Annual Cost Of Conservative Treatment Of Supraventricular Tachycardias In Poland

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ANNUAL COST OF CONSERVATIVE TREATMENT OF SUPRAVENTRICULAR TACHYCARDIAS IN POLAND

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OBJECTIVES Supraventricular tachycardias (SVT) are a group of arrhythmias which result in significant impairment of health-related quality of life (HRQoL). While not as common as atrial fibrillation, SVT are still a significant healthcare problem since an average time from the onset of symptoms to successful ablation exceeds 10 years both in highly and less developed countries. The aim of this study was to calculate an annual cost of conservative treatment of SVT in Poland. METHODS This was an economical part of The PPRA study (NCT01594814). PPRA was a single-center, prospective, cohort study conducted in tertiary care cardiology center in Poland. All data concerning health care resources utilization: outpatient and inpatient visits, emergency room (ER) consultations, drugs etc. were derived from the study. Costs of disease related groups (DRG), outpatient visits and reimbursed drugs were derived from official price lists of Polish National Health Fund (NHF). Costs of ER visits were calculated as a mean cost of visit derived from seven hospitals of different levels of care. Costs of medical transport were calculated as a mean cost derived from four different centers providing ambulance services. Costs of non-reimbursed drugs and of outpatient visits and diagnostic tests in private sector were calculated as a mean cost of those resources available on official websites of nation-wide providers. All costs are presented in Euro (EUR) as median [interquartile range]. RESULTS During 1.5 years, 82 patients were enrolled and the data for this analysis was available for all patients. The yearly median cost of conservative treatment of SVT was EUR 415 [237-727] from the NHS perspective and EUR 468 [280-793] from the societal perspective. Those costs were mainly driven by costs of hospitalizations and ER. CONCLUSIONS Annual cost of conservative treatment of SVT is substantial and driven mainly by hospital services.
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