and 31/03/2010, were identified through examination of electronic patient records. Exclusion criteria included patients with atrial flutter (AFl), or an ICD10 code indicating prior inpatient attendance for AF since 1996. Patient notes were reviewed manually and an anonymised data collection template completed by the clinician for analysis. RESULTS: Of the 126 patients meeting the inclusion criteria, the notes of 7 patients were unobtainable and 8 with a diagnosis of AFl were excluded. The majority of patients were reported to have one or 2 of the pre-defined co-morbidities of interest (29% each); one fifth had no recorded as “not first detected AFl”. The majority of patients were symptomatic at presentation (56%) and less than half of 7 patients were unobtainable and 8 with a diagnosis of AFl were excluded. The study population, the frequency of patients with AF were male (41%). Within the study population, the frequency of patients with AF were male (41%). Within the study population, the frequency of patients with AF

PCV26
REAL WORLD ADD-ON AND SWITCH PATTERNS FOR PLATELET AGGREGATION INHIBITORS
Löfroth E, Bruce S, Myrén KJ
IMH Heath, Stockholm, Sweden
OBJECTIVES: To analyze the add-on and switch patterns for patients who discontinue or switch antiplatelet agents, inhibitors, excipients (aspirin, clopidogrel, and dipyridamole) in the South-West region of Sweden. METHODS: This was a retrospective database study of medication utilization amongst patients from the South-West region of Sweden (1.5 million inhabitants). All patients who dispensed at least one prescription for antiplatelet agents (B01AC), excluding heparin, from 2006 to 2009 were included in the study. A dispatch was classified as new, switch, add-on, or continuation. All dispatches were annotated, at the ATC level, as either new (no other co-prescription within 105 days), add-on (another antiplatelet dispatched both before and after), switch (another antiplatelet dispatched both before and after), or continuation (dispatched same ATC-code within 105 days). RESULTS: 163,330 patients had at least one B01AC filled prescription. The total number of dispatches for these patients were 3,327,496. 96% of all patients had been dispatched acetylsalicylic acid (ASA), 11% clopidogrel and 6% dipyridamole. ASA was dispatched as a new prescription in 17% of all dispatches, in <0.5% as add-on, <0.5% as switch, and in 83% as continuation. For clopidogrel the distribution was 17% (new), 4% (add-on), 3% (switch), and 77% (continuation). For dipyridamole the distribution was 7%, 18%, 6%, and 68%. CONCLUSIONS: Not surprisingly ASA was by far the most common treatment. ASA and Clopidogrel both had first treatment profiles, of which it was most pronounced for ASA (<1 add-on or switch). Dipyridamole is used more as an add-on or switch therapy with 18% as add-on, 8% as switch, and only 7% as new dispatches.

PCV27
FREQUENCY OF ADVERSE DRUGS EVENTS (ADEs) AS POSSIBLE CAUSES OF REQUEST OF DRUGS NOT INCLUDED IN ESSENTIAL MEDICINES LIST IN COLOMBIA
Buendía Rodríguez JA
Universidad de Los Andes, Bogota, Colombia, and Caja Rural de Sogamoso, Sogamoso, Colombia
OBJECTIVES: To describe the frequency of adverse drugs events (ADEs) as possible causes of request of drugs not included in a national essential Medicines list. We analyzed the content of the notes to identify the records related to the occurrence of ADEs in the period 2005 to 2008. Information concerning the adverse event and the drug was collected. We analyzed the content of the notes to identify the records related to the occurrence of ADEs in the period 2005 to 2008. Information concerning the adverse event and the drug was collected. RESULTS: A total of 116 cases of ADEs were detected. The level 1 groups of the ATC of drugs with greater frequency of ADEs were the cardiovascular agents (66; 47.15%), nervous system agents (34; 23.7%) and genitourinary system agents (20; 13.9%). The most common causative agents were the cardiovascular agents (66; 47.15%), nervous system agents (34; 23.7%) and genitourinary system agents (20; 13.9%). CONCLUSIONS: To determine rates, length of stay (LOS) and costs of HF (re)admissions. The PHARMO database network includes, among other things, hospitalization records of approximately 3.2 million residents in the Netherlands. From this database, all patients with a hospitalization for HF between 2005 and 2008 were selected. The date of the first HF admission was defined as the index date. Patients hospitalized for HF in the 12 months prior to index date were excluded. Patients were followed from index date until end of data collection, death, or a maximum of 12 months, whichever occurred first. Crude mortality rates over time were determined during index HF admission, any HF readmission, and during any all-cause readmission.

PCV30
HEART FAILURE (RE)ADMISSIONS IN THE NETHERLANDS: RATES, LENGTH OF STAY AND COSTS
Overbeek JA, Penning-Van Beest FJA, Herings RMCJ, Agodà I
PHARMO Institute for Drug Outcomes Research, Utrecht, The Netherlands, 2Erasmus Medical Centre, Rotterdam, The Netherlands, 3Amgen Inc., Thousand Oaks, CA, USA
OBJECTIVES: Hospital admissions are common among heart failure (HF) patients and contribute to the significant clinical and economic burden of HF. This study determined rates, length of stay (LOS) and costs of HF (re)admissions. METHODS: The PHARMO database network includes, among other things, hospitalization records of approximately 3.2 million residents in the Netherlands. From this database, all patients with a primary hospital discharge code for HF between 2005 and 2008 were selected. Patients hospitalized for HF in the 12 months prior to index date were excluded. Patients were followed from index date to end of data collection, death, or a maximum of 12 months, whichever occurred first. Crude mortality rates over time were determined during index HF admission, any HF readmission, and during any all-cause readmission.

V A L U E IN H E A L T H 1 4 ( 2 0 1 1 ) A 2 3 3 - A 5 1 0  A369