Children 10-14 years, affective psychoses had the highest LOS (mean LOS = 7 days; range 1.6-10 days; 4.5% chemotherapy administration), and chemotherapy administration had the greatest cost (mean cost = $13,295; range: $3,790 asthma with acute exacerbation-$11,999 acute appendicitis). **CONCLUSIONS:** Children in the US are hospitalized for a variety of reasons, affecting patients with neurodevelopmental diseases, i.e., pervasive developmental disorders, and conditions common in all age groups. The LOS associated with the most common reasons for hospitalization is typically short with mean costs not exceeding $14,000.

**PHS33**

**DIRECT MEDICAL COSTS OF COMPLICATIONS IN PATIENTS WITH NON-VALVULAR ATRIAL FIBRILLATION NVAF AT A PRIVATE HOSPITAL IN VENEZUELA**

Children in the US are hospitalized for a variety of reasons, affecting patients with neurodevelopmental diseases, i.e., pervasive developmental disorders, and conditions common in all age groups. The LOS associated with the most common reasons for hospitalization is typically short with mean costs not exceeding $14,000.

**CONCLUSIONS:** Children in the US are hospitalized for a variety of reasons, affecting patients with neurodevelopmental diseases, i.e., pervasive developmental disorders, and conditions common in all age groups. The LOS associated with the most common reasons for hospitalization is typically short with mean costs not exceeding $14,000.

**PHS34**

**DIRECT COSTS OF HEALTHCARE OF MULTIPLE SCLEROSIS, THE CASE OF A HEALTH MAINTENANCE ORGANIZATION IN COLOMBIA**

Multiple sclerosis (MS) is an inflammatory demyelinating disease of central nervous system. It affects more than 1 million people in the world and the estimated ischemic stroke, hemorrhagic stroke, systemic embolism, myocardial infarction, gastrointestinal hemorrhage and non-neurological hemorrhage. All cases from 2012 to 2013 meeting the inclusion criteria were reviewed. Patient level data from clinical charts was extracted to estimate resource utilization per patient per event. Costs were estimated using the hospital’s 2014 tariffs and expressed per patient in 2014 Bolivares Fuerres (Bs). **RESULTS:** Mild and moderate ischemic stroke costs were estimated at BsF 79,114 (SD 103,763), BsF 90,266 (SD 97,954). One case of mild, and one case of moderate ischemic stroke consumed high healthcare resources in this study population. Only one case of severe fatal ischemic stroke was identified and costs estimated at BsF 14,143. No hemorrhagic stroke events were collected. Systemic embolic and myocardial infarction costs accounted for BsF 79,846 and BsF 36,332 (SD 13,865) respectively. Gastrointestinal hemorrhage was estimated at BsF 36,332 (SD 13,865). The only event of non-neurological hemorrhage was estimated at BsF 36,332 (SD 13,865). Gastrointestinal hemorrhage was estimated at BsF 36,332 (SD 13,865) respectively. Systemic embolic and myocardial infarction costs accounted for BsF 79,846 and BsF 36,332 (SD 13,865) respectively. **CONCLUSIONS:** Direct medical costs for NVAF patients at this private hospital increase as the severity of the event. Variability in costs was observed. Estimating these costs could help clinicians and decision makers better understand the importance of preventing these complications with adequate NVAF treatment.

**PHS35**

**RACIAL VARIATION IN THE CLINICAL AND ECONOMIC BURDEN OF SKELETAL-RELATED EVENTS AMONG ELDERLY MEN WITH STAGE IV METASTATIC PROSTATE CANCER**

**OBJECTIVES:** To estimate the direct medical costs of severe acute respiratory infection (SARI) in children and adults from three Central American countries with a bottom-up costing approach. **METHODS:** The costs of inpatient treatments were estimated from inpatient charts extracted to estimate resource utilization per patient per event. Costs were estimated using the hospital’s 2014 tariffs and expressed per patient in 2014 Bolivares Fuerres (Bs). **RESULTS:** Mild and moderate ischemic stroke costs were estimated at BsF 79,114 (SD 103,763), BsF 90,266 (SD 97,954). One case of mild, and one case of moderate ischemic stroke consumed high healthcare resources in this study population. Only one case of severe fatal ischemic stroke was identified and costs estimated at BsF 14,143. No hemorrhagic stroke events were collected. Systemic embolic and myocardial infarction costs accounted for BsF 79,846 and BsF 36,332 (SD 13,865) respectively. Gastrointestinal hemorrhage was estimated at BsF 36,332 (SD 13,865). The only event of non-neurological hemorrhage was estimated at BsF 36,332 (SD 13,865). Gastrointestinal hemorrhage was estimated at BsF 36,332 (SD 13,865) respectively. Systemic embolic and myocardial infarction costs accounted for BsF 79,846 and BsF 36,332 (SD 13,865) respectively. **CONCLUSIONS:** Direct medical costs for NVAF patients at this private hospital increase as the severity of the event. Variability in costs was observed. Estimating these costs could help clinicians and decision makers better understand the importance of preventing these complications with adequate NVAF treatment.

**PHS36**

**HOSPITALIZATION COSTS DUE TO SEVERE ACUTE RESPIRATORY INFECTION (SARI) IN THREE CENTRAL AMERICAN COUNTRIES**

Children in the US are hospitalized for a variety of reasons, affecting patients with neurodevelopmental diseases, i.e., pervasive developmental disorders, and conditions common in all age groups. The LOS associated with the most common reasons for hospitalization is typically short with mean costs not exceeding $14,000.