the most common diseases in Poland. Only 13% of those affected currently receive any kind of treatment. This is the first study in Poland with the intention of demonstrating the cost of CVI.

METHODS: A representative group of 1000 people over 18 years old was randomised, and 223 treated patients were questioned by an external agency *. All the data were collected with the help of a special resource utilisation questionnaire. Items measured included oral drugs, topical drugs, compression therapy, surgical and cosmetic interventions (sclerotherapy, operational procedures), diagnostic tests (including Doppler investigation) and hospitalizations. The value of social and family help, sick leave and early retirement due to CVI were also estimated (capital cost method).

RESULTS: The average total cost per person per year from the study group was 952,94 PLN (1 EURO = 3,4517 PLN) with average direct costs of 233,39 PLN and average indirect costs of 719,54. The total burden of CVI in Poland in terms of direct medical costs may reach 6.5 billion PLN (24% of the total cost). The distribution of total costs per person in the investigated group is as follows: oral treatment, 37,93 PLN (4%); local treatment (ointments, gels, creams), 26,15 PLN (3%); compression therapy 11,52 PLN (1%); all surgical interventions 46,84 PLN (5%); hospitalisations (all wards) 110,95 PLN (12%); family and social help 466,50 PLN (49%); sick leave 108,15 PLN (11%); pensions 144,90 (15%).

CONCLUSION: CVI represents an important economic burden for the Polish population. Among direct medical costs, oral treatment and compression constitute only 21%, while the cost of hospitalisation accounts for 48%. An early diagnosis, proper treatment and management of CVI leading to an optimal allocation of expenditures may contribute to a significant reduction of the total costs of CVI in Poland.

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**PCV16**

**COST-EFFECTIVENESS OF AMLODIPINE TREATMENT IN PATIENTS WITH CORONARY ARTERY DISEASE IN THE U.K**

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OBJECTIVE: To investigate and quantify the impact on total treatment costs of cardiovascular disease associated with the use of amlodipine in patients with coronary artery disease (CAD) in the United Kingdom.

METHODS: A Markov cohort simulation model was developed to estimate the expected health outcomes and costs of CAD cohorts on amlodipine versus placebo over three years. Clinical outcomes included in the analysis were: hospitalization for angina; hospitalization for MI; hospitalization for congestive heart failure (CHF); PTCA; CABG; various combinations of these events and procedure-related outcomes, and death. Transitional probabilities used in the model were based on patient-level data from the Prospective Evaluation of the Vascular Effects of Norvasc Trial (PREVENT). Health outcomes were discounted at a rate of 1.5% and all costs were discounted at a rate of 6%.

RESULTS: The amlodipine cohort experienced fewer hospitalizations due to angina, CABG, PTCA, CHF, and MI than the placebo cohort did. The rate of hospitalization per patient in the placebo cohort was 61.8% while that in the amlodipine cohort was 44.3%. The cost per patient for treatment of CVD was Lit1,859 for amlodipine patients and £1,800 for placebo patients over three years of follow-up. For amlodipine use this equates to an incremental cost per hospitalization avoided of £332.

CONCLUSION: In the UK, the use of amlodipine resulted in improved clinical outcomes through a marginal investment in cost.

**PCV17**

**ECONOMIC EVALUATION OF ENOXAPARIN IN PATIENTS WITH ACUTE MEDICAL ILLNESS: AN ITALIAN ECONOMIC STUDY FROM THE MEDENOX TRIAL**

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OBJECTIVE: To generate estimates of the cost-effectiveness of thromboprophylaxis with enoxaparin versus no thromboprophylaxis (usual care) in patients with acute medical illness in the health-care setting of Italy from the NHS perspective.

METHODS: Markov process analysis techniques were used to model the health-economic outcomes. Data collection was based on probabilities of clinical events from clinical trial data from the MEDENOX trial and other published literature, OECD country-specific general population mortality and Delphi panels. Units of health-care utilization were derived from the Delphi panels. Prices and tariffs were derived from official lists.

RESULTS: Analysis over one year showed that the cost per venous thromboembolic (VTE) event avoided was Lit4,500.586 (EURO2324) and cost per life saved was Lit16,042.624 (EURO8285), when assuming no higher risk for morbidity and mortality for asymptomatic patients. The lifetime model (again, assuming no higher risk for recurrence of VTE in asymptomatic patients), showed that enoxaparin increased the total costs from Lit804.900 (EURO416) to Lit1,100.000 (EURO605), while the life expectancy increased from 14.11 to 14.43 years. Consequently, cost per life year gained was Lit1.172.188 (EURO605), and the cost per event avoided was Lit4,343.446 (EURO2,243).

CONCLUSION: The results showed that the favorable clinical benefit of enoxaparin observed in MEDENOX...