were identified by CPT-4 procedure codes. Descriptive statistics were used to charac-
terize the population and estimate unadjusted associations between patient character-
istics and hs-CRP testing. Multivariable logistic regression was used to estimate the
odds of testing, controlling for age, gender, diabetes, statin intensity, prescribing phy-
ician type, specialty, geographic region, and plan type. RESULTS: Since 1997 and
March 31, 2007, 33,666 new statin users received lipid tests within 90 days prior
to the index statin prescription. One thousand (3%) also received hs-CRP tests
during this time. Over 80% of these individuals received the tests in 2004 or later.
Those receiving hs-CRP tests were more likely to have a Medicare, Medicaid or med-
type of plan, as compared to private insurance (P < .05) and were less likely to reside
in the South, Midwest or West, as compared to the Northeast (P < .01). Individuals
who received hs-CRP tests had higher adjusted odds of receiving a high potency
statin (OR = 1.37, P < .01) and lower odds of having diabetes (OR = .56, P < .001).
The receiving hs-CRP tests were more likely to have a cardiologist as their statin-prescrib-
ing physician, rather than a family or general practitioner (OR = 1.31, P = .02).
CONCLUSIONS: Rates of hs-CRP testing are very low, but higher among those seeing
a cardiologist or having private insurance. Those who received a high potency
statin had higher rates of testing, suggesting that those with higher cardiovascular risk
may be more likely to receive an hs-CRP test.

THE UTILISATION AND EFFECTIVENESS OF ANTITHROMBOTIC
AGENTS FOR PREVENTING DEEP VEIN THROMBOSIS AFTER TOTAL
HIP REPLACEMENT—A CASE STUDY IN SOUTHERN TAIWAN
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OBJECTIVES: Antithrombotic therapy is effective in preventing thromboembolic
diseases, and it has been recommended by several international guidelines to prevent
deep vein or orthopedic surgeries under monitor-
ing bleeding risks. To establish Taiwanese local guidance, this case study aims to
evaluate the current utilization and effectiveness of antithrombotic agents for prevent-
ing DVT after total hip replacement (THR). METHODS: This one-year retrospective
cohort study was conducted at a medical center in Southern Taiwan from May 2008
to April 2009. Adult patients (above 18 years) who had undergone primary THR
had been identified by electronic database. Their medical records were reviewed from
surgery date to three months post-operation for collecting demographic details and
DVT-related clinical symptoms as the surrogate of effectiveness. Descriptive statistic
and time-to-event analysis were then conducted. RESULTS: Medical records of 82
patients (57.32% women) were reviewed. The average age was 59.15 ± 13.43 years and
the mean body mass index was 23.20 ± 4.86 kg/m². Only 31 out of the 82 patients
(37.80%) had ever received prophylactic antithrombotic agents after surgery and all
of them used aspirin, but only 22 patients used aspirin for more than 10 days. Twelve
patients presented DVT symptoms after surgery but only one is from prophylactic
group. Independent relative risk of DVT for patients without prophylaxis is 8.23 (95% confidence interval: 1.48, 54.91). DVT symptoms
mainly (91.67%) occurred within 15 days after THR and the median duration to
symptoms presentation is 12 days. CONCLUSIONS: Antithrombotic therapy is not
commonly used to prevent DVT after THR in this medical center. Aspirin alone seems
effectively reduce (HR = .78) the risk of DVT-related symptoms. It is necessary to further inves-
tigate the effectiveness of prophylactic antithrombotic agents after THR from Taiwan-
ese population-based database and explore the potential genetic factors influencing
the effectiveness of antithrombotic therapy.