structure of direct costs in Russia was as follows – 77% for hospital stays, 21% for outpatient visits, 2% for ambulance service. COPD exacerbations contributed the major portion of cost and also correlated with disease severity. CONCLUSIONS: COPD associated with significant economic burden on Russian’s health care system. There is a striking direct relationship between the cost of care and severity of the disease with hospitalization leading to disease exacerbation being a major portion of cost.

PRS34 THE SUSTAINED IMPACT OF ATOPIC DERMATITIS IN SOUTH KOREA
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OBJECTIVES: Atopic dermatitis is a global public health concern considering its growing prevalence and mounting socioeconomic burden. However, few studies has assessed the economic impact of atopic dermatitis in Korea. To conduct a cost analysis and evaluate socioeconomic impact of atopic dermatitis in Korea patient’s individual annual disease burden, quality of life, and change in medical expenses in regards to change in health related quality of life. METHODS: This prospective cost analysis of atopic dermatitis by reviewing the housekeeping account books of 207 patients with atopic dermatitis in 2012. RESULTS: Estimated annual direct cost was 1,507,068 KRW. Annual cost of illness of atopic dermatitis, computed by adding up direct and indirect costs, was estimated to be $4,154,660 (KRW 30,000,000). The total actual social cost on a national level was estimated at 5,800 trillion KRW.

PRS35 THE COST STUDY OF HEALTH SERVICES IN MONGOLIA
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OBJECTIVES: There are six main funding sources of health system in Mongolia which are state budget, health insurance and out of pocket payment. Health insurance funded health care service based on 115 DRG and total financing to health care organizations were 87.1 billion MNT in 2011. Health insurance rates 24000 MNT secondary and tertiary level of hospital by the same tariff. Aim of the study is to calculate 10 DRG costs which were spent 25 percent of the health insurance fund in 2012. METHODS: We used both top down and bottom-up cost allocation method. Second, we developed a cost itemization list. RESULTS: Results: The cost of disease is more than the real cost. Other 9 diagnostic groups finance were less than actual cost 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 Respiratory Medicine at Universiti Sains Malaysia, Pulau Pinang, Malaysia. Patients were hospitalized for an acute exacerbation of chronic obstructive pulmonary disease (COPD). 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. CONCLUSIONS: Higher disease severity of COPD exacerbations was associated with larger and more frequent use of health care services. Also, disease severity is heavily subsidised for the locals.

PRS36 A PHARMACOECONOMIC ASSESSMENT OF TUBERCULOSIS CONTROL IN PAKISTAN
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OBJECTIVES: The economic impact of health care services in Pakistan which are state budget, health insurance and out of pocket payment. Health insurance funded health care service based on 115 DRG and total financing to health care organizations were 87.1 billion MNT in 2011. Health insurance rates 24000 MNT secondary and tertiary level of hospital by the same tariff. Aim of the study is to calculate 10 DRG costs which were spent 25 percent of the health insurance fund in 2012. METHODS: We used both top down and bottom-up cost allocation method. Second, we developed a cost itemization list. RESULTS: Results: The cost of disease is more than the real cost. Other 9 diagnostic groups finance were less than actual cost 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 Respiratory Medicine at Universiti Sains Malaysia, Pulau Pinang, Malaysia. Patients were hospitalized for an acute exacerbation of chronic obstructive pulmonary disease (COPD). 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. CONCLUSIONS: Higher disease severity of COPD exacerbations was associated with larger and more frequent use of health care services. Also, disease severity is heavily subsidised for the locals.

PRS37 PHARMACOECONOMIC EVALUATION OF ACUTE EXACERBATION OF ASTHMA IN PATIENTS IN MALAYSIA
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OBJECTIVES: The cost of acute exacerbations of asthma had not been well studied in literature. The aim of this study was to identify and quantify the (average) cost of moderate and severe exacerbations of asthma in patients attending tertiary-care setup in Malaysia. The related burden of exacerbations was also calculated. METHODS: The costs including lab investigation charges, unit costs of treatments, medications, medical expenses, medication costs and loss of productivity were calculated per asthma episode. Data was analysed 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 at Universiti Kebangsaan Malaysia Ministry of Health (UKM) ( humidity trend) was RM848.47 per episode. Medication cost 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 RM71.15 (RM53.50-88.74) per episode. Asthma exacerbation and loss of stay 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.

PRS38 PHARMACOECONOMIC EVALUATION AND BURDEN OF ILLNESS OF ACUTE EXACERBATION OF COPD IN PATIENTS IN MALAYSIA
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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 Respiratory Medicine at Universiti Sains Malaysia, Pulau Pinang, Malaysia. Patients were hospitalized for an acute exacerbation of chronic obstructive pulmonary disease (COPD). 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. CONCLUSIONS: Higher disease severity of COPD exacerbations was associated with larger and more frequent use of health care services. Also, disease severity is heavily subsidised for the locals.