were cost-effective compared to conventional care in the community using iCaPPS protocol is cost effective compared to current conventional care in public health centres.

PCV36
THE COST-EFFECTIVENESS OF FOUR CHINESE PATIENT MEDICINE IN THE TREATMENT OF ANGINA PECTORIS IN CHINA
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OBJECTIVE: Coronary heart disease (CHD) remains the leading cause of death in China. More than 80% of strokes were ischemic stroke. An accurate and timely diagnosis in ischemic stroke is crucial for treatment. CT is widely used for its quick perform, easy to tolerate, and reliable for detection. However the early infarct signs on CT in diagnosis of cerebral ischemic stroke is not a significant feature. Therefore, the use of MRI is considered timely and not all the patient can tolerate it. CT perfusion (CTP) expands the role of CT by providing penua areas in stroke patients, which was defect of CT compared to MRI. Purpose of the present study was to estimate the cost-effectiveness of CTP perfusion for selecting stroke patients for thrombolytic therapy. RESULTS: We searched PubMed, Embase, The Cochrane Library, and the major medical literature databases in China, several professional website of health technology assessment (HTA) were also searched. We adapted the systematic review method to systematic evaluate the cost effectiveness of CT perfusion. We also have constructed a decision tree model used published literatures to evaluate the cost effectiveness of CT perfusion in China. RESULTS: Two economic studies were included. The ratios of cost effectiveness of CT, CTP and MRI for selecting stroke patients for thrombolysis were 2983.72/QALY, 2951.46/QALY and 2982.97/QALY in UK, 100435.58/QALY and 99406.12$/QALY just for CT and CTP respectively in US, and 113492.4¥/QALY, 113615¥/QALY and 120831.9¥/QALY in China. CONCLUSIONS: The results of our comparative economic evaluation show that CTP were more cost effectiveness among CT and MRI in selecting stroke patients for thrombolysis both in China and abroad.

PCV38
A COST-UTILITY ANALYSIS OF CALCIUM CHANNEL BLOCKERS (CCBs) COMBINED WITH ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs) IN PREVENTING STROKE AND MYOCARDIAL INFARCTION AMONG HYPERTENSION PATIENTS IN THE TAIWAN
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OBJECTIVE: Hypertension is a major risk factor for stroke and myocardial infarction. Despite the high financial burdens, limited studies have examined the cost-effectiveness of hypertension treatments in Taiwan. This cost utility analysis was conducted to determine the costs and quality-adjusted life years (QALYS) associated with amlopidine (CCB), valsartan (ARB) in preventing stroke and MI among Taiwanese hypertension patients. METHODS: A Markov model was developed, consisting of six states including alive without stroke/MI, MI, post-MI, stroke, and death. We estimated the costs and QALYS of amlopidine and valsartan in a five-year time period. Cost-effectiveness data were based on a published meta analysis. Costs, drugs, direct cost per QALY gained for 6 months treatment with iCaPPS was RM893.75 (USD271.12), while conventional care was RM1276.46. Cost per QALY gained for iCaPPS was RM1436.98, conventional care was RM1647.56. The ICER was RM1144.00, equivalent to 3.7% of per capita GDP. DISCUSSION: Managing post stroke patients in the community using iCaPPS protocol is cost effective compared to current conventional care in public health centres.