CONTRIBUTED PODIUM PRESENTATIONS

SESSION I

CARDIOVASCULAR I

A HEALTH ECONOMIC EVALUATION OF ASPIRIN IN THE PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE
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OBJECTIVES: Low-dose Aspirin is standard care in patients with a history of cardiovascular disease (CVD). In primary prevention the use of low-dose Aspirin is not yet fully established although meta-analyses and US and European guidelines support its use in persons at increased CVD risk. This study assessed the health economic consequences of the use of low-dose Aspirin in the primary prevention of CVD in the UK. METHODS: Based on results (benefits and harms) reported in the meta-analyses of Hayden (2002) and Eidelman (2003), a Markov model was developed to predict the cost-effectiveness of low-dose Aspirin in the primary prevention of CVD. The model consists of 5 health states: no history of CVD, history of stroke, history of myocardial infarction, history of CVD and death. A 10-year time horizon and 1-year cycles were used. Secondary prevention data were derived from the Aspirin group of the CAPRIE-study (1996). Direct costs from the NHS (2003) perspective were used. Effects were expressed in Life-Years Gained (LYG) and Quality-Adjusted-Life-Years Gained (QALY). Utility data (TTO) were obtained from published data. Discounting was applied (3.5% on effects and costs). RESULTS: For patients with a 10-year risk of coronary heart disease (CHD) of 15% the model results in a 10-year cost of £899 ± 44 (1360 ± 64€) without and £767 ± 53 (1163 ± 81€) with Aspirin. Low-dose Aspirin treatment saves on costs for a cohort of nursing home residents admitted for cardiovascular prevention (CV1).

CHOLESTEROL ATTAINMENT IN DYSLIPIDAEMIC TREATED PATIENTS AND INCIDENT OF CARDIOVASCULAR EVENTS IN CLINICAL PRACTICE
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OBJECTIVES: This study investigated the association between LDL-cholesterol goal attainment (LDL-C < 130mg/dL in national guidelines) during three consecutive years and occurrence of cardiovascular events (CV) in multiple CV risk factor (≥3) patients without coronary heart disease history in French primary care. METHODS: A total of 579 patients treated with lipid lowering drugs (LLD) for 3 years (2000–2002) and with a yearly documented LDL-C were included by 236 primary care physicians. Patients were classified into three groups according to the number of consecutive years they attained TO: all three years (TO+++; n = 145), only part of the time (TO intermediate: n = 256), and never (TO--; n = 178). CV risk factors and CV events (angina pectoris, myocardial infarction, heart failure, stroke, peripheral artery disease) occurring during the last year of observation (2002) were retrospectively collected through computerized medical records (Thales database) and a specific physician questionnaire. The risk of occurrence of CV events was studied according to TO status. Logistic regression model was used, to adjust for baseline differences in CV risk factors. RESULTS: Only 25% of patients reached TO during all three years. Patients with at least one CV event were 5.3%, 10.5% and 12.9% respectively in the TO++, TO intermediate and TO— groups. Compared to TO++, significantly increased risk of CV event was observed, both for TO intermediate (OR = 2.34, 95% IC = [1.01; 5.39]) and TO— groups (OR = 2.99, 95% CI = [1.26; 7.08]). The trend in CV risk between the three TO groups significantly increased (p = 0.02). CONCLUSIONS: This study confirms that inadequate LDL-cholesterol goal attainment in high CV risk patients treated with LLD is associated with an increased risk of cardiovascular morbidity. Our results strongly support the necessity of a better adherence to guidelines to improve cardiovascular prevention. (CV3)