dominance in ≥ 97% of cases for the three studied annual risks of CHD (0.6%, 1.0% and 1.5%) except for Italy, where dominance in ≥ 95% was seen at annual risks of 1% and 1.5%. CONCLUSIONS: Administering low-dose Aspirin to patients with an annual risk of CHD of ≥ 1% is significantly cost-saving from the health care payer’s perspective in all countries analysed. Savings start after one year of treatment.

RESEARCH DESIGN AND METHODS: Anonymized databases were used: private and public hospitals and patients undergoing PCI could no more be distinguished. The impor-

Nationale des Coûts”: National Study of Costs) database of public sector. The PMSI (“Programme de Médicalisation des Systèmes d’Information”) is the French equivalent of DRG system. The GHM (“Groupes Homogènes de Malades”: Homogeneous Groups of Patients) corresponding to cardiovascular events were determined from classifying medical procedure (CdAM: “Classification Des Actes Médicaux”) and/or from main diagnosis (ICD 10: International Classification of Diseases). The numbers of hospitalizations were then determined. The most representa-

tive GHM were selected, and associated prices/costs have been weighted by suitable numbers of hospitalizations in order to obtain an average price/cost of hospitalization. RESULTS: Average prices (private sector) and costs (public sector) have been estimated respectively in private and public sector at €1815 and €1315 for a coronaryography, €2704 and €2971 for a coronary angioplasty (€5750 and €5178 with stenting), €14,905 and €13,119 for an aorto-coronary bypass, €4271 and €4216 for a myocardial infarction (including procedures), €2967 and €3483 for a cerebrovascular accident, €1799 et €2570 for a transient ischemic attack, €1589 and €2350 for stable and unstable angina, €2433 et €3658 for a heart failure. CONCLUSION: It is difficult to isolate specific hospital prices/costs of cardiovascular events. Nevertheless those approximations seem to be the only way to assess these prices/costs, which in addition are likely to be used in pharmacoeconomic models.

USE OF ABCIXIMAB IN PATIENTS UNDERGOING PERCUTANEOUS CORONARY INTERVENTION (PCI) IN FRANCE

OBJECTIVES: To evaluate differences between public and private hospitals in abciximab prescriptions for patients undergoing PCI with coronary artery disease (CAD) in France.

METHODS: Data were collected from the 2002 “PMSI” data-

database (DRG for every patient admitted). To evaluate the total number of PCI performed for CAD in private and public hospita-

tals, we selected the following DRGs (myocardial infarction, coronary endoprothesis, and cardiac catheterization) and crossed them with the following acts performed during PCI (translumi-

nal angioplasty, stent implantation, atherectomy). We computed the numbers of abciximab prescriptions from the French sales

Abstracts

HOSPITALIZATIONS FOR CARDIOVASCULAR EVENTS: FRENCH DRG ANALYSIS

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OBJECTIVES: This French DRG analysis aimed to obtain esti-
mations of numbers and prices/costs of private and public hospitalizations in 2002 for following cardiovascular events: coronaryography, coronary angioplasty, aorto-coronary bypass, myocardial infarction, cerebrovascular accident, transient ischemic attack, stable and unstable angina, heart failure.

METHODS: Anonymized databases were used: private and public PMSI 2002 databases of BAQIMEHP (“Bureau Assurance Qualité de l’Information Médico-Economique de l’Hospitalisation Privée”: Quality Assurance Committee of Health Economic Information of Private Hospitalization) and ENC 2004 (“Etude

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