OBJECTIVES: The Clopidogrel for the Reduction of Events During Observation (CREDO) trial showed that clopidogrel loading prior to percutaneous coronary intervention (PCI) with one-year treatment after PCI reduced the combined risk of death, myocardial infarction (MI) or stroke. The purpose of this study was to evaluate the economic impact of clopidogrel based on CREDO in Switzerland, Belgium, Italy, and France. METHODS: We used clinical outcomes and resource use from CREDO combined with external survival data to assess the long-term cost-effectiveness of clopidogrel. A total of 2116 patients with coronary artery disease were randomized to clopidogrel loading before PCI plus one year therapy (n = 1053) vs. 28 days clopidogrel followed by placebo (n = 1063). All patients received clopidogrel day zero to 28. In all, 89 (8.45%) patients in the treatment arm and 122 (11.48%) in the placebo group had an event (RRR 26.9%, 95% CI 3.9%–44.4%). Hospitalizations were assigned a Diagnostic Related Group (DRG) through a DRG grouper. Unit costs were developed in each country and applied to all patients of the CREDO study. Lost life expectancy associated with death, MI and stroke was estimated from Saskatchewan data and discounted 3%. Cost effectiveness was expressed as the cost per event avoided and as cost per Life year saved (LYS). RESULTS: The cost effectiveness of one year use of clopidogrel in addition to a clopidogrel loading strategy prior to PCI vs. placebo ranges from 15,765 € to 26,074 €/event prevented. The cost per LYS is 2483 €/LYS in Belgium, 2502 €/LYS in France; 2552 €/LYS in Italy; 2659 €/LYS in Switzerland based on Saskatchewan projection. CONCLUSION: Clopidogrel used prior to PCI and for one year thereafter is a cost effective strategy. Consistent results are found in the four countries studied.

CARDIOVASCULAR DISEASE—Arrhythmia

HEALTH CARE RESOURCE UTILIZATION AND COST OF ATRIAL FLUTTER PATIENTS
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OBJECTIVE: The objective of the study was to analyze annual health resource utilization and costs of patients with atrial flutter. While the majority of atrial flutter research has focused on various pharmacologic, cardioversion, and catheter ablation treatment options, the costs associated with treating atrial flutter patients have not been previously reported. METHODS: All patients receiving a diagnosis of atrial flutter (ICD-9 427.32) between January 1, and December 31, 2002 were identified from a nationally representative private payer database (IHCIS, Waltham, MA). Patients <18 years of age or not continuously enrolled in a health plan for one year following the atrial flutter diagnosis were removed from the analysis. Total one-year health resource use and costs, including hospital inpatient, outpatient, professional, ancillary, and pharmacy services, were measured from a third-party payer perspective. RESULTS: The study included 4945 patients with an atrial flutter diagnosis. The average age was 62 years; 65% were male. The top co-morbid conditions were atrial fibrillation (72.3%), hypertension (55%), and neoplasms (27%). Average total one-year medical costs for atrial flutter patients were $25,652 +/-44,814, of which inpatient hospitalizations comprised almost 50% of the total cost. Over half of patients were hospitalized with mean length of stay 6.78 +/-20.73 days, 83% had at least one outpatient visit, while almost all patients had a physician visit and 71% required at least one pharmacy visit during the one-year follow-up.