Research has indicated that Acute Coronary Syndrome (ACS) patients with depression have a greater rate of health service utilisation in general, and may lead to higher healthcare costs. Understanding factors that affect utilisation of healthcare is important to assist in treating and managing the disease through to notify effective public health policy for this population. This study aims at (1) estimating the healthcare cost associated with general practitioner and specialist visits, re-admission and medications among patients with and without co-morbid depression and (2) determining the key factors influencing health service utilisation among patients with and without co-morbid depression, within the 24 month period following an acute coronary syndrome event.

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