dected during a review of the company’s submission (CS) to the National Institute for Health and Care Excellence (NICE) Single Technology Appraisal programme for the oral direct thrombin inhibitor, dabigatran. METHODS: Randomized controlled trials (RCTs) for inclusion were identified using the CS for dabigatran (as part of Technology Appraisal [TA][27]), and two similar submissions for rivaroxaban (TA261 and TA287). RCTs that assessed comparability based on patient population, disease severity, outcomes, and treatments received. A Bayesian MTC was conducted, and fixed and random effects models were explored. Odds ratio (OR) was chosen as the summary statistic for VTE recurrence and major bleeding. RESULTS: The network of 9 RCTs formed a “radiating star.” The fixed effects model had the lowest deviance information criterion (DIC) for VTE recurrence and major bleed and so was chosen as the best-fitting model. There was reasonable agreement between the number of unconstrained data points and the residual deviance for both outcomes. Results compared to dabigatran were OR=1.53 (95%CrI: 0.13–3.37), rivaroxaban OR=1.29 (95%CrI: 0.12–5.42), warfarin OR=1.87 (95%CrI: 0.31–6.45); compared to the standard ambulatory care, patient self-management of the INR no significant benefit of self-monitoring could be confirmed: the RRs were 0.91 (95%CI: 0.70, 1.19), 0.95 (95%CI: 0.49–1.87), and 0.95 (95%CI: 0.48–1.82), respectively. CONCLUSIONS: Compared to those with a PDC ≥80%, patients with a PDC <80% had significantly different (p <0.001) and mortality. Potential heterogeneity was assessed with I² statistics.

PCV22 NETWORK META-ANALYSIS OF VARIOUS TREATMENT STRATEGIES IN RESISTANT HYPERTENSION


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OBJECTIVES: To evaluate the network-meta analysis of add-on treatment alternatives for MRAs in TRHTN and thus establish comparative effectiveness in terms of SBP and DBP reduction, and long-term treatment adherence in TRHTN. The quality and efficacy of these add-on strategies and MRAs is established.

RESULTS: To perform a network-meta analysis of add-on treatment alternatives for MRAs in TRHTN and thus establish comparative effectiveness in terms of SBP and DBP reduction, and long-term treatment adherence in TRHTN. The quality and efficacy of these add-on strategies and MRAs is established. To further investigate the quality and efficacy of these add-on strategies and MRAs is established, we included randomized controlled trials (RCTs) for inclusion were identified using Pubmed searches. Search terms included isosorbide mononitrate, amiloride, and hydrochlorothiazide.

No data were available on major bleed for rivaroxaban in people with active cancer.

CONCLUSIONS: There were no significant differences in the outcomes evaluated. However, the available evidence suggests that LMWH may have the lowest risk of VTE recurrence in the treatments assessed.

PCV23 ASPIRIN VERSUS CLOPIDOGREL IN PATIENTS WITH ACUTE MYOCARDIAL INFARCTION: A COST AND EFFECTIVENESS COMPARISON FROM BEIJING MEDICAL INSURANCE DATABASE

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OBJECTIVES: To compare the cost and effectiveness of aspirin with that of clopidogrel in acute myocardial infarction (AMI) patients from data of Beijing medical insurance database. METHODS: We randomly selected 10% of patients diagnosed as AMI from January 2012 to December 2012 and then followed their inpatient and outpatient costs to September 2013 from a Beijing hospital. The only effective active treatment strategy, research into future medicinal alternatives in TRHTN should use spironolactone as an active comparison, and as an obligatory background, we evaluated self-monitoring or self-management with standard care as control. Furthermore, studies investigating device-based alternatives such as renulnervation should always include sham procedure as a comparator.

PCV24 LONG-TERM INCREASING INPATIENT AND OUTPATIENT VISITS ASSOCIATED WITH CARDIOVASCULAR EVENTS: A LARGE UNITED STATES REAL WORLD STUDY

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OBJECTIVES: To evaluate the burden to patients and the healthcare system associated with a new cardiovascular event (CVE) up to 3 years post new CVE among high-risk hyperlipidemia patients. METHODS: Using the IMS LifeLink PharMetrics Plus commercial claims database (CDS), we provide new insights into the medical care of patients with high-risk hyperlipidemia patients with and without a new CVE between 01/01/2006 and 06/30/2012. CVEs included primary inpatient claims for myocardial infarction (MI), cerebrovascular accident (CVA) and hospitalization for unstable angina (UA), ischemic stroke, transient ischemic attack, revascularization for non-ST elevation and ST elevation myocardial infarction, and coronary heart failure. Patients were stratified into two CVE risk cohorts: history of cardiovascular disease (CVD) [MI, UA, coronary artery bypass graft, percutaneous coronary intervention, IS] and coronary heart disease risk equivalent (CHD RE) [peripheral arterial disease, coronary artery bypass graft, abdominal aortic aneurism]. We compared effectiveness and costs using paired t tests and cost-effectiveness analysis. RESULTS: A total of 13,739 patients were identified as having a new CVE during the study period. At 3 years, 70.2% patients had at least one diagnosis of CVD. The median age of patients was 77.2 years. The average total health care costs were significantly higher for patients with new CVE in the first year post new CVE. Patients with new CVE incurred higher inpatient costs compared to patients without new CVE (p <0.001), with new CVE during the study period. The average total health care costs for patients with new CVE were significantly higher than those of patients without new CVE (p <0.001). The cost of anti-platelet drugs and rate of hemorrhage events in different drug utilization groups. The Kruskal-Wallis test and Bartlett’s test were used in the analysis. The results of this study suggest that the cost of anti-platelet drugs and rate of hemorrhage events in different drug utilization groups are significantly different (p <0.01). The hemorrhage rate of patients with only aspirin prescription was higher than that of patients with two drugs. CONCLUSIONS: A small percentage of AMI patients used only one drug for anti-platelet treatment, while most patients used both aspirin and clopidogrel. Patients who used aspirin only had lower cost of anti-platelet drugs, lower rate of recurrence and higher rate of hemorrhage events. Further studies on cost-effectiveness for aspirin and clopidogrel would provide more evidence.