objectives: Acute coronary syndromes (acs) consist mainly of st-segment elevation myocardial infarction (stemi) and unstable angina (ua)/non-stemi (nstemi). acs showed an enormous medical, social, and economic burden worldwide. acs in the form of myocardial infarction is responsible for almost half of all deaths related to cardiovascular disease. south korea compared to the oecd country average, shows high cardiovascular morbidity and mortality, and the recurrence rate is increasing every year. we examined the direct cost of hospitalization for acs patients, who received procedures, operations, and admissions. we could select index patient cases according to american heart association/american stroke association guidelines. study results show that the mean total cost was won 1,659,045 (median: won 1,031,625, iqr: won 734,200-2,610,075) in patients receiving rt-PA therapy (time window: 6 hours after ais) from september 2007 to september 2010. the patients with hemorrhage stroke are excluded from sample. with the admission less than 24 hours after the pci treatment, there were 129 males and 51 females (64.3±12.5 years, mean±sd.) besides, in other group over 24 hours, there were 74 males and 28 females (61.1±11.5 years). using logistic regression analysis, age≥60 years (rr 1.683, 95%ci 1.493-1.931, p-value 0.001, or: 2.576, 95%ci 1.751-3.794, p-value 0.036). anion-compilation (rr 2.153, 95%ci 1.947-4.473, p-value 0.039, or: 3.89, 95%ci 1.011-25.801, p-value 0.043). conclusions: if patients have characteristics like age<65 years, troponin i<1µg/l, lesion numbers less than 2, using stents, vascular type diagnosed as a and b, and non-complication, they could tend to discharge in 24 hours after pci treatment.

pcv25 a pharmacoeconomic assessment of recombinant tissue plasminogen activator therapy for acute ischemic stroke in a tertiary hospital in china yan x1, qian x1, yang x1, fang x1, cai x1, you t1, shi x1

objectives: to conduct a pharmacoeconomic assessment of thrombolysis by intravenous recombinant tissue plasminogen activator (rt-tpa) for acute ischemic stroke (ais) in a tertiary hospital in china. methods: a retrospective analysis was conducted using medical records among patients with 24 hours cycle and receiving rt-tpa therapy (time window: 6 hours after ais) from september 2007 to september 2010. a conservative therapy group (including antiplatelet, anticoagulation, statin, traditional chinese medicine) were matched (1:1) on age, gender, risk factors (hypertension, diabetes, previous stroke/tia, high cholesterol/lipids and coronary heart disease), glasgow coma scale (gcs) and national institutes of health stroke scale (nihss). two groups were compared on 14-day clinical outcomes, utilities estimated from modified rankin scale (mrs) scores, and costs. results: forty patients (65% male, age 65-11 years) in rt-tpa and 40 patients (58% male, age 69-11 years) in conservative group were included. no differences were found in mortality between 2 groups. among survivors on 14th day, nihss (mean±sd): 1.89±2.46 vs. 4.38±5.57, p=0.018 and mrs (0.77±1.26 vs. 1.92±1.80, p=0.001) were lower in rt-tpa group compared to conservative group in nihss (39.0±37.0 vs. 11.5±11.2, p=0.001). the total drug costs were higher in rt-tpa group (rr 2.569, 95%ci 1.751-3.794, p-value 0.036). conclusions: intravenous rt-tpa was associated with lower patients' disabilities, less hospital days, and comparably total costs compared to conservative therapy for the management of ais in this study population.

pcv26 lifetime cost-effectiveness analysis of ticagrelor in patients with acute coronary syndromes based on the plato trial. a singapore health care perspective

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objectives: this study evaluated the cost-effectiveness of adding ezetimibe to simvastatin versus a switch to rosuvastatin or atorvastatin for high CHD risk patients who cannot attain treatment goal (LDL-C ≥100 mg/dL) on their current simvastatin dosage from Thaipayer perspective. methods: A published Markov model (Cook et al. 2004) was used to project lifetime costs and outcomes of lipid-lowering treatment in primary and secondary CHD prevention. Lipid efficacy data were obtained from clinical trials. risks of CHD events and non-CHD related mortality rates were estimated using Framingham Heart Study risk equations and information from Ministry of Public Health (MOPH), respectively. Disease states costs were obtained from published local studies. Drug prices were those published by MOPH. All costs were expressed in THB 2010 values. Future costs and outcomes were discounted at 3%. Two scenarios were compared in the analysis: the addition of ezetimibe to simvastatin 20 mg versus switching to rosuvastatin 10 mg and the addition of ezetimibe to simvastatin 40 mg versus switching to atorvastatin 40 mg. Results: ezetimibe co-administration increased life expectancy (LY) by 0.15 and 0.26 years and resulted in 0.07 and 0.12 additional quality-adjusted life years (QALY) when compared to a switch to rosuvastatin and a switch to atorvastatin, respectively. the QALY gained would yield lifetime cost-savings of Baht 1106 and 2137 per patient for such comparisons. Similar results were obtained where costs and outcomes were either discounted or undiscounted. The sensitivity analyses showed that results were robust to changes across scenarios. conclusions: This analysis suggested that addition of ezetimibe to simvastatin is the dominant treatment strategy (more effective and less costly) in both scenarios. The results are very imperative to assist policy decision-making in order to increase access to second-line treatment option for patients not achieving lipid treatment goals with simvastatin monotherapy in Thailand.