**PCV58**

**COSTS OF CORONARY ARTERY DISEASE (CAD) IN POLAND**

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**OBJECTIVES:** A representative evaluation of CAD costs in Poland including General Practitioners (GPs) and Specialists’ (S) settings.

**METHODS:** A representative sample of 2,593 Polish patients with confirmed CAD (1977 patients under GP’s care, 616 patients under S care). A time horizon of the analysis was 12 months and a retrospective approach was applied. The study estimated both direct medical and indirect costs resulted from sick leaves, pensions and sickness benefits. Unit costs were obtained from available published data derived from the National Health Fund and the Polish Social Insurance Institution. A prevalence based method using National Statistical Office data was used to estimate economic burden of CAD.

**RESULTS:** The distribution of total costs was similar in the GPs’ and specialists’ settings. Hospitalisation and invasive treatment constituted main direct medical costs’ drivers in both conditions. The average direct medical cost per CAD patient reached annually €1079.09. The average societal cost €1437.19 when the merely indirect costs related to the absence from work (€358.10) was included. Average cost covering also indirect cost related to the patients’ disability increased to the €2254.17. The total average costs were significantly (14.4%) higher in S’s than in GPs’ settings. In accordance with the lowest boundary estimate of CAD prevalence rate (2.9%), the total, societal burden of CAD in Poland in 2005 amounted to €2036.7 million. More than half of this cost (52.1%) was due to the indirect cost, 69.5% of which resulted from patients’ disability.

**CONCLUSIONS:** CAD imposes a high economic burden for the third party payer as well as for Polish society. Clearly, there is a need to develop and apply innovative, cost-effective treatment strategies that will reduce the need for hospitalisation and invasive treatment and may successfully be implemented in the GPs’ practice.

**PCV59**

**INPATIENT RESOURCE USE ASSOCIATED WITH THE TREATMENT OF SECONDARY ATRIAL FIBRILLATION**

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**OBJECTIVES:** We estimated incremental inpatient costs and length of stay (LOS) attributable to secondary atrial fibrillation (AF) in patients with and without cardiac predisposing factors to document the economic burden of this disease.

**METHODS:** We extracted 2004–2005 discharges from Premier Perspective(tm), the largest hospital database in the US, with a secondary AF diagnosis and matched controls that had neither a primary nor a secondary AF diagnosis. We matched on patient age, discharge date, facility type and primary diagnosis category. We used regression models to estimate the incremental inpatient costs and LOS due to secondary AF. We adjusted for comorbidities, demographic and hospital-specific factors. We repeated this analysis for patients without cardiac predisposing factors (i.e. mitral valve disease, heart failure, non-AF cardiac operation, chest pain and congestive artery disease).

**RESULTS:** The estimated 5.4 million secondary AF discharges in the US during 2004 and 2005 had an adjusted average inpatient cost of $12,292. This cost was $3352 more than the adjusted average inpatient cost for controls without AF (P < 0.0001). Patients with secondary AF had an adjusted average LOS of 7.8 days or 1.9 additional days compared to controls without AF (P < 0.0001). The estimated 1.4 million secondary AF discharges without cardiac predisposing factors had an adjusted average inpatient cost of $8956, an increase of $1908 compared to controls without AF or cardiac predisposing factors (P < 0.0001). Secondary AF patients without cardiac predisposing factors had an adjusted average LOS of 6.2 days or one additional day compared to controls (P < 0.0001).

**CONCLUSIONS:** Inpatient costs and LOS were significantly higher for patients with a secondary AF discharge diagnosis when compared to controls that did not have an AF diagnosis. These differences, although still significant, were less pronounced among patients without cardiac predisposing factors. Further research is warranted to investigate how secondary AF is most cost-effectively treated.

**PCV60**

**TWO-YEAR HOSPITALIZATION RATES AND ASSOCIATED COSTS OF ATHEROTHROMBOSIS FOR CONTINUED HEALTH (REACH) REGISTRY**

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**OBJECTIVES:** Atherothrombosis is the leading cause of death worldwide with huge economic burden. Peripheral arterial disease (PAD), a marker of disseminated vascular disease, puts patients at a high risk of atherothrombotic events. The REACH Registry is an international prospective registry of 67,888 patients from 44 countries at risk of atherothrombosis due to coronary artery disease (CAD), cerebrovascular disease (CVD) and/or PAD, or the presence of ≥3 atherothrombotic risk factors.

**METHODS:** We examined 2-year rates of vascular-related hospitalizations and associated costs in 1303 REACH patients from Germany with established PAD at baseline. Poisson regression was used to identify independent predictors of vascular hospitalizations. The costs per DRG for vascular hospitalizations were derived from the German 2004 Case Fees Catalogue.

**RESULTS:** At baseline, mean age was 68 years, 29% female, 46% diabetes, 76% had ABI < 0.9, 56% had prior lower limb revascularization, 13% prior amputation, 63% had other involved vascular territories (479 CAD + PAD; 136 CVD + PAD; 205 CAD + CVD + PAD). There were 360 (28%) patients who had ≥1 vascular hospitalizations at 2 years. Significant (p < 0.05) independent baseline predictors of an increased hospitalization rate included diabetes, female, ABI < 0.9, prior peripheral revascularization, prior amputation, CAD, hypertension, decreasing age and prior smoking. Mean vascular hospitalization costs per patient were: €2595 overall; €3052 female; €2423 male; €3351/€1973 with/without diabetes; €2773/€2394 with/without prior lower limb revascularization; €2787/€2578 with/without prior amputation.