

Abstracts

277

cardiac (often sudden) death. The use of highly purified omega-3 polyunsaturated fatty acids (n-3 PUFAs) in addition to standard secondary prevention after MI results in a significant reduction in risk of sudden death. **OBJECTIVE:** To assess the cost-effectiveness of adding n-3 PUFAs to the current secondary prevention treatment after acute MI in five countries (Australia, Belgium, Canada, Germany, Poland). **METHODS:** Based on the clinical outcomes of GISSI-Prevenzione (MI, stroke, revascularisation rate and mortality), a decision model was built in DataProTM. The implications of adding n-3 PUFAs to standard treatment in patients with a recent history of MI were analysed from the health care payer's perspective. The time horizon was 3.5 years (identical to GISSI-Prevenzione). Event costs were based on literature data. Life expectancy data for survivors of cardiac disease were obtained from the Saskatchewan database and country-adjusted. Results are expressed as extra cost (€) per life year gained (LYG). Country-specific discounting was applied to costs and effects. **RESULTS:** Treatment with n-3 PUFAs yielded between 0.265 (Poland) and 0.289 (Canada) LYG, at an additional cost of 823€ (Canada) to 1479€ (Belgium). The incremental cost-effectiveness ratio (ICER) varied between 2850€ (Canada) and 5154€ (Belgium) per LYG. Sensitivity analyses on effectiveness, cost of complications and discounting proved the robustness of the results. A second order Monte Carlo simulation based on the 95% CIs obtained from GISSI showed that n-3 PUFAs are cost-effective in more than 99% of patients (threshold 20,000€/LYG). Including costs incurred during LYG considerably increased total costs, but had no impact on the ICER-based treatment recommendation. **CONCLUSIONS:** Adding highly purified n-3 PUFAs to standard treatment in the secondary prevention after MI appears to be cost-effective in the five countries studied.

PCV53

COST ANALYSIS ON ANTICOAGULANT DRUG MARKET

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OBJECTIVES: To investigate the cost trend of anticoagulant drug usage in hospital inpatients, examine the association among patients' DRG groups, average length of therapy, and their drug costs. **METHODS:** A sample of four-million hospital discharges from 251 hospitals treated with an anticoagulant (Angiomax, Argatroban, Arixtra, Coumadin, Dicumarol, Fragmin, Heparin sodium, Innohep, Lovenox, Miradon, Orgaran, Refludan and Thrombate III) between 1998 and 2004 was retrieved. The sample was also broken out by the DRG group as unstable angina non-ST-segment elevation myocardial infarction (UANSTEMI), ST-segment elevation myocardial infarction (STEMI), deep vein thrombosis (DVT), abdominal disease, and other group. The average anticoagulant cost was estimated as a linear function of lab, image, supply, length of therapy, length of stay, time etc. Analysis of Variance model was created to examine if the drug volume is determined by drug cost, DRG group, and average length of therapy. **RESULT:** Although each single drug cost per discharge remained unchanged or even decreases over time, the average anticoagulant drug cost per discharge increases with time (p-value <+) and with average length of therapy (p-value <+). This was because newer, or relatively more expensive drugs like Argatroban, Orgaran, Arixtra and Angiomax etc. were introduced during the time frame. Drug volume is function of average length of therapy (p-value <+) and average drug cost (p-value <+); however, DRG group was not a significant factor. The results held if examining each drug like Lovenox or Heparin sodium separately. As newer drugs were introduced, the average length of hospital stay (p-value <+) decreased. **CONCLUSION:**

The use of large market share drugs (Heparin, Lovenox, Fragmin etc) remained stable for hospital inpatient over time. However, there was tendency to use newer, more expensive drugs to improve clinical outcomes regardless of increasing anticoagulant drug costs.

PCV54

ECONOMIC AND HUMANISTIC BURDEN OF POST-ACUTE MYOCARDIAL INFARCTION HEART FAILURE IN GERMANY

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OBJECTIVE: One of the most serious and frequent consequences of acute myocardial infarction is heart failure, which has moved into the focus of public health care in the last few years. The presented modeling determines the epidemiological and health-economic disease burden of post-acute myocardial infarction heart failure in Germany. **METHODS:** Basis for the concept was a literature review of relevant publications since 1990. The incidence of post-acute myocardial infarction heart failure was estimated for two scenarios and, with the help of a Markov model, the course of the disease and the associated use of resources over a period of nine years was calculated. Subsequently, the annual cost of all prevalent cases was determined. **RESULTS:** The calculation of the incidence in Germany varies between 50,000 (best case scenario) and 90,000 (worst case scenario) per year. These patients cause total costs of 1.4–2.5 billion euro during the selected observation period (the portion of direct costs is approx. 55 %). The prevalence per year is estimated to be 250,000 to 450,000. Per year these patients cause a financial burden of approximately 0.9–1.6 billion Euros. The majority is due to hospital treatment (0.3–0.5 billion Euros) and the loss of productivity due to premature mortality (0.2–0.4 billion Euros). Apart from the rateable monetary strain, it has to be assumed that after the manifestation of heart failure the quality of life for these patients is reduced by about 50% compared to that of the normal population at a comparable age. **CONCLUSION:** In light of the heavy financial burden—in particular due to hospital treatment and loss of productivity—following the manifestation of heart failure, an early and effective therapy of the initial myocardial infarction is essential. If heart insufficiency nevertheless develops following myocardial infarction, optimum secondary preventive strategies are necessary.

CARDIOVASCULAR DISEASE—Other

PCV55

PREVALENCE OF METABOLIC SYNDROME IN KOREAN AMERICANS IN THE UNITED STATES

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People with the metabolic syndrome are at increased risk for cardiovascular disease (CVD). Screening of metabolic syndrome allows early recognition of individuals at risk for developing CVD. **OBJECTIVE:** To examine the frequency and risk factors of metabolic syndrome among the Korean Americans living in New York City. **METHODS:** This is a cross-sectional health examination survey. Using a standardized questionnaire, blood pressure (BP), body mass index (BMI), waist to hip ratio (WHR) were recorded; serum total cholesterol (TC), high-density lipoprotein (HDL), fasting triglycerides (FTG), and fasting