structure of direct costs in Russia was as follows – 77% for hospital stays, 21% for outpatient visits, and 2% for ambulance service. Direct costs dominated, medical costs (5% of costs) and loss of productivity were calculated per patient episode. Data was analyzed by Statistical Package for the Social Sciences (SPSS) version 18.0 using various descriptive and inferential statistical tests. RESULTS: A median medical cost of acute exacerbation of asthma (MMR Ministry of Health (MOM)) of RM84.87 (95% CI: 76.21-93.53) per episode. Medication comprised the majority (52.38%) of the total medical costs. A median medical cost of acute exacerbation of asthma under patient’s per episode was RM121.55 (95% CI: 100.27-142.82). Conclusions: Asthma exacerbation and loss of time in the hospital were proportional to the direct medical costs. In Malaysia, a substantial proportion of the direct cost of asthma treatment is heavily subsidised for the locals.

PR538 PHARMACOECONOMICAL EVALUATION AND BURDEN OF ILLNESS OF ACUTE EXACERBATION OF COPD IN PATIENTS IN MALAYSIA Iqbal MS1, Iqbal MW2, Baru A3, Veettil SK1, Wei LY1, Khan AH1, Hussain Z4, Iqbal MW2
1Department of Clinical Pharmacy, Faculty of Pharmacy, AIMST University, Kedah, Malaysia, 2Department of Pharmaceutical Practice, School of Pharmacy, AIMST, Bukit Jallil, Kuala Lumpur, Malaysia, 3Faculty of Law, Universiti Malaya, Kuala Lumpur, Malaysia, 4Department of Clinical Pharmacy, School of Pharmaceutical Sciences, Universiti Sains Malaysia, Pulau Pinang, Malaysia

OBJECTIVES: Acute exacerbation of chronic obstructive pulmonary disease (AECOPD) appears to be the main reason of hospitalization in COPD patients. Since substantial economic burden of COPD have not been previously studied in Malaysia, this study aimed at estimating and identifying different costs and related burden of illness in patients receiving treatment of AECOPD in a tertiary care hospital in Malaysia. METHODS: A prospective follow-up study was performed in Department of Medical Emergency and Intensive Care of Respiratory Medicine of the hospital. Data were derived on the basis of per exacerbation episode. Relationship between direct medical costs and disease severity was analyzed using various descriptive and inferential statistical tests. RESULTS: In median actual direct medical costs the out-of-pocket costs were RM 457.68 (US$ 141.97) and RM 28.25 (US$ 8.76) per exacerbation respectively. Drug cost (41%) was the leading cost driver, followed by indirect medical cost (29%) and without co-morbidities on cost of therapy per day was found to be $13.03 ± 10.63 and $8.54 ± 6.77 respectively. CONCLUSIONS: Asthma creates a substantial financial burden on the society and results in compromise on diagnosis and treatment mainly in a developing country like India. There was a substantial increase in the cost of therapy as the duration of hospital stay increased and also in the case of patients with co-morbidities. Pharmacoeconomic analysis is needed to develop strategies to reduce the cost of therapy and thereby give greater mediation adherence and improved quality of life in asthma patients.

PR539 PROSPECTIVE STUDY ON THE AVERAGE COST OF THERAPY FOR BRONCHIAL ASTHMA PATIENTS IN AN INDIAN TERTIARY CARE TEACHING HOSPITAL Hais RV, Abdulakim S, Vedana SN, Shukla R, Mohan MK

OBJECTIVES: To conduct a study to determine the average cost of therapy for bronchial asthma patients in a tertiary care center. METHODS: A prospective observational study was carried out on 100 patients after ethical clearance was obtained from an Independent Ethical Review (IER) board. The patients selected for the study were in-patients admitted to the Medicine and Pulmonary wards for bronchial asthma related complaints with and without co-morbidities. The study assessed the average cost of therapy which was obtained from patient records. Statistical analysis was performed using SPSS version 20. RESULTS: The average annual cost of therapy per patient (N=100) was Rs.5300±1455.10 which constituted 61% of the study population. The job profiles of the majority of study population included house wives (53%) and agriculturist (15%). The average cost of therapy among 100 patients was found to range from Rs.81 to Rs.598. The impact on the length of stay on cost of therapy per day was classified into ≤5, 6-10, 11-15 days and cost was found to be Rs.9.21 ± 5.57, Rs.12.12 ± 9.65 and Rs.15.56±10.36 respectively. Cost of morbidities (35%) and without co-morbidities on cost of therapy per day was found to be Rs.13.03 ± 10.63 and $8.54 ± 6.77 respectively. CONCLUSIONS: Asthma creates a substantial financial burden on the society and results in compromise on diagnosis and treatment mainly in a developing country like India. There was a substantial increase in the cost of therapy as the duration of hospital stay increased and also in the case of patients with co-morbidities. Pharmacoeconomic analysis is needed to develop strategies to reduce the cost of therapy and thereby give greater medication adherence and improved quality of life in asthma patients.
Psychosocial factors associated with perceived disease severity in patients with chronic hepatitis C: relationship with information sources and attentional coping styles. Aymery Constant lecturer EHESP School of Public Health Rennes | France.

Deuterium content of water increases depression susceptibility: the potential role of a serotonin-related mechanism. Mr. Anton Chernopiatko Institute of General Pathology and Pathophysiology Moscow, Moscow | Russian Federation.

Paper: The Costs of Illness of Atopic Dermatitis in South Korea. To: C M Kim, H W Yim, S J Jo, S H Ahn, S J Seo, W S Choi. From (Name)