

ABSTRACT

This study was carried out for the objective of assessing the costs incurred by acute coronary syndrome (ACS) patients at Cardiac Medical Unit (CMU) of Yangon General Hospital. It was a cross-sectional descriptive study. Data was collected by interview method with the use of semi-structured questionnaires for 52 acute coronary syndrome patients. Among them, 48 of them attended CMU for acute attack of heart disease and the rest 4 for revascularization procedures. In the study, the mean age of the study patients was 62.5 with a standard deviation of 13.1 years. Two thirds of ACS patients were male. The educational status of ACS patients were nearly equally distributed from 10-20% in read and write, primary school level passed, secondary school level passed and high school level passed. More than half of the patients were economically dependent. More than two-thirds of patients' income ranged from 10,000 kyats to 100,000 kyats. Food expenditure constituted 65% of total monthly family income. The majority of ACS patients gave past medical history of hypertension and diabetes. Hypertension alone constituted nearly 44% and diabetes constituted 15.4% and both in combination comprised of 25.6%. Depending on diagnosis of acute coronary syndrome patients, about 73% of them suffered from ST elevation myocardial infarction, 18.8% from Non-ST elevation myocardial infarction and 8.3% from unstable angina respectively among 48 ACS patients. In the study group, one-fourth of acute coronary syndrome patients were not associated with other co-morbidities. The length of hospital stay of all acute coronary syndrome patients varied from 6 to 30 days with a mean of 9.69 days. Various types of cost incurred by acute coronary syndrome patients were also estimated and analysed by using the sample data obtained from 48 acute coronary syndrome patients. The hospital cost accounted for a mean of 214479.17 kyats in 48 ACS patients (median 200,000 kyats) with a range of 60,000 to 520,000 kyats. The average cost per day for acute coronary syndrome patients with no co-morbidities was 26,216 kyats whereas that with other co-morbidities either hypertension or diabetes mellitus had to spend 34,440 kyats. Among 48 acute coronary syndrome patients, about 50% of total cost was due to non-medical cost which was followed by direct medical cost (36%). There was statistically significant difference between investigation cost among different co-morbidities of ACS patients (p value <0.05). There was a negative correlation between days of hospitalization and the cost of hospitalization per day. ($r = 0.29$) (p -value = 0.048) There were only four percutaneous coronary intervention (PCI) cases of ACS patients were analyzed. The total expenditure for PCI was the minimum of about 17 lakh and the maximum of about 57 lakh depending on the brand and number of balloon, guiding catheter, stent and contrast use and the number of occluded coronary vessels. The total health care expenditure for PCI was more than 10 times than those without PCI cases.