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INTRODUCTION

Hospital admissions have consistently been shown to be the major component of direct healthcare costs of heart failure (HF) care. However, the economic burden of **incident HF (iHF)** following **acute coronary syndrome (ACS)** has not been studied so far.

OBJECTIVE

To describe the **medical resource use and expenditure** of the overall population of patients suffering an ACS and, also, to analyse these data stratified according to iHF status.

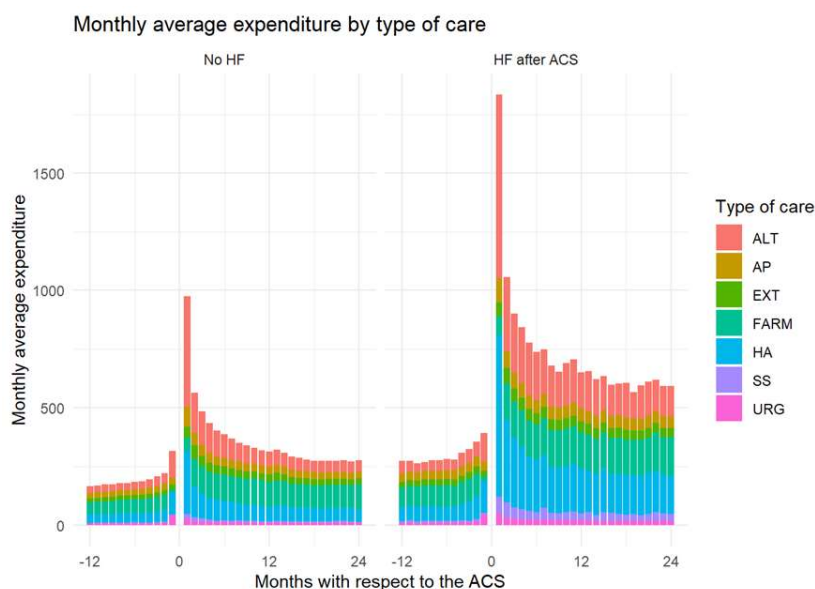
METHOD

Observational, retrospective, population-based study based on analysis of CatSalut health database that included **83,357 patients** admitted for ACS (with and without ST elevation and unstable angina) between 1st January **2012** and 31st December **2021**, excluding those with previous diagnosis of HF and those who died before discharge. Mean **healthcare expenditure (in €)** from 12 months before ACS to 24 months after discharge was analysed and stratified according to the incidence of HF.

RESULTS

The health care expenditure of iHF(+) patients during the 12 months prior to ACS was higher than that of the iHF(-). Both groups showed an increase in healthcare expenditure immediately prior to the event: while in iHF(+) patients it increased progressively during the four months prior to the event, in iHF(-) the increase occurred mainly in the last month prior to ACS.

Total healthcare expenditure was also significantly higher in iHF(+) patients than in iHF(-) during the first 24 months after hospital discharge. In both groups, healthcare expenditure was concentrated in the first month, mainly at the expense of **re-hospitalisations** which accounted for 37.5% in iHF(+) and 20.7% in iHF(-), while **pharmaceutical expenditure** accounted for only 4.2% and 7.4%, respectively (p-value<0.05). Total healthcare expenditure decreased gradually and two years after ACS, hospitalisation expenditure accounted for 25% for iHF(+) and 31.1% for iHF(-), while pharmacy expenditure had increased to 9.1% and 14.4%, respectively, (p-value<0.05).



CONCLUSIONS

The direct health care cost of iHF(+) patients after ACS is significantly higher than that of iHF(-) patients from 12 months before the event and up to 24 months after discharge. Rehospitalisations are the main component.

CONTACT INFORMATION

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