Cumulative incidences of ESRD were 54.7%, 59.3% and 46.7% for control, amlodipine, and irbesartan respectively. When a 25-year (lifetime) horizon was considered, delay in ESRD onset led to anticipated improvements in life expectancy (discounted results shown in brackets) of 0.29 (0.15) years versus amlodipine and 0.63 (0.36) years versus control. Irbesartan led to cost savings of Hungarian Forint (HUF) 2,698,826 (€10,267) and HUF 1,603,897 (€6,109) per patient versus amlodipine and control respectively. The results were robust under a wide range of plausible assumptions. CONCLUSIONS: Treating patients with hypertension, type 2 diabetes and overt nephropathy using irbesartan was both cost- and life-saving compared to amlodipine and control in the Hungarian setting.

**ECONOMIC ANALYSIS OF THE USE OF CLOPIDOGREL IN PATIENTS WITH ACUTE CORONARY SYNDROME WITHOUT ST-SEGMENT ELEVATION (ACS) FROM THE RUSSIAN HEALTH CARE SYSTEM PERSPECTIVE**

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**OBJECTIVE:** More than 5.4 million Russian patients have a history of Ischemic Heart Disease and this accounts for 26% of all deaths every year. The CURE trial demonstrated the efficacy of clopidogrel in ACS, vs placebo, both group received standard therapy including ASA. This evaluation was performed to assess the cost-effectiveness of clopidogrel in Russia based upon the CURE trial. **METHODS:** Resource use (hospitalisations, procedures, comediations, study drugs) was collected in the Case Report Form of the clinical trial. Costs of medications were based on cost per day of study drugs and average cost per day of the different therapeutic classes for comediations. Hospitalisations costs including the costs of stay at an intensive care unit were calculated from Russian medicoeconomic standards. The efficacy outcome was the number of total events prevented (cardiovascular deaths, myocardial infarctions, and strokes). Cost-effectiveness was expressed as the cost per event avoided. All costs were calculated in 2002 prices. The Russian ruble-to-US dollar exchange rate used was 31.3. **RESULTS:** During the 12-month study period, the CURE trial showed that patients treated with clopidogrel had significantly lower rates of cardiovascular events (11.14% vs 13.15%). The mean cost per patient was higher with clopidogrel ($2,425.60) than with standard therapy ($18,82.80). The difference of $542.80 was primarily due to a higher acquisition cost of clopidogrel. Nevertheless total cost of hospitalisations was lower in the clopidogrel arm ($1119 vs $1149). The estimated incremental cost per event avoided was $27,000. **CONCLUSION:** This analysis showed that clopidogrel on top of standard therapy including ASA, for ACS, results in a favourable cost-effectiveness ratio in terms the cost per event avoided compared to other cardiovascular drugs. These data provide strong arguments for the choice of a treatment for ACS in the public health care system.

**MANAGEMENT OF THE PRIMARY CARE HYPERCHOLESTEROLEMIC PATIENTS THROUGH A CLINICAL DECISION SUPPORT SYSTEM. OPTIMCARE STUDY REPORT**

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**OBJECTIVES:** The Clinical Decision Support Systems (CDSS) can be intended as tools to improve the health care. The Optimcare Study objectives are to implement a clinical guideline to manage hypercholesterolemic patients on a CDSS and to assess its impact in cost-effectiveness terms, in usual practice conditions. **METHODS:** Naturalistic and unicentric design in which a therapeutically intervention including a CDSS and a flexible patient education was applied and compared between two periods in a patient cohort. Five hundred hypercholesterolemic patients (ICD9-CM code = 272.0) were randomly selected from the Primary Health Care center database (CAP Vila Olímpica, Barcelona, Spain). The CDSS implemented algorithms agreed by the participating physicians, with therapeutical recommendations to achieve cLDL objectives in a cost-effective manner. The compared periods were the year before (PRE) and the year after (POS). The visit in which physicians could access to the CDSS from their physician desk. The clinical and resources consumption data in PRE were obtained from the center database. The effectiveness was assessed through the therapeutical objective achievement in PRE and POS periods referred to the clinical guideline objectives. The costs were assessed from the social perspective. **RESULTS:** The therapeutical objective achievement increased an 11.9% (54.2% PRE vs 66.1% POS). While cLDL decreased 10mg/dl (CI 95% – 14 to –6). The number of pharmacologically treated patients decreased a 14.6% (76.5% PRE vs 61.9% POS). The patient mean total costs were decreased in POS period [difference = €78.4 (IC 95% –94.7 to –62.1)]. Considering all the visits the adherence to the therapeutical recommendations were a 88.4% while showed a decrease until 72.5% when next visit dates recommendations were considered. **CONCLUSIONS:** The CDSS given recommendations were accepted by the physician in a high degree and were shown as more cost-effective than the usual care practice.