period in France and in Italy. For assessing the inpatients costs, we used the National inpatient Diagnosis Group data base in France and in Italy. We studied the patient profile, the mean length of stay and the subsequent complications. Data on outpatient care for DVT were based on literature, questionnaire filled in by practitioners, ambulatory care data base (in France) and compared to practice guidelines. Inpatient and outpatient costs were combined to provide total costs of care for DVT over an one-year period. In addition, we modelled, from published data, the risk of pulmonary embolism (PE) and DVT recurrences, and we costed these complications.

RESULTS: The average French inpatient cost for DVT is 3,220 Euros (average length of hospital stay: 9.6 days) while this cost is 2,865 Euros in Italy (average length of hospital stay: 7 days). In both countries, the total cost of management of a DVT patient over an one-year period was calculated to be at least 30% higher than the only costs of acute care. CONCLUSION: The assessment of the global economic burden of DVT has to take into account the costs occurring after hospital discharge. Our approach was conservative as we did not take into account the risk of occurrence of Post Phlebitic Syndrome and its economic consequences.

OBJECTIVE: To assess the cost-effectiveness of abciximab, eptifibatide, and tirofiban when treating US patients with coronary syndromes.

METHODS: A decision analytic model compared the three drugs on the basis of major bleeding events and myocardial infarction. Costs included those for medications and adverse events. Transition probabilities were based on published trials and clinical judgement. The time horizon for the model was 30 days. Cost-effectiveness ratios were computed for the three agents and rank order stability analysis used to test the robustness of results. A hospital perspective was adopted for the analysis.

RESULTS: Average per-patient treatment cost was $1,393, $2,480, and $2,409 for eptifibatide, abciximab, and tirofiban, respectively. The probability of successful treatment (i.e., no bleeding or myocardial infarction) was 0.86, 0.89, and 0.78 for eptifibatide, abciximab, and tirofiban, respectively.

CONCLUSIONS: Results indicate that the higher costs of abciximab and tirofiban may not be justified when treating US patients with coronary syndromes. Our model was limited by the availability of event probability estimates for eptifibatide and tirofiban.