EVOLUTION OF PRESCRIPTIONS AND DRUG COSTS IN HYPERTENSION—RESULTS FROM A DATABASE FOLLOW-UP STUDY

Berger W¹, Anнеманс L²
¹Merck KGaA, Darmstadt, Germany; ²Ghent University, HEDM, Meise, Belgium

OBJECTIVE: To compare the evolution of persistence rates and drug costs in patients whose antihypertensive therapy was started with a low-dose combination therapy or with various monotherapies in daily practice. METHODS: Patients in the Thalès database in France, whose therapy was started with 1) a low-dose combination of bisoprolol and hydrochlorothiazide (b/hctz); 2) angiotensin-II-antagonists (AIIA); 3) calcium-channel blockers (CCB); or 4) angiotensin-converting enzyme inhibitors (ACE) from January-August 2000, were followed up for 1.5 years. The prescriptions at inclusion and the final prescriptions in each subsequent quarter were recorded. Patients who remained on their initial treatment were classified as persistent. The average daily drug costs per patient (ADDc) were calculated for all four groups at all measurement points based on public prices in France. RESULTS: A total of 1387 patients were included. The persistence rate at study end was 68.3% in the low-dose b/hctz group, followed by the AIIA (57.2%), the CCB (56.1%) and the ACE group (51.7%). Statistical significance was only reached between the b/hctz group and the ACE group (p < 0.01). In the AIIA group, ADDc decreased slightly due to switches in therapy to lower-priced drugs (1.08 to 0.90€, 0.76€ to 0.86€ and 0.45€ to 0.60€, respectively). In the b/hctz group, ADDc decreased slightly due to switches in therapy to lower-priced drugs (1.09€ to 1.03€). Pairwise differences in ADDc between the b/hctz group and all other groups reached significance at all measurement points (p < 0.01). CONCLUSION: Frequent changes in treatment make it difficult to predict the evolution of daily drug costs in hypertension. In our study, the ADDc in the b/hctz group were lower than in the three comparator groups at inclusion and remained lower after the effect of treatment changes were taken into account.

COSTS OF HYPERTENSION IN POLAND MEASURED FROM THE THIRD PARTY PERSPECTIVE IN COMPARISON WITH PATIENTS UNDER 65 IN POLAND

Hermanowski T¹, Jaworski R², Czech M², Pachocki R²
¹Warsaw University of Technology, Warsaw, Poland; ²Servier Polska, Warsaw, Poland

OBJECTIVE: To compare the costs of hypertension in the elderly with the costs in patients under 65 in Poland. METHODS: The time horizon of the analysis was 65 months and a retrospective approach was applied. Calculations were made from the societal perspective. Direct medical costs of pharmacological treatment, physicians' consultations, laboratory, diagnostic tests and hospitalisation were identified and calculated. Indirect costs resulting from productivity loss were also included in the analysis. Resource utilisation data were derived from a scientific project conducted among GPs in the whole of Poland in the year 2000. The unit costs were obtained from the Polish National Health Fund. RESULTS: The total annual direct medical cost per patient in the elderly group was 15% higher than in the group of patients under 65 and was equal to 239€. The distribution of the direct medical costs in the elderly group was as follows: drugs 25%, physicians' consultations 28%, laboratory, diagnostic tests 21% and hospitalisation 25%. Both physicians' consultation costs (68€ per patient per year) and hospitalisation costs (61€ per patient per year) were higher in the elderly group than in younger patients (45% and 12% respectively). The indirect costs for elderly patients were about ten times lower than in patients under 65, which generated the costs of 214€ per patient per year. CONCLUSION: The direct medical costs were higher in elderly hypertensive patients. The indirect costs were higher in younger hypertensive probably due to retirement at 60 for women and 65 for men in Poland. There are no differences between the compared groups in expenditure on drugs and patients' co-payment. The trends observed may have a great impact on the total burden of hypertension, because of the higher incidence of hypertension in younger people and the aging of the Polish population.

COST-EFFECTIVENESS ANALYSIS OF THE MANAGEMENT OF ARTERIAL HYPERTENSION

Steifayas PC¹, Sarafidis PA¹, Lazaridis AN¹, Aletras VH², Zouka MD³
¹AHEPA University Hospital, Thessaloniki, Greece; ²Hellenic Open University, Patra, Greece; ³Aristotle University of Thessaloniki, Thessaloniki, Greece

OBJECTIVE: The 5 major classes of antihypertensive agents are suitable for the initiation and maintenance of antihypertensive therapy according to 2003 European Society of Hypertension—European Society of Cardiology guidelines. The aim of this study was to compare the cost-effectiveness of these antihypertensive agents in mild to moderate hypertension in Greece. METHODS: