Pilot study: Tobacco-attributable direct costs in two hospitais in Santiago, Chile Estudio piloto: Costos directos atribuibles al tabaquismo en dos hospitales de Santiago

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Background: Tobaceo is the fourth cause of the global burden of disease, accounting for 79.9 million loss of disability-adjusted Ufe years (DALYs) in 2001. In 2002, tobacco-attributable mortality in Chile represented 17% of total mortality. Aim: To estimate the direct cost of tobaceo in Ischemic Heart Disease, Chronic Obstructive Pulmonary Disease and Lung Cáncer, explore patients' disposition to answer a health related expenses questionnaire, valídate the instruments used and determine an adequate sample size for an upcoming study. Material and methods: Socio-demographic and health care related variables were investigated among patients attending two publie hospitais for ischemic heart disease, chronic obstructive pulmonary disease and lung cancer, in a cross-sectional study. Costs were estimated using the national publie health insurance price list and market pnces. Tobacco-attributable fraction was then applied to calcúlate the tobacco-attributable cost ofeach disease. Results: The