separate models to calculate cost of illness for each selected disease. Medical resources included hospital stays, outpatient visits, ambulance service and reha-
bia. RESULTS: Obesity-related and overweight-related expenses incurred by the state for treatment and management of patients were amounted to 10.2 billion rubles ($190.5 million) for stroke, 7.6 billion rubles ($141.9 million) for heart attack and 11.5 billion rubles ($212.5 billion) for diabetes mellitus. The management and overweight associated with significant economic burden on Russia’s health care system. There is a striking direct relationship between the cost of care on stroke, heart attack, diabetes mellitus and obesity and overweight that leading to increasing significant economic and social losses.

PCV7 MEDICAL COSTS AND RESOURCES CONSUMPTION IN PATIENTS WITH ATRIAL FIBRILLATION: AN ITALIAN OBSERVATIONAL STUDY Conti S1, Ferrari C2, Botto G3, Inama G4, Tendò C5, Ciampolini R6, Chioldi V1, Mantovani L1, Mauro C1, Del Conca D1, 1University of Milano - Bicocca, Monza, Italy, 2Upadale S. Anna, Como, Italy, 3Istituto Clinico F S. Camillo, Cremona, Italy, 4Centro Cardiologico Monzino, Milano, Italy

OBJECTIVES: The prevalence of atrial fibrillation (AF), a common form of cardiac arrhythmia, is rapidly rising in the developed world. Though several studies addressed the cost of illness, recent improvements in the disease management may have affected per capita medical resource consumption and costs; therefore it is desirable to provide updated estimates. This naturalistic study aimed at estimating costs and resource consumption related to AF from the perspective of the Italian Healthcare System in a large cohort of hospitalized cases.

METHODS: Using healthcare administrative databases (HADB) of Lombardy, a region in Northern Italy (10 million dwellers), we identified the cohort of residents who underwent a first hospitalization with a diagnosis of AF between 2003 and 2009, after a wash-out period of 3 years. We followed them until 2010, death or emi-
gration, or for a maximum of 6 years. We linked HADB information on hospitalizations, medication prescriptions and outpatient visits related with direct costs. We estimated mean annual resources consumption per 100 subjects and mean annual per capita cost through the Italian National Health Insurance System.

RESULTS: 14,419 patients underwent a first hospitalization with a diagnosis of AF between 2003 and 2009, of which 65.2% was absorbed by hospitalizations, 18.5% by drug prescriptions and 16.3% by outpatient visits. We estimated 84.7 hospital admissions, the main driver of costs, per 100 subjects per year (95%CI: 83.8; 85.6), of which 17.0 (95%CI: 16.8; 17.2) with an AF diagnosis. CONCLUSIONS: In line with literature, our results highlighted a high burden of AF, with lag per capita healthcare expenditures and a high number of hospitalizations. Since AF has been described as an epidemiologic, increased attention should be devoted to the management of such disease.

PCV7 COSTS OF CARDIOVASCULAR (CV) EVENTS IN THE UNITED KINGDOM (UK) USING REAL-WORLD DATA Danese M1, Gleeson M1, Kutikova L2, Griffiths R1, Azoogh A1, Khunti K1, Kendalapally Seshasai SR1, Ray KK1

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OBJECTIVES: To estimate direct medical costs of cardiovascular (CV) events in the UK: myocardial infarction (MI), ischemic stroke, heart failure (HF), transient ischemic attack (TIA), unstable angina (UA), and revascularisation. METHODS: We used a longitudinal clinical practice research database (Cardiovascular Outcomes of Patients with Hypertension database) to identify individuals with their first and, if present, repeated CV-related hospitalisations. Patients >18 years receiving lipid-modifying therapy within 180 days before the CV event were followed for 36 months, death, or loss to follow up. Patients were classified as CV Low/Moderate Risk, CV High Risk and CV Event History. Baseline (12 months before first CV event), acute (first 6 months after-
ward) and long-term costs (30 months, after this period) were estimated by applying 2014 UK costs to drugs, hospitalisations and visits. Incremental CV event-related costs were calculated as the difference from baseline, reporting means across all cohorts and ranking cohort-specific means.

RESULTS: There were 6,408 patients in CV Low/Moderate Risk, 17,685 in the CV High Risk, and 5,274 in CV Event History cohorts. Across the three cohorts, mean incremental CV event costs for revascularisation were £5,669 (£4,685-£8,823), MI £4,277 (£3,707-£5,737), ischaemic stroke £3,472-£5,727, HFr £2,635 (£2,390-£3,961), severe HF £1,229 (£0.963-£2,498) and TIA £3,572 (£3,144-£6,984). Mean incremental long-term costs were as follows: HF £1,229 (£0.972- £2,929), MI £953 (£951-£1,538), ischaemic stroke £953 (£682-£1,072), HFr £3,472 (£3,911-£5,994), and revascularisation -£221 (-£411-£599). Costs of CV Low/Moderate Risk cohort ranked the lowest, costs of CV High Risk and CV Event History were the highest. Hospitalisation costs were the primary drivers for both periods. CONCLUSIONS: Revascularisation and MI are the costliest CV events. The costs are the highest in the acute phase dur-
ing the first 6 months after a CV event and generally remain higher compared with pre-event period. Using real-world evidence, the economic burden of CV patients in the UK is substantial.

PCV9 ESTIMATING THE ECONOMIC BURDEN OF DIABETES TO THE FRENCH NATIONAL HEALTH INSURANCE SYSTEM: A REGIONAL ANALYSIS Agude A1, De Lagasnerie G2, Denis P1, Gastaldi-Menager C1, Fagot-Campagna A1, Gissot C1, Polton D1

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OBJECTIVES: To review the direct patient-level costs of selected cardiovascular events (acute myocardial infarction, ischemic stroke, acute coronary syndrome, heart failure, ischemic stroke, acute coronary syndrome in Europe. METHODS: A systematic literature review was conducted for the period between January 2002 and May 2015. MEASUREMENTS: The “Cardiovascular Events Database, conference abstracts from the American Heart Association, American College of Cardiology, European Society of Cardiology, European Atherosclerosis Society, International Society of the Pharmacoeconomics and Outcomes Research (ISPOR) and a database search were identified. Costs and related data were reported in 2015 values. RESULTS: Forty-eight studies were included for inclusion. Costs for at least one event were found in twelve of the specified countries listed in the search strategy. Annual costs of care were highest for heart failure (£948-£10,334), revascularisation procedures (£251-£1,216) and MI (£558-£7,262). The highest direct patient-level costs were reported for MI (£25,587), and revascularisation procedures, specifically CABG (£10,814-£25,587), and ischemic stroke (£3,686-£7,798); angina (£955-£5,214) and heart failure (£1,166-£4,905) acute costs were lower. CONCLUSIONS: Overall, 11.4 billion (52%) euros were considered as related to diabetes care. The prevention of acute illness rather than the patients with other habits and comorbidities.56% of patients have an economic burden of stroke was estimated from a societal perspective with an incidence approach. Data were collected from clinical registries and 100 patients were included. In the cost calculations, both direct and indirect costs were estimated.

RESULTS: Men (78%) consumed more acute care in hospitals, than the women (22%). Younger patients (59%) brought a significantly higher burden on society compared with the older patients due to the loss of productivity and the increased use of resources in health care 41% of patients who have hypertension and 45% of patients with alcohol and smoking habits have more prone to stroke rather a patients who were collected from clinical registries and 100 patients reporting the hospital stay of 5-10 days and 52% are using 4-7 medicines per day. From the study results average direct medical costs and direct nonmedical costs and indirect costs were found to be 2819.705 and 754 rupees. In essence, majority of the reasons for stroke care fail on the hospital, than the long-time care and informal care and productivity loss. CONCLUSIONS: The result of this study can be used for further development of the methods for economic analyses as well as for analysing improvements in health care systems. The results highlight the enormous importance for, our healthcare service, to invest more in pre-
vention. This cost analysis highlights the importance of clinical pharmacist to set up significant prevention programs on selected,high-risk population to reduce the cost of stroke, which is mostly attributable to hospital and inpatient rehabilitation costs immediately after the acute episode.

PCV80 SYSTEMATIC LITERATURE REVIEW OF DIRECT HEALTH CARE COSTS FOR CARDIOVASCULAR EVENTS AMONG EUROPEAN PATIENTS WITH DYSLIPIDEMIA OR HIGH CARDIOVASCULAR RISK Nicholos J. Paoli CF, Cindo FC, Meech JF, Bvin CK, IUCON, P., El Segundo, CA, USA, 2Amgen, Inc., Thousand Oaks, CA, USA

OBJECTIVES: To review the direct patient-level costs of selected cardiovascular events (acute myocardial infarction, ischemic stroke, acute coronary syndrome, heart failure, ischemic stroke, acute coronary syndrome in Europe. METHODS: A systematic literature review was conducted for the period between January 2002 and May 2015. MEASUREMENTS: The “Cardiovascular Events Database, conference abstracts from the American Heart Association, American College of Cardiology, European Society of Cardiology, European Atherosclerosis Society, International Society of the Pharmacoeconomics and Outcomes Research (ISPOR) and a database search were identified. Costs and related data were reported in 2015 values. RESULTS: Forty-eight studies were included for inclusion. Costs for at least one event were found in twelve of the specified countries listed in the search strategy. Annual costs of care were highest for heart failure (£948-£10,334), revascularisation procedures (£251-£1,216) and MI (£558-£7,262). The highest direct patient-level costs were reported for MI (£25,587), and revascularisation procedures, specifically CABG (£10,814-£25,587), and ischemic stroke (£3,686-£7,798); angina (£955-£5,214) and heart failure (£1,166-£4,905) acute costs were lower. CONCLUSIONS: Overall, 11.4 billion (52%) euros were considered as related to diabetes care. The prevention of acute illness rather than the patients with other habits and comorbidities.56% of patients have...