METHODS: A total of 361 patients with AF (mean age 71 ± 9, 61% male) in 45 physician practices throughout Germany were recruited. 3-month retrospective and 6-month prospective clinical data including INR values and anticoagulation strategy were obtained from the physician chart through standardised questionnaire. Patient health-related and disease-specific quality of life was assessed with the SF-36 and MacNew disease-specific instruments. The patient completed a standardised questionnaire at three and six months, which documented hospitalisations, medications, and complications, as well as quality of life, patient satisfaction and compliance. Three hundred-four (84%) patients completed the entire study. RESULTS: Of all patients, 90% had been treated with VKAs at some time since AF-diagnosis, 88% were still on treatment. 10% of the patients received aspirin as their anticoagulation therapy. INR was measured at least once a month in over 70% of the patients. INR values were within the target range, 14% below and 30% over the target range. SF-36 results were similar to patients of comparable age and health. Fifty-five percent of patients reported they were always or mostly satisfied with their treatment and 66% stated they complied with their prescribed treatment most or all of the time. CONCLUSIONS: This study presents German “real-life” data in treating patients with AF and identifies the potential to advance the quality of care particularly with respect to anticoagulation.

OBJECTIVE: The aim of this study was to review randomized controlled trials (RCTs) comparing Valsartan 20/40/80 mg, Telmisartan 80/160 mg, Losartan 50/100 mg and Irbesartan 75/150 mg at starting doses. A literature review of ARBs has not been previously performed. METHODS: Published literature was reviewed using OVID Medline, Embase, PubMed and Cochrane databases, cut-off date June 8th, 2006, as sources of data and the abstracted data were recorded into structured forms. The quality of selected studies was assessed by CRD Report No 4, University of York. Search terms included “mild hypertension”, “moderate hypertension”, “anti-hypertensive agents” and others combined with the specific drug terms. Studies included were either “head-to-head” trials or randomized, double-blind or open label placebo-controlled trials (RCTs). Clinical measurement of blood pressure included not only ambulatory blood pressure monitoring (ABPM), but cuff BP and sphygmomanometer also. Patient population was defined as mild-to-moderate hypertension with no concomitant diseases. RESULTS: Forty-seven studies were included in the analysis. Duration of treatment was typically 8 to 12 weeks. Sample size ranged between 25 and 14820 patients. Mean age of sample ranged between 47 and 63 years. Of the selected literature, 29 studies were head-to-head trials, 20 were RCTs versus placebo and 8 were dose-response trials of the regimen. With respect to BP measurements, 14 studies used ABPM in contrast to 25 that used clinic BP. The remaining 8 reported both. With respect to study design 3 studies were meta-analyses, 25 were double-blind RCTs, 1 was a single-blind single-arm trial and 11 were open-label studies. 11 studies included either forced or elective titration. Finally, from the sample, irbesartan had the less retrieval, given that it is the newer agent of all. CONCLUSION: All studies complied with the CRD Report No 4 quality assessment criteria, University of York. The literature review was performed to be used for meta-analytic purposes.

OBJECTIVE: Rational administration of drugs takes into account drug price/type, pharmaceutical form, unit dose price, associating success of a treatment with a given drug or drugs with expenses related to the specific therapy. The paper is aimed at: analysis of antihypertensive therapy prescription practice, along with economic parameters and analysis of consumption of antihypertensive drugs in the Clinical Center of Serbia (CCS) in accordance with the National Guide to Prevention of Ischemic Disease. In spite of the high distribution of other heart diseases in the structure of cardiovascular deaths, Serbia is, based on the WHO data, classified into the group of countries with relatively high risk of deaths associated with coronary diseases, among both males and females aged between 40 and 49 years. METHODS: The study was carried out at the CCS based on the data provided by the Pharmacy and Medical Supply. All the drugs mentioned in the analyses are registered in Serbia and the costs of the consumed drugs are reimbursed (100%) by the Republic Health Insurance Fund. The analysis includes consumption of drugs (according to groups) intended for treatment of hypertension in CCS over the six-month period. Consumption-based method is used as a quantification method. RESULTS: The patients were administered either single or combined drug antihypertensive therapy. All groups of the studied drugs were proved to lower arterial blood pressure, reduce morbidity and mortality associated with the cardiovascular and cerebrovascular diseases, which was the basic aim of the applied therapy. Diuretics and beta-blockers are most common drugs in treatment of hypertension and their efficacy and safety are best documented. CONCLUSION: Serbia needs restructuring of the health care system and introduction of non-budgetary financing, adequate validation of health care services, privatization of public sector and new legal regulations corresponding to the changed economic environment.