Abstracts

Lombardy. The monthly cost in the first year was $1249 per person (77% attributable to HAs, 15% to pharmaceuticals and 8% to outpatient claims), decreasing to €309 in the following years (54% HAs, 31% pharmaceuticals, 16% outpatient). CONCLUSIONS: This large study on the burden of AMI shows the epidemiological, economic and clinical impact of the disease. DENALI, with its large population followed over time is a powerful and dynamic tool for epidemiologic and health economic research.

OBJECTIVES: Acute coronary syndromes (ACS) are life-threatening disorders requiring intensive medical management or invasive cardiovascular procedures. CABG is an important therapeutic procedure among these patients. In Brazil almost 21,000 CABG are performed in public hospitals costing the government R$737,979.49 each in average. The aim of this study is to determine the direct medical costs of CABG among different regions and the independent dosing time versus a costminima and reduction in proteinuria compared to losartan alone. The objective cost-effectiveness analysis was performed by evaluating a long-term cost-utility of the two strategies. METHODS: AVOID was a multinational, randomized, double-blind study to evaluate the possible effectiveness of ezetimibe/simvastatin vs simvastatin (40 mg/day) monotherapy, evaluating the effect of this risk. METHODS: A Markov model, employing a 1-year cycle, was employed to estimate the incremental cost, outcomes, and cost-effectiveness ratio (ICER) over a 5-year time horizon. Efficacy data were obtained from the Simvastatin and Ezetimibe in Aortic Stenosis (SEAS) study, the Scandinavian Simvastatin Survival Study, and the Heart Protection Study. Costs were estimated from fee schedules, diagnosis-related groups, and average wholesale prices. Utility weights were obtained from the peer-reviewed literature. All costs and outcomes after the first year were discounted 3% annually in the base-case. Deterministic and probabilistic sensitivity analyses were conducted to evaluate the effect of parameter uncertainty and assumptions on the model results. A cost-effectiveness acceptability curve displays the probability that ezetimibe/simvastatin is cost effective. RESULTS: Ezetimibe/simvastatin was used in better outcomes in the base-case. For a 1 million-patient cohort, ezetimibe/simvastatin would cost R$1,674,715.503 less than monotherapy and would result in 15,906 additional quality-adjusted life-years (QALYs). One-way sensitivity analyses indicate that higher incidence of cancer, lower monotherapy costs, and higher risk of myocardial infarction (MI) reduce the cost-effectiveness of ezetimibe/simvastatin substantially. According to probabilistic analyses, ezetimibe/simvastatin is cost-effective at $50,000/QALY only 36.7% of the time; even at a willingness-to-pay of $100,000/QALY, ezetimibe/simvastatin is cost effective less than 50% of the time. CONCLUSIONS: Although our study suggests that simvastatin/ezetimibe treatment is cost effective, policy makers should interpret these results in light of possible uncertainty surrounding the incidence of cancer, incidence of myocardial infarction, and the true cost of simvastatin treatment following generic approval.

OBJECTIVES: Persistent high blood pressure is one of the leading causes of microalbuminuria and progression of nephropathy in patients with type 2 diabetes. A large number of studies have shown effective reduction of microalbuminuria after antihypertensive therapy and reducing progression of nephropathy to end-stage renal disease (ESRD). In the AVOID study aliskiren once daily as an add-on therapy provide a significant additional reduction in proteinuria compared to losartan alone. The objective cost-effectiveness analysis was performed by evaluating a long-term cost-utility of the two strategies. METHODS: AVOID was a multinational, randomized, double-blind study to evaluate the possible renoprotective effect of aliskiren in the primary endpoint – the change in the urinary albumin to creatinine ratio (UACR) when added aliskiren to existing losartan and optimal antihypertensive therapy for six months in hypertensive patients with type 2 diabetes and nephropathy. However the duration of this study was short to evaluate the incidence of ESRD. The AVOID cost-effectiveness Markov model is designed to estimate progression to ESRD using the primary endpoint of AVOID – superiority reduction in UACR for aliskiren versus placebo – and project associated local and clinical outcomes in Czech patients suffered by type 2 diabetes, hypertension and nephropathy. RESULTS: AVOID demonstrates that combination of aliskiren with losartan showed systematically improved effectiveness compared with losartan alone. Effectiveness was expressed as QALY gained throughout the model time horizon. The incremental cost-effectiveness ratio (ICER) of the aliskiren plus losartan base case was below €1027 per QALY gained and in the extended case improved with real-life cost of dialysis and renal transplantation on cost-saving therapeutic approach. CONCLUSIONS: Aliskiren once daily as add-on therapy to losartan is highly cost-effective option for hypertensive patients with type 2 diabetes and nephropathy.

OBJECTIVES: Acute coronary syndromes (ACS) are life-threatening disorders requiring intensive medical management or invasive cardiovascular procedures. CABG is an important therapeutic procedure among these patients. In Brazil almost 21,000 CABG are performed in public hospitals costing the government R$737,979.49 each in average. The aim of this study is to determine the direct medical costs of CABG among different regions and the independent dosing time versus a costminima and reduction in proteinuria compared to losartan alone. The objective cost-effectiveness analysis was performed by evaluating a long-term cost-utility of the two strategies. METHODS: AVOID was a multinational, randomized, double-blind study to evaluate the possible renoprotective effect of aliskiren in the primary endpoint – the change in the urinary albumin to creatinine ratio (UACR) when added aliskiren to existing losartan and optimal antihypertensive therapy for six months in hypertensive patients with type 2 diabetes and nephropathy. However the duration of this study was short to evaluate the incidence of ESRD. The AVOID cost-effectiveness Markov model is designed to estimate progression to ESRD using the primary endpoint of AVOID – superiority reduction in UACR for aliskiren versus placebo – and project associated local and clinical outcomes in Czech patients suffered by type 2 diabetes, hypertension and nephropathy. RESULTS: AVOID demonstrates that combination of aliskiren with losartan showed systematically improved effectiveness compared with losartan alone. Effectiveness was expressed as QALY gained throughout the model time horizon. The incremental cost-effectiveness ratio (ICER) of the aliskiren plus losartan base case was below €1027 per QALY gained and in the extended case improved with real-life cost of dialysis and renal transplantation on cost-saving therapeutic approach. CONCLUSIONS: Aliskiren once daily as add-on therapy to losartan is highly cost-effective option for hypertensive patients with type 2 diabetes and nephropathy.

OBJECTIVES: Persistent high blood pressure is one of the leading causes of microalbuminuria and progression of nephropathy in patients with type 2 diabetes. A large number of studies have shown effective reduction of microalbuminuria after antihypertensive therapy and reducing progression of nephropathy to end-stage renal disease (ESRD). In the AVOID study aliskiren once daily as an add-on therapy provide a significant additional reduction in proteinuria compared to losartan alone. The objective cost-effectiveness analysis was performed by evaluating a long-term cost-utility of the two strategies. METHODS: AVOID was a multinational, randomized, double-blind study to evaluate the possible renoprotective effect of aliskiren in the primary endpoint – the change in the urinary albumin to creatinine ratio (UACR) when added aliskiren to existing losartan and optimal antihypertensive therapy for six months in hypertensive patients with type 2 diabetes and nephropathy. However the duration of this study was short to evaluate the incidence of ESRD. The AVOID cost-effectiveness Markov model is designed to estimate progression to ESRD using the primary endpoint of AVOID – superiority reduction in UACR for aliskiren versus placebo – and project associated local and clinical outcomes in Czech patients suffered by type 2 diabetes, hypertension and nephropathy. RESULTS: AVOID demonstrates that combination of aliskiren with losartan showed systematically improved effectiveness compared with losartan alone. Effectiveness was expressed as QALY gained throughout the model time horizon. The incremental cost-effectiveness ratio (ICER) of the aliskiren plus losartan base case was below €1027 per QALY gained and in the extended case improved with real-life cost of dialysis and renal transplantation on cost-saving therapeutic approach. CONCLUSIONS: Aliskiren once daily as add-on therapy to losartan is highly cost-effective option for hypertensive patients with type 2 diabetes and nephropathy.

OBJECTIVES: Persistent high blood pressure is one of the leading causes of microalbuminuria and progression of nephropathy in patients with type 2 diabetes. A large number of studies have shown effective reduction of microalbuminuria after antihypertensive therapy and reducing progression of nephropathy to end-stage renal disease (ESRD). In the AVOID study aliskiren once daily as an add-on therapy provide a significant additional reduction in proteinuria compared to losartan alone. The objective cost-effectiveness analysis was performed by evaluating a long-term cost-utility of the two strategies. METHODS: AVOID was a multinational, randomized, double-blind study to evaluate the possible renoprotective effect of aliskiren in the primary endpoint – the change in the urinary albumin to creatinine ratio (UACR) when added aliskiren to existing losartan and optimal antihypertensive therapy for six months in hypertensive patients with type 2 diabetes and nephropathy. However the duration of this study was short to evaluate the incidence of ESRD. The AVOID cost-effectiveness Markov model is designed to estimate progression to ESRD using the primary endpoint of AVOID – superiority reduction in UACR for aliskiren versus placebo – and project associated local and clinical outcomes in Czech patients suffered by type 2 diabetes, hypertension and nephropathy. RESULTS: AVOID demonstrates that combination of aliskiren with losartan showed systematically improved effectiveness compared with losartan alone. Effectiveness was expressed as QALY gained throughout the model time horizon. The incremental cost-effectiveness ratio (ICER) of the aliskiren plus losartan base case was below €1027 per QALY gained and in the extended case improved with real-life cost of dialysis and renal transplantation on cost-saving therapeutic approach. CONCLUSIONS: Aliskiren once daily as add-on therapy to losartan is highly cost-effective option for hypertensive patients with type 2 diabetes and nephropathy.

OBJECTIVES: Persistent high blood pressure is one of the leading causes of microalbuminuria and progression of nephropathy in patients with type 2 diabetes. A large number of studies have shown effective reduction of microalbuminuria after antihypertensive therapy and reducing progression of nephropathy to end-stage renal disease (ESRD). In the AVOID study aliskiren once daily as an add-on therapy provide a significant additional reduction in proteinuria compared to losartan alone. The objective cost-effectiveness analysis was performed by evaluating a long-term cost-utility of the two strategies. METHODS: AVOID was a multinational, randomized, double-blind study to evaluate the possible renoprotective effect of aliskiren in the primary endpoint – the change in the urinary albumin to creatinine ratio (UACR) when added aliskiren to existing losartan and optimal antihypertensive therapy for six months in hypertensive patients with type 2 diabetes and nephropathy. However the duration of this study was short to evaluate the incidence of ESRD. The AVOID cost-effectiveness Markov model is designed to estimate progression to ESRD using the primary endpoint of AVOID – superiority reduction in UACR for aliskiren versus placebo – and project associated local and clinical outcomes in Czech patients suffered by type 2 diabetes, hypertension and nephropathy. RESULTS: AVOID demonstrates that combination of aliskiren with losartan showed systematically improved effectiveness compared with losartan alone. Effectiveness was expressed as QALY gained throughout the model time horizon. The incremental cost-effectiveness ratio (ICER) of the aliskiren plus losartan base case was below €1027 per QALY gained and in the extended case improved with real-life cost of dialysis and renal transplantation on cost-saving therapeutic approach. CONCLUSIONS: Aliskiren once daily as add-on therapy to losartan is highly cost-effective option for hypertensive patients with type 2 diabetes and nephropathy.