control and a positive influence on organ complications related to hypertension may result in avoidance of huge costs due to the complications incidences.

PCV57
COST-EFFECTIVENESS OF NEBIVOLOL VERSUS ATENOLOL AND ACE INHIBITOR MONOTHERAPY IN PATIENTS WITH MODERATE HYPERTENSION
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OBJECTIVE: To assess the cost-effectiveness of antihypertensive treatment with nebivolol, atenolol or ACE inhibitor monotherapy in 60-year and 70-year-old patients with moderate hypertension in Germany. METHODS: Using a decision-analytic Markov model, we determined incremental cost-effectiveness ratios (ICER) of treatment with nebivolol, atenolol and ACE inhibitor monotherapy from third party payers' perspective over a 5-year time horizon. Effects on diastolic blood pressure were obtained from a pooled analysis of published randomized clinical trials using response and compliance data. The 5-year absolute risk for an initial coronary, cerebrovascular event or cardiovascular death was computed using the gender specific algorithm based on Framingham Heart Study data. Costs were derived from published tariff lists. Direct medical costs per patient included cost of drug treatment over the 5-year period and cost of acute care for coronary and cerebrovascular events. RESULTS: The comparison of nebivolol vs. ACE inhibitors showed that 3.5 (60-year-old men) and 3.4 (70-year-old men) life years more per 100 patients could be gained with nebivolol. With higher incremental costs, ICER for nebivolol versus ACE inhibitors was €2025 (60-year-old men) and €1824 (70-year-old men). In comparison to atenolol, 6.3 (60-year-old men) and 5.7 (70-year-old men) life years more per 100 patients could be gained. ICER for nebivolol versus atenolol was €4672 (60-year-old men) and €4704 (70-year-old men) per life-year gained. For women, the number of incremental life years gained was lower. ICER for nebivolol versus ACE inhibitors were €2347 (60-year-old women) and €1,904 (70-year-old women) and for nebivolol versus atenolol €11,648 (60-year-old women) and €9060 (70-year-old women) per life-year gained. CONCLUSION: Based on our decision analysis, the use of nebivolol was more effective than antihypertensive therapy with ACE inhibitors and atenolol. Antihypertensive treatment with nebivolol is a cost-effective treatment option from third party payer's perspective in Germany in the selected patient groups.

PCV58
COST-EFFECTIVENESS OF INDAPAMIDE IN PATIENTS WITH MILD-TO-MODERATE HYPERTENSION
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OBJECTIVE: Indapamide is one of the most frequently prescribed diuretics in Greece and the most expensive too. The purpose of this study was to compare the cost-effectiveness of indapamide with propranolol, amlopidine, enalapril and irbesartan in the management of mild-to-moderate hypertension in Greece. METHODS: A cost-effectiveness analysis was performed from a third-party payer perspective, in 2004 Euros (£). A decision analysis model was developed to compare the five alternative interventions. Clinical inputs were derived from randomized controlled trials and cost data from public sources. The evaluation of the cost of managing hypertension includes the cost of drug therapy, monitoring, treating side-effects, poor compliance and switching. The DerSimonian and Laird method was used for the meta-analysis. The time horizon was five years. Future costs and health benefits were discounted at 5%. Extensive sensitivity analyses were performed. RESULTS: Old and new drugs provided similar protection against total mortality and major CVD events in mild-to-moderate uncomplicated hypertension. The five-years total treatment cost was €550.99, €582.04, €864.32, €622.30, and €1283.99 for indapamide, propranolol, amlopidine, enalapril and irbesartan respectively and the estimated total cost to prevent one major cardiovascular event was €16,239.77, €17,154.91, €25,474.88, €18,341.68 and €37,844.09 respectively. Sensitivity analyses confirmed the lower cost-effectiveness ratio of indapamide in comparison with propranolol, amlopidine, enalapril or irbesartan. CONCLUSION: In the management of mild-to-moderate hypertension in Greece, indapamide is more cost-effective than propranolol, amlopidine, enalapril or irbesartan. Indapamide should be considered as the first choice of antihypertensive treatment in uncomplicated hypertension.

PCV59
PHARMACO-ECONOMIC ANALYSIS OF VALSARTAN/HYDROCHLOROTHIAZIDE (HCTZ) VERSUS CANDESARTAN/HCTZ AND VERSUS TELMISARTAN/HCTZ IN THE TREATMENT OF SYSTEMIC ARTERIAL HYPERTENSION IN MEXICO
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OBJECTIVES: To calculate the cost-effectiveness of daily treatment of 160mg valsartan/25mg HCTZ for systemic arterial hypertension (SAH) as compared with 16mg candesartan/12.5mg HCTZ and with 80mg telmisartan/12.5mg HCTZ. METHODS: The information used in this model originates from a study comparing therapeutic effectiveness of valsartan/HCTZ in combination versus combinations of candesartan/HCTZ and of telmisartan/HCTZ for the treatment of SAH. Patients received 16mg candesartan/12.5mg HCTZ or 80mg telmisartan/12.5mg HCTZ daily for 4 weeks. The Mean Sitting Diastolic Blood Pressure (MSDBP) was measured at the beginning and at the end of the 4-weeks treatment. Those patients who were not controlled using either of these regimens (MSDBP >90mmHg) were given daily doses of 160mg valsartan/25mg HCTZ for a further 4 weeks. RESULTS: Patients who received 16mg candesartan/12.5mg HCTZ or 80mg telmisartan/12.5mg HCTZ showed a 74% success rate in achieving a MABP <90mmHg. Patients who received 160mg valsartan/25mg HCTZ showed a 28% success rate for the same parameter. Furthermore, the reduction in MSDBP in those patients who received 160mg valsartan/25mg HCTZ was 10.3mm Hg greater than that obtained in the first phase of the study (p < 0.0001). The only important difference in the use of medical resources related to these therapies was the cost of the medicines involved. The monthly anti-hypertensive treatment cost for the 160mg valsartan/25mg HCTZ combination was the lowest of the three combinations at $295.71 Mexican pesos (US$26.88) as compared with $354.54 Mexican pesos (US$32.23) for the 16mg candesartan/12.5mg HCTZ combination and $428.51 Mexican pesos (US$38.95) for 80mg telmisartan/12.5mg HCTZ. CONCLUSIONS: The combination of 160mg valsartan/25mg HCTZ is more effective and less expensive than either 16mg candesartan/12.5mg HCTZ or 80mg telmisartan/12.5mg HCTZ.