son cohorts. After applying a 1:1 matching, a total of 123,356 patients were matched from each cohort. Cost of hospitalization was associated with higher patient age and increased hospitalization days. The mean annual cost per patient was $24,288 vs. $7,399 and the percentage of patients with one or more hospitalizations was 54.9% vs. 24.4% for the control and intervention group, respectively. Overall, the annual cost of hospitalization during the 4-year study period was $93,237,721 vs. $24,454,441 for the control and intervention group, respectively. CONCLUSIONS: The study suggests that a targeted intervention to reduce hospitalizations in the intervention group was associated with a significant reduction in hospitalization costs.

PRS28 ESTIMATION OF THE COST OF CHILDHOOD ASTHMA IN TURKEY Sekeroglu B, Malhan S*
1Hacettepe University, Ankara, Turkey, 2Baskent University, Ankara, Turkey
OBJECTIVES: Asthma is the most common chronic disease in childhood, reduces the quality of life of children and their families, and produces high social and health care burden. Recent studies indicate that health care expenditures related to pediatric asthma in Turkey and to examine its variability depending on asthma control level. METHODS: The clinical pathway for childhood asthma was designed by and based on the data from the available Turkish literature. Unavailable data was collected by the expert's clinical view. To calculate direct costs, the medical management of childhood asthma estimated using 'cost-of-illness' methodology for one year per child. All costs were calculated from the health care payer perspective. The costs were covered hospitalizations, physician visits, diagnostic tests, medications, and co-morbid diseases.

RESULTS: According to the recent studies, the controlled patient was 60%, partially controlled patient was 25%, and uncontrolled patient was 15%. The mean annual cost per child with controlled asthma is 542.9 €, partially controlled asthma 744.8 €, and uncontrolled asthma 784.5 €. In one year, hospitalizations, physician visits, diagnostic tests, medications, and costs of total per patient controlled 27%, 16%, 5% 21%, 31% of total costs 24,288 vs. 7,399 (p<0.001). CONCLUSIONS: COPD patients are associated with high economic burden and health care utilization.

PRS29 COST OF A PULMONARY ARTERIAL HYPERTENSION-RELATED HOSPITALIZATION IN BELGIUM Chevalier P, 1Be De Bie F, 1Lamotte M, 1Hunouke F, 2Bégère F*
1EMS Health HEOR, Vilvoorde, Belgium, 2Actelion Pharmaceuticals Belgium NV, Mechelen, Belgium, 3Actelion Pharmaceuticals Ltd., Allschwil, Switzerland
OBJECTIVES: Pulmonary arterial hypertension (PAH) is a rare disease, for which only scarce health care cost data is available in Europe. The progressive nature of the disease often requires hospitalization, the costs of which are currently unknown in Belgium, mainly due to the low number of patients affected. The objective of this research was to assess the cost and length of stay (LOS) of a PAH-related hospitalization likely related to disease worsening in Belgium. METHODS: A retrospective database analysis was performed using the IMS hospital disease database from January 1, 2010 to December 31, 2011. The cost of hospitalization was based on average costs per hospital bed in Belgium. Data on adult patients, who were either hospitalized with a primary diagnosis of primary pulmonary hypertension (PPH) (ICD-9-CM code 416.0) or received ≥ 2 PAH-related drugs for ≥ 30 days, was captured. The mean annual cost per patient with controlled PAH was 5,983 €, patients with partially controlled PAH was 8,499 €, and for uncontrolled PAH was 10,110 €. Average reimbursement rate was 1,045 € for partially controlled PAH, and 692 € for uncontrolled PAH. The cost of hospitalization including hospital, drugs, procedure costs extravasated to 2013, and length of hospitalization (LOS) were analyzed with descriptive statistics. RESULTS: 35 hospitalizations were included into the study. Patients experiencing these admissions were mainly female (71.4%), which is in line with the known female-to-male ratio (2:1) for this rare disease. Mean (SD) hospitalization cost was €20,229 (9,399), including €4,396 (9,502) drug, €8,499 (8,999) hospital, and €7,334 (12,386) procedure costs. Average LOS was 17.7±16.8 days.

CONCLUSIONS: Long durations and high incurred costs for PAH-related hospitalizations reveal the severe morbidity, health care, and patient burden of PAH in Belgium.

PRS30 THE COST BURDEN OF COMMUNITY-ACQUIRED PNEUMONIA IN RUSSIA IN ADULTS 50 AND OLDER: A REGIONAL STUDY AND NATIONAL ESTIMATES Simonyak V*, Roberts C**, Koroleva N1, Rodionov A*
1IMS Health, London, UK, 2Pfizer Inc., New York, NY, USA, 3Sechenov Moscow Medical University, Moscow, Russia, 4Tver State Medical Academy, Tver, Russia
OBJECTIVES: Community-acquired pneumonia (CAP) represents a considerable burden in Russia. We assessed cost of CAP in Russia to characterize disease burden in Russian adults of age 50 and older. METHODS: We conducted a retrospective chart review including all patients with CAP hospitalized and community-acquired inpatient and outpatient settings, and extrapolated data nationally. All patients were 50 years of age and represented new cases of CAP. Data were collected on demographics, comorbidities, and employment. The cost was estimated from the public payer perspective, with a productivity loss in patients below retirement age. RESULTS: Cost of treatment was similar across age- and risk-groups in hospital and in outpatient settings. The cost of an outpatient episode was estimated for all risk groups at €2217 (86%), ranging from €2,993 ($610) to €5,357 ($895) for ages 75-84 respectively; the cost of episode for low-risk patients was €1737 ($355), for moderate-risk €2378 ($75) for all ages. Average reimbursement rate was €2,092 ($475) for low-risk, €2,920 ($652) for moderate-risk, and €3,929 ($876) for high-risk patients; with 60%-80% of patients with CAP hospitalized and the estimated number of CAP patients of age 50 and older in Russia was 354,443 (€469 million). Furthermore, the national estimates of cost of CAP in adult females was €12,464 million. Employed patients comprise 50% of 2,25% of the outpatient and inpatient cases, outpatient $-8,499 ($1,914), inpatient $-8,999 ($2,086), SNF $-1,982 ($432), hospice $-143 ($32), pharmacy $-1,180 ($262) and total costs $-24,288 vs. $7,399 (p<0.001). CONCLUSIONS: COPD patients are associated with high economic burden and health care utilization.