitivity analysis revealed that dabigatran was likely to be cost-effective in 85% of scenarios compared to LMWH. CONCLUSIONS: Dabigatran is likely to be cost-effective compared to NOA and LMWH which is currently reimbursed in Colombia.

PCV80 ECONOMIC EVALUATION OF FERRIC CARBOXYMALTOSE IN PATIENTS WITH HYPERTENSIVE CAROTID ARTERY CRISIS AND URINARY TRACT INFECTION: AN ANALYSIS FOR GREECE BASED ON FAIR-HF TRIAL

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OBJECTIVES: To evaluate if ferric carboxymaltose (FCM), in iron-deficient heart failure (HF) patients in Greece. METHODS: An international economic model was locally adapted to evaluate the use ferric carboxymaltose (FCM) in iron-deficient heart failure (HF) patients in Greece. RESULTS: The objective of this study is to quantitatively compare the cost-effectiveness of FCM versus alternative treatment options in the prevention of thromboembolic events in patients with non-valvular atrial fibrillation (NVAF) relatively to standard care (warfarin or aspirin) from the Italian National Health System (SSN) perspective. METHODS: A previously published Markov model was adapted for Italian NVAF patients. Clinical response to treatment and the number of QALYs per patient accrued during a 2-year treatment period on medical costs (drug acquisition, administration and hospitalization costs) were incorporated in the model, as the analysis was conducted from a third-party payer perspective. With respect to administration cost, two alternative scenarios were considered in the base case analysis: administration in day-case unit and in hospital outpatient department. CONCLUSION: The FAIR-HF trial was followed for a 5-year time horizon; with analysis for 6 QALYs. A cohort of 1,000 patients, with similar demographic characteristics to those reported in the CT, was followed for a 5-year time horizon; with analysis for 6 QALYs. A probabilistic sensitivity analysis was performed. The model took into account the incidence of complications related with HF (admission for HF and death) and was fed with transition probabilities taken from the SHIFT trial and the SHIFT-hospitalization trial. Costs were obtained from cost data bases, the National Statistics Institute of Spain, institutions and scientific journals. RESULTS: Costs of treatment of 9,222 patients with FCM compared to placebo in heart failure due to left ventricular systolic dysfunction is $17,488 ± 1,116, well below the acceptability threshold accepted in our environment (around 30,000). CONCLUSIONS: In conclusion, treatment with irabradine with heart failure due to left ventricular systolic dysfunction is cost-effective in Spain.