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Abstract (poster session)

**Cost-effectiveness of azithromycin for the treatment of pelvic inflammatory disease in a multi-field hospital in Russia**

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Objectives: Pelvic inflammatory disease (PID) is a major source of gynaecological morbidity, infertility, ectopic pregnancy and abscess formation, which makes it a very important and expensive problem of healthcare system. Azithromycin (AZI) has potent in vitro activity against main PID pathogens. Two randomised controlled trials showed similar overall clinical success rates for AZI as monotherapy or combined with metronidazole (MET) as well as amoxicillin/clavulanic acid (AC) combined with doxycycline (DOX) (97.1% vs. 98.1% vs. 94.6%), whereas the duration of treatment courses was different (7 vs. 12 vs. 21 days) [Bevan C.D. et al. J Int Med Res. 2003]. We aimed to assess the cost-effectiveness of above mentioned treatment strategies in patients with PID hospitalised into a multifield hospital in Russia. Methods: A cost-minimisation model was developed from the perspective of the Russian National Healthcare System as similar efficacy was assumed between comparators. Only direct medical costs were considered. Drug costs (for original ones where possible) were extracted from Pharmindex database ([www.pharmindex.ru](http://www.pharmindex.ru)). The length of hospital stay was calculated to correspond treatment course duration and average one in Russia (14 days). Uncertainty was explored in two-way sensitivity analyses. Results: The respective total healthcare costs per patient are listed in the table. The results were insensitive to drug cost and length of hospital stay changes. Conclusion: AZI as monotherapy or with MET is the most cost-effective regimen for the treatment of PID in a multifield hospital in Russia regardless of rout of administration and hospital stay length.

Treatment regimen	Total costs per patient, €	
	Length of hospital stay corresponds treatment course duration	Length of hospital stay corresponds real practice (14 days for AZI+/-MET, 21 days for AC+DOX)
AZI IV day 1, AZI orally day 2-7	276.78	534.0
AZI IV day 1-2, AZI orally day 3-7	284.3	541.5
AZI IV day 1, AZI orally day 2-7, MET IV day 1, MET orally day 2-12	467.7	541.2
AZI IV day 1-2, AZI orally day 3-7, MET IV day 1-2, MET orally day 3-12	479.6	553.0
AC IV day 1-5, AC orally day 6-21, DOX orally day 1-21	865.8	865.8

Doses: AZI IV – 500 mg QD, AZI orally – 250 mg QD, MET IV – 500 mg TID, MET orally – 500 mg TID, AC IV – 1.2 g TID, AC orally – 625 mg TID, DOX orally – 100 mg BID