PCV46
SCREENING FOR ABDOMINAL AORTIC ANEURYSM IN MEN. AN ECONOMIC EVALUATION BASED ON A SYSTEMATIC REVIEW OF THE LITERATURE
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OBJECTIVES: Abdominal aortic aneurysm (AAA) is a common disease, particularly among elderly men. Rupture of AAA is associated with high mortality, causing about 1% of all fatalities in men over 60 years of age. Most patients with ruptured AAA die before they come to surgery and the overall mortality is about 80%, compared to a reported mortality during elective surgery of 0–9%. Early detection by screening has therefore been advocated and the objective of this study was to evaluate the long-term cost-effectiveness of different screening strategies for AAA.
METHODS: A Markov cohort simulation model was developed and different screening strategies in terms of age and risk profiles of the screened population and re-screening were analysed. Assumptions and variables in the model were based on a systematic review of the literature. The cost per life year gained was used as main outcome measure. RESULTS: The cost per life year gained for the different screening strategies ranged from $8309 to $14,084 and was estimated to $10,474 when 65-year-old men were screened once. Sensitivity analyses showed that the results were robust. Variations of risk of rupture among screened and non-screened and long-term survival affected the cost-effectiveness substantially. The cost-effectiveness was rather insensitive to variations in cost of screening, cost of surgery and attendance rate. CONCLUSIONS: Screening for AAA may be cost-effective in 65-year-old men, while screening younger men with a re-screening could be equally cost-effective with the advantage of more life years gained. Some aspects need to be characterized in further detail, particularly quality of life effects related to screening for AAA, age-specific natural course of AAA and age-specific long-term survival.

PCV47
DECISION ANALYSIS ON EFFECTIVENESS AND COST-EFFECTIVENESS OF DISEASE MANAGEMENT PROGRAMS FOR THE TREATMENT OF HEART FAILURE
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OBJECTIVES: Congestive heart failure (CHF) is the leading cause for hospitalization in the elderly. In a meta-analysis of 16 randomized controlled trials (RCT) investigating disease management programs (DMP) in the treatment of CHF, we previously demonstrated a statistically significant reduction in mortality and rehospitalization, but cost-effectiveness of DMPs remains uncertain. Therefore, we sought to evaluate life expectancy and life long medical costs for DMPs. METHODS: Design: Cost and cost-effectiveness analysis using a 6 state Markov Model representing the number of prior hospitalizations (h = 1 to h = 4+) and death. Data sources: Pooled efficacy data from our meta-analyses of RCTs, SOLVD registry data for age-dependent hospitalizations and mortality rates adjusted for additional benefit from beta-blocker therapy and reimbursement costs in the Australian health care system. Target population: Patients that have been admitted with CHF. Time horizon: lifetime. Perspective: societal. Intervention: conventional therapy and DMP. Outcome measures: Life years gained (LYG) and life-long direct medical costs. RESULTS: For a population aged 73 at onset of CHF (27% female, 33% on beta-blocker), our model yielded, on average, a remaining life expectancy of 3.24 years for conventional therapy and 3.38 years for DMP. Mean undiscounted lifetime costs per patient were estimated at 11,600€ and 12,700€ respectively. The discounted incremental cost-effectiveness ratio (ICER) of DMP vs. conventional care was 8813€ per LYG. Assuming the benefit due to DMP lasting for 5 years after the end of the actual intervention would lead to additional 5 life-months and reduce ICER to 4021€/LYG. CONCLUSIONS: Based on our decision analysis, DMPs prolong life, but increase life-time costs. A cost-saving effect of DMPs as suggested in some original studies could not be confirmed. However, even under conservative assumptions regarding the duration of DMP, these programs are cost-effective when compared to other well-accepted medical interventions in heart disease.
CHRONIC VENOUS DISEASE AND DEPRESSIVE SYMPTOMATOLOGY

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OBJECTIVES: The objective of our study was to assess depressive symptomatology (DS) among CVD affected women. METHODS: Symptomatic women patients suffering from CVD (CEAP C0 to C4), aged over 18, newly treated by their GP with a phlebotropic drug were enrolled in the study. Every patient completed a self-questionnaire including the CES-D scale at day 0, day three and seven. A score over 17 indicates a probable DS, a score over 23 indicates a possible DS. RESULTS: This analysis includes the first 371 patients assessed at day 0, D3 and D7. The mean age was 45.0 years old (SD = 11, n = 370). The mean CES-D scores at day 0, D3 and D7 were respectively 14.9 (SD = 10.2), 13.7 (SD = 8.9) and 12.8 (SD = 10.1). The results highlight a possible DS in our population (score over 17) for 36.3%, 32.3% and 29.0% respectively at day 0, D3 and D7 (p < 0.01, n = 328). Patients that have expressed a probable DS were 74 at inclusion (22.0% of the population); they show a significant improvement of their status assessed by CES-D. From those 74 patients, only 50 still had a score over 23 at D3 and 46 at D7 showing a decrease of 37.8% of the number of patients expressing a probable DS (p < 0.0001, n = 74, matched test J0-J7). CONCLUSIONS: In the study of Rield assessing depressive symptoms in older women (age 65 to 75), 23.1% of women reported high depressive symptoms (CES-D score over 16). CVD result in psychological effects that seriously affect patients’ lives. Following patient management and the use of a phlebotropic drug the prevalence of DS decreased rapidly showing evidence of the relevance of this management.

CHRONIC VENOUS DISEASE: PATIENTS PROFILE

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OBJECTIVES: The objective of our study was to describe the profile of French women suffering from Chronic venous disease (CVD). METHODS: Symptomatic women patients suffering from CVD (CEAP clinical classes C0 to C4), aged over 18, newly treated by their GP with a phlebotropic drug were enrolled in the study. They completed a self-questionnaire including the SF-12 scale at day zero, day three and seven. RESULTS: This analysis includes the first 399 patients assessed at inclusion. Mean age was 45.0 years old (SD = 11, n = 370). A total of 65.7% have a professional activity, 32% practice sport, 33% are smokers, 78.4% gave birth already and 50% are under oral contraceptive. A total of 9.1% wear compression stockings. At inclusion (n = 374), MCS-12 and PCS-12 were respectively 44.7 (SD = 10.6) and 46.4 (SD = 8.4); and the mean CIVIQ score was 32.6 (SD = 1.1). Concerning the CES-D, the mean score were 14.9 (SD = 10.2), the results highlighting a possible depressive symptomatology in 36.3% of our population (score 17), and a probable depressive symptomatology in 22.0% of our population (score 23). CONCLUSIONS: CVD has a great impact on women. The SF-12 mean scores were below those of the age- and gender-matched general population. Women with CVD report greater risk of high depressive symptoms, compared to the study of Rield where 23.1% of women did (CES-D score 16, age 65 to 75). The impact of CVD on patients daily life is high even if it seems relative compared to the mean scores obtained when initially validating the CIVIQ; for example for patients suffering venous insufficiency of lower limb and arteritis mean score was 53.08 (SD = 14.9), unfortunately comparison data with patients suffering CVD are lacking.