

Increased use of drug-eluting stents, ICDs nets higher costs for patients

May 20 2010

Increased use of drug-eluting stents (DES) and implantable cardioverter-defibrillators (ICDs) between 2003 and 2006 netted significantly higher costs for coronary artery disease and chronic heart failure patients, researchers said.

The increased use of these technologies also partly explained the growth in healthcare costs during these years.

DES and ICDs are among the most common and costly interventional therapies used in patients with cardiovascular disease.

In the study, researchers looked at the fiscal impact of these devices by examining Medicare claims from 2003 to 2006 and separately identifying groups of patients between ages 66 and 85 in each year diagnosed with coronary artery disease and chronic [heart failure](#). They calculated annual average cost of care, as well as the average use rate of DES for coronary artery disease and ICDs for chronic heart failure.

The researchers found:

- The average inflation-adjusted costs for coronary artery disease patients increased from \$12,160 in 2003 to \$12,721 in 2006.
- The average costs for chronic heart failure patients increased from \$17,153 in 2003 to \$18,371 in 2006.

- The average cost increase for coronary artery disease patients treated with DES was \$412, while the average cost increase for chronic heart failure patients with ICDs was \$189.

As a result, between 2003 and 2006, the total cost increase attributable to DES in the Medicare [coronary artery disease](#) population ages 66 to 85 was \$3.32 billion (73 percent of total growth). The total cost increase in the Medicare chronic heart failure population attributable to ICDs was \$774 million (15 percent of total growth).

Provided by American Heart Association

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