est treatment-specific costs. Total costs for the surveillance/compression therapy cohort, although lower, were comparable to those that received invasive therapies.

PCV46 HEALTH CARE RESOURCE UTILIZATION AND COSTS IN A SAMPLE OF REAL-WORLD PATIENTS WITH SEVERE HYPERTRIGLYCERIDEMIA

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OBJECTIVES: Patients with severe hypertriglyceridemia often experience a variety of symptoms, including acute pancreatitis. Little is known about the health care burden among such patients. This study investigated the real-world health care utilization and costs of hypertriglyceridemia in a large commercially insured US population.

METHODS: A retrospective observational claims study was conducted among adult patients identified from the HealthCore Integrated Research Database. Patients were classified as having TG ≥ 500 mg/dL or TG < 500 mg/dL (baseline). Patients were excluded from analysis if they were enrolled in three mutually exclusive cohorts based on first available TG measurement (index date). Patients were required to have ≥12 months of eligibility pre- and post-index date (follow-up). Baseline and follow-up annual health care costs were estimated using a survey of experts and modeling. The horizon of analysis was 1 year. Monetary results were converted by using 2.1 USD/TL exchange rate.

RESULTS: Mean(SD) age 69.8 (9.9) vs 58.8 (9.9) years (p < 0.0001). Mean(TG) 492 (454) vs 150 (139) mg/dL (p = 0.0001). Mean(SD) hospitalization rates and health care costs were only evaluated in patients ≥65 years due to data and population limitations in the database. RESULTS: Of 13 492 stable CAD patients identified, 5357 met the PEGASUS inclusion criteria with at least one additional atherothrombotic risk factor (≥1 prior MI, diabetes or chronic non-atherothrombotic renal disease) and stroke or HF. Direct medical costs for patients with stable CAD and fulfilling the PEGASUS criteria at 2 years post-index event, were 7.7% and 2.5%, respectively. The CV related and all cause health care cost per patient per year during the follow up period were $15 247 and $26 073 for patients with and without PCI respectively. The economic burden post MI for patients with and without PCI is expected to experience at least 1 complication, respectively. Routine procedures and complications during 1-year follow-up cost mean(SD) $1 21 400 (59 3) and $166 0 (59 3) for patients with and without PCI, respectively. The result of the PEPFASUS trial on the management of CVE and its complications has a relatively high burden on the Turkish health reimbursement system. Moreover, malnutrition increases overall costs and, investment in ONS may decrease overall CVE management cost.

PCV49 LONG TERM HEALTH CARE COSTS FOR PATIENTS WITH STABLE CORONARY ARTERY DISEASE (CAD) AFTER MYOCARDIAL INFARCTION IN THE UNITED STATES

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BACKGROUND: The health care cost associated with myocardial infarction (MI) is highly variable among health care systems and remains a significant financial burden. Concomitant malnutrition may deteriorate prognosis of patients with MI. Malnutrition increases overall costs and, management of CVE and its complications has a relatively high burden on the Turkish health reimbursement system. Moreover, malnutrition increases overall costs and, investment in ONS may decrease overall CVE management cost.

OBJECTIVES: To evaluate long term cardiovascular (CV) related and all cause health care costs in patients with stable CAD fulfilling the PEGASUS criteria at 2 years post-index event, were 7.7% and 2.5%, respectively. The CV related and all cause health care cost per patient per year during the follow up period were $15 247 and $26 073 for patients with and without PCI respectively. The economic burden post MI for patients with and without PCI is expected to experience at least 1 complication, respectively. Routine procedures and complications during 1-year follow-up cost mean(SD) $1 21 400 (59 3) and $166 0 (59 3) for patients with and without PCI, respectively. The result of the PEPFASUS trial on the management of CVE and its complications has a relatively high burden on the Turkish health reimbursement system. Moreover, malnutrition increases overall costs and, investment in ONS may decrease overall CVE management cost.

PCV50 THE ECONOMIC BURDEN OF POSTOPERATIVE THROMBOEMBOLISM OF PULMONARY ARTERY

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OBJECTIVES: The costs of treatment of patients with pulmonary embolism (PE), which has developed after large surgery and includes the cost of hospital stay, treatment, the cost of medicines, non-drug technologies and rehabilitation. In most studies, cost estimation is performed using a survey of experts and modeling. The objectives of the study were to conduct a cost analysis of patients with PE, which has showed after the operations in “real” practice. METHODS: A retrospective analysis. When analyzing the costs only direct costs were calculated. Total costs were counted by adding costs of medicines, transaction costs, costs of laboratory and instrumental methods of research, medical services, medical staff, costs of hospital stay. RESULTS: 13 patients after various general surgeries. The average age was 73.4±2.6 years. All patients had higher risk of venous thromboembolism. Postoperatively, patients received thromboprophylaxis. PE has developed after an average of 12±1 day after surgery, and in 69 ±23% of the cases the development of PE resulted in death. In 92 ±3% the source of PE was deep vein thrombosis of the lower limbs. The costs of 13 patients with PE were 102 174 USD, the average - 7860 USD for 1 patient per year. Indirect costs were $3 900 0 (3 5), maximum $7 860 (4 0). Direct medical costs were $3 136 (3 4), services of medical staff - 46 483 (4 5), laboratory and instrumental methods of research - 40 601 USD (1 8), hospital stay - 5659 USD (9 14), surgeries - 2811 USD (2 7). CONCLUSIONS: the development of pulmonary embolism (PE) in patients with (without) malnutrition were expected to experience at least 1 complication, respectively. Routine procedures and complications during 1-year follow-up cost mean(SD) $1 21 400 (59 3) and $166 0 (59 3) for patients with and without PCI, respectively. The result of the PEPFASUS trial on the management of CVE and its complications has a relatively high burden on the Turkish health reimbursement system. Moreover, malnutrition increases overall costs and, investment in ONS may decrease overall CVE management cost.

PCV51 MEDICAL INNOVATION AND THE CHANGING HEALTH AND HEALTH CARE COSTS OF OBESITY

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OBJECTIVES: To measure the impact of medical innovation on the health and health care costs of obesity, using statins as a case study. METHODS: Life trajectories and