**HEALTHCARE RESOURCE USE AND EXPENDITURES IN PATIENTS UNDER 65 YEARS OF AGE AND NEWLY DIAGNOSED WITH PAROXYSMAL SUPRAVENTRICULAR TACHYCARDIA (PSVT) IN THE UNITED STATES**

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**Objective:**To characterize healthcare resource use (HRU) and spending in newly diagnosed Paroxysmal Supraventricular Tachycardia (PSVT) patients <65 years of age.

**Method:** Data source: Truven Health Analytics MarketScan databases, with demographic, enrollment, medical and prescription drug claim data for commercially insured 89,800,000 individuals over 4 years. Study population: Patients < age 65 newly diagnosed with PSVT (ICD-9: 427.0; ICD-10: I47.1) from October, 2012 to September, 2016, and observable for one year before and after index diagnosis. Outcome measures: HRU and costs paid by insurers 1 year pre- and post-diagnosis.

**Results:**A total of 14,164 newly diagnosed patients met study criteria; 58.2% were female; mean age was 49.0y (SD: 13.73). Mean annual costs per PSVT patient increased $17,708 after diagnosis (from $12,477 to $30,185; *P*< 0.0001), with largest increases in outpatient hospital and inpatient spending. More than half the increase was for services with a PSVT diagnosis, including cardiac ablations (18%) and other PSVT services (38%); an additional 16% was for other rhythm disorders. Rates of office, outpatient hospital and ED visits and hospitalizations were 1.3, 1.7, 1.8 and 3.0 times higher, respectively, following diagnosis (all *P*< 0.0001). The proportions of patients with ED visits or hospitalizations also increased (**Table 1**).

**Conclusion:**Healthcare costs and use show large increases following initial PSVT diagnosis, with most spending for PSVT and PSVT-related services.

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