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PATIENTS ADMITTED TO THE ICU AFTER CARDIOPULMONARY RESUSCITATION: AN ANALYSIS OF OUTCOME, QUALITY OF LIFE AND COST-EFFECTIVENESS

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OBJECTIVES: Literature shows that patients admitted to the intensive care unit (ICU) after cardiopulmonary resuscitation (CPR) have a worse clinical and economic outcome in terms of increased length of stay (LOS) in the ICU and a high mortality. In this study we investigated survival, health-related quality of life (HRQOL), costs and cost-effectiveness of patients admitted to the ICU after CPR.

METHODS: A prospective observational cohort analysis was performed. In the period of March 3–November 3, 2008, all consecutive patients admitted to the ICU after CPR necessitating mechanical ventilation were screened for inclusion. All data concerning demographic, comorbidty, severity of disease, organ failure, ICU and hospital LOS were analyzed. Data concerning costs were restricted to hospital-related costs and further to direct costs. HRQOL before admission and 3 months after ICU-discharge was assessed using standardized questionnaires (EuroQol, SD, Short Form-36 scores). Statistical significance was attained at P < 0.05.

RESULTS: Out of 39 patients admitted because of CPR, 35 patients (66% males) with a mean age of 62 years (SD 14.6) and APACHE II-score of 26.9 (SD 9) were included. Mortality was 57%. The 15 patients that survived had an equal HRQOL before and after ICU-discharge concerning pain (P = 0.6), general health (P = 0.2), role-emotional (P = 0.1) and mental health (P = 0.9). HRQOL was diminished on physical functioning (P < 0.01), role-physical (P = 0.007) and social functioning (P = 0.02). Costs per hospital survivor were €92,139, and €6,399/quality adjusted life year (QALY). A sensitivity-analysis confirmed the cost-effectiveness of ICU treatment after CPR.

CONCLUSIONS: Cost-effectiveness after CPR was high and comparable with data from literature. After three months, HRQOL was only worse when looking at physical level. Treatment after CPR necessitating mechanical ventilation was found to be a cost-effective intervention.

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COST-EFFECTIVENESS ANALYSIS OF EXANOXAPAR AS ADJUNCTIVE THERapy WITH FIBRINOLYSIS IN SPANISH PATIENTS WITH ST-ELEVATION MYOCARDIAL INfracTION (STEMI): RESULTS FROM EXTRACT-TIMI 25

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OBJECTIVES: EXTRACT-TIMI 25 is a prospective randomized trial of 20,479 patients. The trial compared enoxaparin as adjunctive therapy for fibrinolysis in patients with ST-segment elevation myocardial infarction versus unfractionated heparin (UFH) resulted in a 17% relative risk reduction of death or myocardial infarction (MI). Using results from the EXTRACT-TIMI 25 trial we constructed an economic evaluation to estimate the cost-effectiveness of using enoxaparin versus UFH in Spain. METHODS: Cost-effectiveness analysis was performed from the Spanish National Health Service perspective. Health resource data were obtained from the EXTRACT-TIMI 25 trial, coding according to Diagnostic Related Groups (DRGs). Medical direct costs data (procedures and drugs) were obtained from published Spanish literature. Survival and life expectancy were estimated from the Framingham Heart Study. Results are presented as incremental cost per life year gained (LYG) and cost per Quality Adjusted Life Years (QALY). To prove the robustness of the results we calculated 95% confidence intervals for both costs and results. Long-term costs were discounted at 3% annually after the first year. RESULTS: Considering short-term treatment results (30 days), enoxaparin achieved better results with more LYG than UFH but there was a not significant difference in total costs. The incremental cost-effectiveness ratio for enoxaparin obtained from the 30 days analysis was €497,775/ a

LYG. When long-term (lifetime) analysis was performed the cost obtained was of €275,616/LYG and €344,236/QALY. CONCLUSIONS: Considering the usual “willing- ness to pay” cost-effectiveness threshold in Spain (€60,000 per LYG and per QALY) enoxaparin administered as adjunctive therapy for fibrinolysis in ST-elevation myocardial infarction patients is a potentially cost-effective strategy compared with UFH in Spain.

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COST-EFFECTIVENESS OF AN EXERCISE TRAINING PROGRAM IN HEART FAILURE

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OBJECTIVES: Exercise training is an effective strategy to reduce combined clinical outcomes in heart failure (HF). Nonetheless, implementation of such programs has been restricted to university and specialized centers. Economic analysis of this