aggressive payer policies encouraging VKA prescribing are expected across the EU5, together with extended pricing and reimbursement negotiations following each NOAC label expansion, in order to manage healthcare budgets.

PCV153

REAL-WORLD IDENTIFICATION OF EUROPEAN PATIENTS WITH STATIN-ASSOCIATED SYMPTOMS: CLINICAL PRACTICE COMPARED WITH CLINICAL GUIDELINES

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OBJECTIVES: To establish whether identification of patients with statin-associated symptoms (SAS), particularly muscle-related symptoms (MRS) in real-world practice is aligned with the latest clinical consensus. **METHODS:** A web-based survey was conducted in France, Germany, Italy, the Netherlands, Poland, Spain, Sweden, and the UK in February–March 2014. Sixty clinicians per country answered questions about clinical criteria used to identify patients with SAS. These criteria from real-world practice were compared with those recommended in the 2015 European Atherosclerosis Society Consensus Panel Statement (EASCPS) to explore their alignment. **RESULTS:** Overall, 319 clinicians (76% cardiologists) completed the survey. Almost all clinicians (average 98%; range across countries [RAC] 97–100%) saw and considered MRS in patients receiving statins to indicate SAS. Across countries, an average of 69% of clinicians reported testing for elevated creatine kinase (CK) levels in all patients newly prescribed statins; an average of 52% reported testing in patients who displayed MRS. On average, 77% of clinicians (RAC 68–85%) reported trying ≥2 statins before considering MRS to be SAS; 65% (RAC 57–73%) tried ≥3 statins. Most clinicians (average 74%; RAC 63–85%) reported rechallenging patients with the same statin to confirm whether MRS were SAS. Of those who did not rechallenge, 61% (RAC 50–67%) reported discontinuing the statin to test whether MRS resolved, and an average of 38% (RAC 32–45%) reported using a combination of rechallenging, discontinuing, and lowering the dose of statin to confirm SAS. Of the reported criteria used for determining SAS, CK testing upon MRS and trial of ≤3 statins are consistent with the latest EASCPS, although routine CK testing and statin rechallenge are not fully consistent. **CONCLUSIONS:** This survey suggests that the clinical criteria used to identify patients with SAS across eight European countries are broadly consistent with the current clinical consensus in Europe.

PCV154

MANAGING PATIENTS WITH STATIN-ASSOCIATED SYMPTOMS: DOES REAL-WORLD CLINICAL PRACTICE ALIGN WITH CLINICAL GUIDELINES AND HTA RECOMMENDATIONS IN EUROPE?

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OBJECTIVES: To compare the management of statin-treated patients with hypercholesterolemia and statin-associated symptoms (SAS) in real-world practice across eight European countries with the latest European Atherosclerosis Society Consensus Panel Statement (EASCPS) and decisions of national health technology assessment (HTA) agencies. **METHODS:** A web-based survey was conducted in France, Germany, Italy, the Netherlands, Poland, Spain, Sweden, and the UK in February–March 2014. Sixty clinicians (specialists and general/family physicians, 2:1 ratio) per country answered questions about the management of patients with SAS. Targeted literature searches were performed (June 2015) to identify HTA decisions before and after the survey for comparison with survey outcomes. **RESULTS:** Overall, 319 clinicians (76% cardiologists) completed the survey. An average of 58% of clinicians (range across countries 40–65%) reported using a lower dose of statin in patients who were unable to tolerate statins at the label-recommended dose, a practice which is recommended by the EASCPS. On average, 52% of patients known to have SAS continued to receive a low-dose statin, usually with other lipid-lowering therapies (LLTs). Of the remaining 48%, 37% received alternative LLT only and an average of 11% of patients with SAS received no statin or alternative LLT. Ezetimibe was the most common first choice of non-statin LLT for patients with SAS, either without concomitant statins (average across countries 74% clinicians) or in combination with a low-dose statin as recommended by the EASCPS (average across countries 79% clinicians). Ezetimibe is recommended by most national and regional HTA agencies in the surveyed countries despite some agencies' concerns about the limitations of the supporting evidence. **CONCLUSIONS:** This survey identified potential treatment gaps in the management of patients with SAS: in some cases patients receive no LLT, leaving them without treatment for hypercholesterolemia.

PCV155

EFFECTIVENESS OF THE ST2 FOR PROGNOSIS IN HEART FAILURE: SYSTEMATIC REVIEWS

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OBJECTIVES: ST2 reflects activity of the cardioprotective signal and it is a prognostic marker in heart failure. The aim is to assess the effectiveness of the ST2 for determination of the prognosis of patient with heart failure. **METHODS:** We searched the 8 Korean databases and overseas databases including Ovid-MEDLINE, Ovid-EMBASE and Cochrane Library. Total 365 studies were searched and 19 studies were included in the final assessment. Each of the stages from literature search and extraction of data were carried out independently by 2 researchers. We used tools of Scottish Intercollegiate Guidelines Networks (SIGN) for assessment of the quality of studies. **RESULTS:** The effectiveness of the ST2 was assessed by means of association with prognosis(risk ratio (RR) or odds ratio (OR), accuracy of forecasting of the prognosis, stratification of risk), correlation with the comparative test and relevance with clinical symptoms. The RR or OR of the death arising from ST2 was 1.01~4.56, the RR of hospitalization was 1.054~2.4. On the other hand, RR of hospitalization of BNP was 1.15~2.0, the RR or OR of death arising from NT pro-BNP was 0.19~1.241. The sensitivity/specificity of the test was 64~87%/51~82% and AUC values were 0.689~0.84. The stratification of risk (Net Reclassification Improvement, NRI) on the death rate were reported to be significant at 9.4 and 9.9 in the 2 studies, but 1 study reported that stratification of risk of the death rate was 0.049 and stratification of risk of hospitalization rate was 0.0638. The correlation coefficients with BNP was 0.16~0.409 and with NT pro-BNP was 0.28~0.523. The correlation coefficient with the peak VO2was 0.30 and with 6-minute walk distance was 0.22. **CONCLUSIONS:** The ST2 is effective in determining the prognosis of patients with heart failure.

PCV156

THE EFFECT OF A TELEPHONE COUNSELING INTERVENTION BY PHARMACIST ON PATIENTS' BELIEFS ABOUT MEDICINES AND BLOOD PRESSURE CONTROL

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OBJECTIVES: Pharmacists, working as part of the multidisciplinary team, have a relevant role in improving clinical outcomes through providing educational intervention, medicine management intervention, or a combination of both. The purpose of this study was to determinate the impact of a telephone counseling intervention administered bi-monthly by pharmacist on patients' beliefs about antihypertensive medicines and blood pressure control. **METHODS:** Subjects were selected on a time frame of two months according to their attendance to the Centre for the Diagnosis and Therapy of Arterial Hypertension of Cardarelli Hospital of Naples, located in the South of Italy. Participants were randomly assigned to either control group (usual care) or intervention group (educational intervention). The study was developed in the framework of the Multidisciplinary Health Care Team (GOIP) for Diagnosis and Therapy of Arterial Hypertension activities. The intervention consisted of an educational/counseling session based on patients' needs assessment and provided by a pharmacist bi-monthly for one year via telephone. **RESULTS:** A total of 164 patients (80 in the control group, CG, and 84 in the intervention group, IG) were recruited. At the end of follow-up, the reduction in SBP and DPB was significant in IG ($p<0.001$) and there were also significant differences between IG and CG for both Necessity and Concern score ($t=5.74$, $p<0.001$; $t=-7.86$, $p<0.001$ respectively). Patients were divided into four attitudinal groups based on their BMQ results and data showed that at t=12 83,3% of IG patients was "Accepting" and 15.5% was "Ambivalent". None "Skeptical" patients were found in the IG and only 1,2% was "Indifferent". **CONCLUSIONS:** Telephone-administered pharmacist intervention can improve BP control modifying patients beliefs and concerns about treatments, as well as involving patients as participants in the management of their health.

PCV157

FACTORS ASSOCIATED WITH THE DURATION OF ANTICOAGULATION THERAPY FOLLOWING ACUTE VTE IN ENGLAND IN GENERAL PRACTICE: AN OBSERVATIONAL STUDY USING CPRD-HES DATABASES

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BACKGROUND: Current guidelines recommend a minimum of 3 months' anticoagulation (AC) following venous thromboembolism (VTE). The decision to prolong treatment depends on clinicians' perception of benefit-risk, patient characteristics, and preferences. As evidence is limited for the optimal duration of therapy, considerable variability exists in routine care. **OBJECTIVES:** To describe the duration of AC following VTE in clinical practice in England and identify factors associated with longer duration. **METHODS:** Retrospective study of all VTE events between 1 April 2008 and 31 March 2012 in linked Clinical Practice Research Datalink/Hospital Episode Statistics databases. We defined VTEs by Read or ICD-10 codes with anticoagulant prescription within 45 days after VTE or hospital discharge. We used multivariate Cox regression to identify factors associated with AC duration (event=end of AC). **RESULTS:** Of 11,353 VTEs, 45.0% were PEs and 48.5% were in men. Mean patient age was 63.9 years. Median AC duration was 219 days. In the Cox model, previous VTE was strongly associated with increased AC duration (HR: 0.46 [95%CI 0.42-0.50]). Other factors associated with longer AC duration were age >40 (vs ≤40, 41-64: 0.82 [0.76-0.89]; 65-79: 0.74 [0.68-0.80]; ≥80: 0.82 [0.75-0.90]), PE (vs DVT, 0.71 [0.68-0.75]), active cancer (vs unprovoked VTE, 0.86 [0.80-0.92]), hospitalisation (vs no hospitalisation, leading to hospitalisation: 0.81 [0.77-0.85], during hospitalisation: 0.72 [0.66-0.79]), and history of systemic arterial thromboembolism (0.72 [0.56-0.91]). Other factors retained by the Cox model were gender, body mass index, geographic region, and previous major bleeding. **CONCLUSIONS:** In routine practice in England, most patients received more than 6 months of AC therapy after VTE. Factors associated with prolonged AC corresponded to risk factors commonly thought to increase VTE recurrence. Consensus concerning the optimal length of AC treatment following acute VTE (beyond 3 months) may help to minimize variability in patient care in the future.

PCV158

WHAT FACTORS INFLUENCE SURVIVAL IN STROKE: TURKEY CASE

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OBJECTIVES: It is well-known that stroke is one of the primary causes of death with low survival rates in Turkey. This study investigates how many months