cal limb ischemia (Fountain stage III-IV) at admission; length of stay no less than 2 weeks; conservative management before surgery for one week at least. Patient characteristics, length of stay (LOS) and discharge status were assessed. Amputation was considered as treatment failure. Direct medical costs for pharmacotherapy, diagnostic and treatment services were calculated.

RESULTS: Mean age of patients was 63.8 ± 11.46 years; 84.8% were men. Duration of critical limb ischemia before admission varied from two weeks to 14 months. Mean LOS was 31 ± 14 days. From 1 to 41 drugs (12.9 ± 8.6) were prescribed to patients during hospitalization. Most frequently used drugs were pentoxifyllin and rheopolyglucinium (77.1% and 58% of patients). Amputation was performed on 41.9% patients, and angioplasty on 32.4%. Median cost of treatment in the study group was 35 462,70 rub (1 222.9$). The median cost for treating patients with amputation was 41 698,41 rub (1437.95), and the median cost for patients with angioplasty was 43 802,3 rub (1510.4$). Median cost for patients without surgical intervention was significantly lower - 14 423,4 rub (497.4$).

CONCLUSION: Common practice treatment for critical limb ischemia in Moscow hospitals requires amputation in 41.9% of cases. Costs for management patients with amputation do not differ from costs for management of patients requiring angioplasty when all direct costs are taken into account.

HOW MUCH DOES ONE GRAM OF HUMAN HEART MUSCLE COST?
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During the development of hypertension, a progressive increase in left ventricular mass (LVM) occurs. This hypertrophy is a predictor of the incidence of cardiovascular disease and mortality. The great majority of anti-hypertensive drugs lead to a reduction of LVM, thus improving the prognosis. It is not known, however, which of these drugs is the most cost-effective in terms of reduction of LVM.

OBJECTIVE: To investigate the cost of reducing LVM by 1 gram with various agents during the treatment of hypertension.

METHODS: Out of 28 trials published between 1984 and 1995, only 17 were included (528 patients, 21 drugs from main anti-hypertensive classes including ACE inhibitors, or drug combinations) because they were of 12 months duration. The cost of drugs used (at Polish prices) for the treatment period was divided by the change in LVM in grams during that period.

RESULTS: The most cost-effective drugs in terms of LVM reduction (USD/gram of muscle) were: atenolol 0.11; prazosin 0.34; hydralazine 0.44. Combinations of anti-hypertensives were highly cost-effective: rezerpine + hydrochlorothiazide 0.11; atenolol + indapamide 0.92.

CONCLUSION: These results may serve as a guide in decision-making for the choice of treatment and reimbursement.