separate models to calculate cost of illness for each selected diseases. Medical resources included hospital stays, outpatient visits, ambulance service and reha-
mobilisation.

RESULTS: Obesity-related and overweight-related expenses incurred by the state for treatment and management of patients were amounted to 10.2 billion € (§190.5 million) for stroke, 7.6 billion € (§141.9 million) for heart attack and 6.9 billion € (§130.5 million) for diabetes (22%). CONCLUSIONS: These findings and obesity and overweight associated with significant economic burden on Russia’s health care system. There is a striking direct relationship between the cost of care on stroke, heart attack, diabetes mellitus and obesity and overweight that leading to increasing significant economic and social losses.

PCV77 MEDICAL COSTS AND RESOURCES CONSUMPTION IN PATIENTS WITH ATRIAL FIBRILLATION: AN ITALIAN OBSERVATIONAL STUDY
Conti S1, Ferrari C2, Botto G3, Inamna G3, Tondo C4, Ciampichini R4, Chiodini V4, Mantovanelli L5, Mendicino F5, Cremona D5
1University of Milano - Bicocca, Monza, Italy, 2Ospedale S. Anna, Como, Italy, 3Istituto Clinico F. S. Camillo, Cremona, Italy, 4Centro Cardiologico Monzino, Milano, Italy

OBJECTIVES: The prevalence of atrial fibrillation (AF), a common form of cardiac arrhythmia, is rapidly rising in the developed world. Though several studies addressed the cost of illness, recent improvements in the disease management may have affected per capita medical resources consumption and costs, therefore it is desirable to provide updated estimates. This naturalistic study aimed at estimating costs and resource consumption related to AF from the perspective of the Italian Healthcare System in a large cohort of hospitalized cases. METHODS: Using healthcare administrative databases (HADB) of Lombardy, a region in Northern Italy (10 million dwellers), we identified the cohort of residents who underwent a first hospitalization with a diagnosis of AF between 2003 and 2009, after a wash-out period of 3 years. We followed them until 2010, death or emi-
gration. The database contains ADB, HADB information on hospitalizations, prescrip-
tions and outpatient visits with related direct costs. We estimated mean annual resources consumption per 100 subjects and mean annual per capita cost through the baseline (January 2000 – December 2015). RESULTS: Overall, 12,383 patients (49% males), with a mean age of 75 years (±12 standard deviation) and a mean survival time of 5 years (95% confidence interval (CI): 5.0; 5.1) from baseline. 65.2% was absorbed by hospitalizations, 18.5% by drug prescriptions and 16.3% by outpatient visits. We estimated 84.7 hospital admission, the main driver of costs, per 100 subjects per year (95%CI: 8.3; 8.5), of which 17.0 (95%CI: 16.8; 17.2) with an AF diagnosis. CONCLUSIONS: In line with literature, our results highlighted a high burden of AF, with large per capita healthcare expenditures and a high number of hospitalizations. Since AF has been described as an epidemic, increased attention should be devoted to the management of such disease.

PCV78 COSTS OF CARDIOVASCULAR (CV) EVENTS IN THE UNITED KINGDOM (UK) USING REAL-WORLD DATA
Danese M1, Gleeson M1, Kutikova L1, Griffiths R1, Azough A1, Khunti K1, Kondapally Sehantapam B1, Ray KE2
1Outcome Insights, Ltd., Westlake Village, CA, USA, 2Amgen (Europe) GmbH, Zug, Switzerland

OBJECTIVES: To review the direct patient-level costs of selected cardiovascular events (CVEs): unstable angina, myocardial infarction (MI), cardiac revascular-
ization, heart failure, ischemic stroke, acute coronary syndrome in Europe. METHODS: A systematic literature review was conducted for the period between January 2000 and March 2015. MEDLINE and EMBASE were searched to identify published articles reporting direct costs of one or more CVEs (angina, myocardial infarction, cardiac revas-
cularization, heart failure, ischemic stroke, acute coronary syndrome) in Europe (United Kingdom, Germany, Spain, France, Italy, Denmark, Finland, Iceland, Norway, Sweden, Belgium, Switzerland, The Netherlands). Two reviewers indepen-
dently assessed studies against inclusion criteria and abstracted cost estimates; discrepancies were resolved through discussion or by third reviewer. Studies were included if they reported patient-related direct medical costs (or mean) from a primary economic analysis or cost-effectiveness model among adults with identified dyslipidemia or elevated Low Density Lipoprotein-Cholesterol. Costs as reported in each study were inflated to 2015 values. RESULTS: Forty-eight studies were included for abstraction. Cost estimates for at least one event were found in twelve of the specified countries listed in the search list. Annual cost of care were highest for stroke (§958–10,334), revascularization procedures (§291–1,723) and MI (§558–1,723). The highest cost of intervention was revas-
cularization procedures, specifically CAGB (§10,814–25,587), and ischemic stroke (§3,686–7,978), angina (§935–5,214) and heart failure (§1,106–4,905) acute costs were higher than other than long-term medical care costs. CONCLUSIONS: The findings of this study highlight the wide variation in the sources and populations used to populate economic models in the literature and the substantial costs of CVEs despite event type or country of origin.

PCV81 ESTIMATING THE BURDEN OF DIABETES TO THE FRENCH NATIONAL HEALTH INSURANCE (CNAMTS)
Agude A1, De Lagarenie G2, Denis P1, Gastaldi-Menager C3, Fogat-Campagna A3, Gisquet C1, Bolton D1
1CNAMTS (National Health Insurance), Paris Cedex 20, France, 2CNAMTS (National Health Insurance), paris cedex 20, France

OBJECTIVES: The aim is to assess for 2012 the direct and non-directly cost of dia-
abetes from a public payer perspective using a new (bottom-up) method and the French health insurance medico-administrative database (SNIRAM). METHODS: Using information about 60 millions of individuals from the general sickness assurance database (86% of the 69 million individuals insured by all French insurance schemes), we identified people who received care for diabetes if they had an ICD-10 diagnosis for diabetes as a long-term chronic disease or at least 3 annual reim-
bursements for anti-diabetic drugs. Costs of all reimbursed expenditures (out-
patient/innpatient care, disability/sickness benefits) were extracted per individual. To estimate the burden of diabetes, we identified expenditure items which were directly attributable to diabetes (anti-diabetic drugs, medical devices, hospitaliza-
tion with an ICD diabetes code). For other expenditures, we used an incremental approach and also econometric model by estimating the additional cost due to diabetes (by age and gender) between the diabetic and the non-diabetic popula-
tion. RESULTS: Among 69 million individuals insured by all insurance schemes, 3.3 million had diabetes. The overall diabetic population was estimated for 22 billion (15% of the total expenditures reimbursed by the national health insur-
eance). Overall, 11.4 billion (52%) euros were considered as related to diabetes care. Reimbursements directly attributable to diabetes accounted for 2.6 billion (23% of the 11.4 billion euros) and other costs, mostly related to complications, for 8.8 billion (77%). Inpatient care represented the main part of the overall cost of diabetes care (22%) together with drugs (20%) and medical auxiliaries (15%). CONCLUSIONS: Care for diabetes complications and additional treatments for diabetic people account for the highest part of the costs of diabetes care. The prevention of acute illness