Achieving lower LDL-C levels after a recent myocardial infarction might be associated with lower healthcare resource use and costs in Spain

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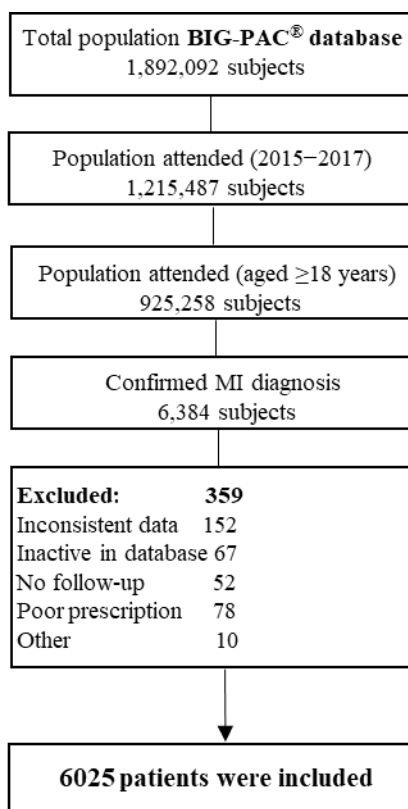
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Supplementary figure

Figure S1 Flowchart of inclusion and exclusion criteria

MI, myocardial infarction.

Supplementary tables

Table S1 Breakdown of unit costs per healthcare resource

Resources	Unit costs (€)
Direct costs – medical visits	
Medical visits and primary care	23.2
Emergency room visit	117.5
Hospitalization (per day)	420.9
Specialist medical visit	92.0
Direct costs – supplementary tests	
Laboratory tests	22.3
Conventional radiology	18.5
Magnetic nuclear resonance	177.0
Computerized axial tomography	96.0
Diagnostic test/therapeutic	37.1
Indirect costs – work productivity	
Cost per day not worked[a]	101.2

[a]Calculated using the average interprofessional salary in Spain as a proxy.

Table S2 Descriptive statistics of direct and indirect costs during the 18 months post MI, according to achieved LDL-C level

	<55 mg/dL	55–69 mg/dL	70–99 mg/dL	100–129 mg/dL	≥130 mg/dL	Overall
Direct costs						
Mean (SD)	2,279 (1,312)	2,303 (1,549)	2,394 (1,816)	2,594 (2,118)	2,868 (2,296)	2,543 (2,002)
Median (IQR)	1,882 (1,289–2,742)	1,864 (1,205–2,926)	1,832 (1,194–2,887)	1,852 (1,228–2,989)	1,989 (1,373–3,415)	1,867 (1,239–2,996)
Indirect costs						
Mean (SD)	3,507 (6,225)	3,611 (7014)	4,214 (7045)	4,162 (8,065)	4,178 (7,960)	4,125 (7,566)
Median (IQR)	0 (0–6,149)	0 (0–3593)	0 (0–7287)	0 (0–4,048)	0 (0–5,263)	0 (0–6,326)

IQR, interquartile range; LDL-C, low-density lipoprotein cholesterol; MI, myocardial infarction; SD, standard deviation.

Table S3 Descriptive statistics of direct and indirect costs during the 18 months post MI, according to intensity of LLT

	Ezetimibe monotherapy	Low-intensity statin	Moderate-intensity statin	High-intensity statin	Ezetimibe with a statin	Overall
Direct costs						
Mean (SD)	3,120 (2,283)	2,458 (2,250)	2,363 (2,112)	2,553 (1,922)	3,116 (1,870)	2,543 (2,002)
Median (IQR)	2,101 (1,590 - 3,436)	1,492 (1,052–2,840)	1,588 (1,054–2,685)	1,936 (1,303–2,996)	2,627 (1,917–3,744)	1,867 (1,239–2,996)
Indirect costs						
Mean (SD)	5,320 (8,812)	4,533 (8,759)	4,264 (9,189)	4,022 (6,751)	3,742 (6,633)	4,125 (7,566)
Median (IQR)	0 (0–12,854)	0 (0–2,687)	0 (0–3,891)	0 (0–7,287)	0 (0–6,275)	0 (0–6,326)

IQR, interquartile range; LLT, lipid-lowering therapy; MI, myocardial infarction; SD, standard deviation.

Table S4 Direct and indirect costs during the 18 months post MI, according to achieved LDL-C level: ANCOVA with bootstrapping versus

Poisson regression models

	<55 mg/dL	55–69 mg/dL	70–99 mg/dL	100–129 mg/dL	≥130 mg/dL
ANCOVA with bootstrapping					
Direct costs, mean	2,331	2,401	2,407	2,619	2,837
Indirect costs, mean	2,714	3,645	3,901	4,412	4,730
Poisson regression					
Direct costs, mean	2,331	2,401	2,407	2,621	2,838
Indirect costs, mean	2,714	3,645	3,901	4,412	4,731

ANCOVA, analysis of covariance; LDL-C, low-density lipoprotein cholesterol; MI, myocardial infarction.

Table S5 Direct and indirect costs during the 18 months post MI, according to intensity of LLT: ANCOVA with bootstrapping versus Poisson regression models

	Ezetimibe monotherapy	Low-intensity statin	Moderate-intensity statin	High-intensity statin	Ezetimibe with a statin
ANCOVA with bootstrapping					
Direct costs, mean	3,193	2,586	2,375	2,576	3,053
Indirect costs, mean	4,505	5,340	5,353	3,712	3,514
Poisson regression					
Direct costs, mean	3,191	2,583	2,375	2,576	3,051
Indirect costs, mean	4,506	5,341	5,358	3,716	3,515

ANCOVA, analysis of covariance; LLT, lipid-lowering therapy; MI, myocardial infarction.