DIRECT MEDICAL COSTS ASSOCIATED WITH STROKE IN NON-VALVULAR ATRIAL FIBRILLATION IN INDIA

Higher incidence in HU obtained from insurance records seems to more reliably burden in adults increases with age, and is associated with a high risk of death.

4 copy and pharmacological treatment prescribed. We used as reference the 2011 Institute (IMSS) we evaluated the length of hospital stay, laboratory tests, endoscopic in Mexico, the cost of care of patients with gastrointestinal bleeding. Costs of care. The aim of this study was to evaluate from the public payer perspective.

Gastrointestinal bleeding is one of the most common causes of medical accidents was assumed 4 months.

To calculate the health care cost of traffic accidents occurring in night or daylight under low visibility.

The incidence of hospitalized bacteremia/sepsis and meningitis per 100,000 person years were: 2.07 and 1.34 (CR), 1.2 and 0.49 (SK), 0.66 and 0.32 (PI), and 3.16 and 1.01 (HU). The case fatality rate was: 31% and 25%, 12% and 25%, 40% and 63%, and 11% and 29%. An exponential increase in both measures was observed with advancing age. The total economic burden of IPD in adults over 50 was: EUR 66,050; 159,528; 180,015 and 140,249. Adults 65+, who represent 41% of the combined population, account for 54% of the costs.

CONCLUSIONS: The IPD burden in adults increases with age, and is associated with a high risk of death. Higher incidence in HU obtained from insurance records seems to more reliably reflect the reality and highlights systematic underreporting of national surveillance systems.

PHS23 DIRECT MEDICAL COSTS ASSOCIATED WITH STROKE IN NON-VALVULAR ATRIAL FIBRILLATION IN INDIA

PHS24 COST OF TRAFFIC ACCIDENTS RELATED TO LOW VISIBILITY CONDITIONS: A COST OF ILLNESS STUDY

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OBJECTIVES: To calculate the health care cost of traffic accidents occurring in night or daylight under low visibility.

METHODS: To identify the major cost drivers, clinical efforts should focus on timely management of NVAF induced strokes and use of preventive treatments.

RESULTS: A total of 20635 persons were injured and 1106 persons were died on the road by traffic accident. 45 percent of casualty has been taken in night or daylight under low visibility. Average cost of restricted visibility accidents is 510886 HUF per capita (approx. 2041 EUR). We calculated an average sick pay 119365 HUF (approx. 477 Euro) per capita per month. The expenditures of the National Health Insurance Fund Administration could easily reach the 17 billion HUF (approx. 67.9 million Euro) per year. CONCLUSIONS: Traffic accidents and subsequent medical conditions are important burden for the Hungarian health insurance system with an annual expenditure of 17 billion HUF (97,9 million Euro). Better illumination, law regulation, appropriate education and traffic instructions might decrease the costs related to accidents on the road.

PHS25 DIRECT MEDICAL COSTS OF MEDICAL CARE OF GASTROINTESTINAL BLEEDING IN MEXICO

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OBJECTIVES: Gastrointestinal bleeding is one of the most common causes of medical accidents was assumed 4 months.

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PHS26 ECONOMIC BURDEN OF SEASONAL INFLUENZA B IN FRANCE DURING WINTER 2010-2011

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OBJECTIVES: In France, 4-10% of the population is annually affected by influenza. This represents direct and indirect costs, which vary according to the dominant influenza virus strain circulating. Policy makers are interested in its burden, for better allocating resources for prevention and control measures. As international literature regarding seasonal influenza B is rare and not entirely applicable in France, our study aims to assess its costs in 2010/2011 under the French Health Insurance System perspective. Methods: Two subpopulations were assessed for an acute respiratory infection a physician, member of an influenza surveillance network in France (GROK network), completing the routine clinical form and whose nasopharyngeal swab was lab confirmed positive for influenza B. Physicians completing follow-up questionnaires 7 and 28 days after swabbing. Costs (consults, exams, hospitalization and daily allowances) were assessed for each patient. Treatments costs were modelled using linear, tobit and probit regressions (variables: cost, risk factor, vaccination, age group). Total costs estimation for the French Health Insurance were calculated by multiplying total costs per patient, attack rate and population. Results: 1,724,348 patients were included. Influenza B mean cost was 90.63€ (SD 132.76) per patient. Risk factors or influenza vaccine status did not impact the mean cost. In children and older people these costs were very similar (0–4 yo: 76-74€, 5–14 yo: 75-65€, 65+ yo: 72-50€). Main cost items were consultations. For adults, costs almost doubled, reaching approximately 141.25€ per patient, due to work absenteeism. Total influenza B costs for the National Health Insurance were estimated on almost 400 million Euros in France during 2010/11. CONCLUSIONS: The results show that in a season where influenza B is dominant, it causes an important economic impact. Further investigations of strategies (vaccines) for reducing influenza B cases, providing evidence for policy-makers' decisions are in progress.

PHS27 EVALUATION OF THE CLINICAL AND ECONOMIC BURDEN OF THE HUMAN IMMUNODEFICIENCY VIRUS INFECTION IN STATE VETERAN PATIENTS

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OBJECTIVES: To assess the clinical and demographic characteristics, utilization, and cost patterns of human immunodeficiency virus (HIV) patients in the U.S. veteran population.

METHODS: A retrospective analysis was performed using the Veterans Health Administration (VHA) Medical SAS Datasets from October 1, 2007 to September 30, 2011. All U.S. veteran patients with HIV were identified using International Classification of Disease 9th Revision Clinical Modification (ICD-9-CM) diagnosis codes 042.xx and V08.xx. Descriptive statistics were calculated as means ± standard deviation (SD) and percents to measure demographic, cost, and utilization distribution in the sample. RESULTS: A total of 2,432 patients were diagnosed with HIV, who were most frequently designated as Caucasian (n=1,201, 49.3%) and often lived in the southern parts of the United States (n=905, 37.2%). Common comorbidities included hypertension (n=1,531, 55.5%) and diabetes (n=1,558, 22.9%). Survival rates were high for all age groups (age ≤39: 98.21%; 40–64 years: 93.48%; ≥65: 87.11%). Outpatient services were utilized by 99.92% of HIV patients, followed by inpatient (99.44%) and outpatient emergency room (ER) visits (7.11%). An average number of 0.39 inpatient visits and 21.01 outpatient visits per patient over the 1-year observation period. The outpatient office (patient cost $10,558, SD= $12,850), outpatient ER (patient cost $36, $240), and inpatient ($8,571, SD=$35,444) values contributed to follow-up health care expenditures.

CONCLUSIONS: U.S. veterans with HIV experienced a high average number of outpatient visits during the follow-up period, as well as frequent comorbidities and high survival rates. These may have translated to the high outpatient expenses evident in the study.

PHS28 THE COST OF MANAGEMENT OF PATIENTS WITH ATRIAL FIBRILLATION: AN OBSERVATIONAL STUDY IN UK NHS PRIMARY CARE

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OBJECTIVES: The management of atrial fibrillation (AF) represents a significant and increasing burden on the UK National Health Service (NHS). Understanding this...