PCV20
THE ASSOCIATION BETWEEN CHOICE OF BALANCED INTRAVENOUS CRYSTALLOID AND SUBSEQUENT MAJOR IN-HOSPITAL OUTCOMES AMONG ADULT PATIENTS UNDERGOING CARDIAC SURGERY
Raghunathan K1, Khangkhoeng V23, Peyrer FW1, Shaw AD2
1Duke University School of Medicine, Durham, NC, USA, 2Strategic Partners Inc., Boston, MA, USA, 3Vanderbilt University Medical Center, Nashville, TN, USA
OBJECTIVES: Adults undergoing cardiac surgery (CS) frequently receive intravenous (IV) crystalloids perioperatively for resuscitation and maintenance of adequate circulating volume. Use of balanced crystalloids has been associated with more favorable outcomes versus non-balanced crystalloids, however studies comparing outcomes among CS patients receiving different types of balanced crystalloids are lacking. We conducted a retrospective analysis using a large de-identified US electronic health record database to investigate differences in major outcomes among patients receiving different types of balanced crystalloids (during and up to 72 hours post-CS). Patients undergoing CS between January 1, 2011 and June 2013 were included if they received ≥500mL balanced crystalloid within 1 day following surgery and survived ≥1 day. Patients with a length-of-stay >30 days, undergoing multiple CS procedures, or receiving >1 fluid on the day preceding surgery were excluded (vs. non-IV). CS.

RESULTS: 6,089 patients met inclusion criteria. We selected 299 patients receiving PL-N and matched them using propensity-score-based greedy matching method with a 5-10% overlap. There were significant regional differences in the choice of crystalloid (PL-N more common in the South). Odds of 90-day mortality following the receipt of PL-N versus LR were 0.96 [0.94, 0.97] Daily per-protocol smoking cessation using propo.

CONCLUSIONS: Results from this study suggest that PL-N is associated with improved outcomes and lower costs.

PCV21
MODELLING THE CLINICAL AND ECONOMIC OUTCOMES OF VARIATIONS IN INTEGRATION AMONG VALSARTAN-CENTRIC REGIMENS FOR HYPERTENSION
Alshayban D.M.
University of Arizona, Tucson, AZ, USA
OBJECTIVES: To examine how both the effectiveness of valsartan centric regimens and the patient's cost factors affect the systolic blood pressure (SBP), Diastolic (DBP) and combined SBP/DBP, specifically for Belgian patients with a history of failed or intolerant anti-hypertensive therapy. Secondly, to assess the effectiveness of valsartan treatment groups and the related factors concerning a patients' total cardiovascular risk (TCVR) residuals. Lastly, to attempt to estimate the cost avoidance factor associated with taking varying levels of valsartan treatment.

METHODS: This research took the form of a secondary-data analysis. The variants of valsartan doses given to patients included: valsartan monotherapy, a combination of valsartan with hydrochlorothiazide, and a combination of valsartan with amlopidine. We applied Bailey's approach, using Kaplan-Meier curves to compare mechanical versus bioprosthetic valves. Early mortality was measured as death on the surgery date was 60% higher for mechanical valves than for bioprosthetic valves (OR, 1.21; 95% CI, 1.13-1.30; P<0.0001). The number of deaths increased to treat with baseline characteristics. Early and late mortality (within 30 days following surgery, or at discharge, whichever is longer). RESULTS: Of the 66,453 Medicare beneficiaries included in the study, 19,150 (28.8%) received a mechanical valve and 47,263 (71.2%) received a bioprosthetic valve. The risk of death on the surgery date was 66% higher for mechanical valves than for bioprosthetic valves (OR, 1.61; 95% CI, 1.27-2.04; P<0.0001). The risk difference decreased to 42% within 30 days after the surgery date and within the 30 days post-discharge. Risk of operative mortality was 15% higher for mech.