PCV124 IMPACT OF REGIONAL MEASURES IN THE SALES OF THE RENIN- ANGIOTENSIN SYSTEM ANTAGONISTS IN SPAIN
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OBJECTIVES: To analyze the impact of regional measures in the sales of the renin-angiotensin system antagonists in Spain. METHODS: Regional measures from each of the 17 Spanish Autonomous Regions (AR) were identified by searching on health services reimbursement Scale (RMS) in rational use of drugs (RUD) was constructed. Values ranged from 0 to 24 identifying the number and the specificity of the applied policies. The 2009 market share of the Angiotensin-II Receptor Antagonists (AIIRA) vs. Angiotensin-Converting Enzyme (ACE) inhibitors was analyzed. AR market shares and RMS correlations were calculated. Correlated AR Market shares were adjusted according to values of RMS using a linear regression model for the AR with correlation between the RMS and the market shares. The decrease in market share on the AIIRA by RMS point was determined by the slope coefficient of the regression. RESULTS: Health plans, clinical guidelines, pharmacotherapeutic guides, health technology assessments and therapeutic newsletters, prompting the prescription of ACE inhibitors rather than AIIRA, were identified. In 14 out of 17 AR, the correlation between the RMS and the market share was statistically significant (r = 0.55, p = 0.004). Of these, three AR scored 0, five 1 to 10, four 10 to 20, and two 22 and 23 points respectively, a 0.52% overall decrease. AIIRA was observed for each point in the RMS. The maximum impact observed in the market share was 11.96%. Considering that the variability in the AIIRA market share was 24.1%, half of it was explainable by the establishment of RUD measures. CONCLUSIONS: Results support the fact that the establishment of regional measures is important, but also the way they are implemented.

PCV125 PROTEIN-C-REACTIVE AS A MARKER OF INFLAMMATION AND CARDIOVASCULAR DISEASE IN PATIENTS WITH SCHIZOPHRENIA: A CROSS-SECTIONAL ANALYSIS OF A HEALTH CARE PROVIDER ADMINISTRATIVE CLAIM DATABASE
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OBJECTIVES: Interest in cardiovascular diseases (CVD) in patients with schizophrenia has recently become growing among psychiatrists due to its documented incremental mortality for these causes. Identification of markers for such disorders seems, therefore, reasonable. Serum Protein-C-Reactive (PCR) levels have been determined as a marker of inflammation in individuals with CVD and/or at high risk for developing it. However, it is unknown the role of this protein in schizophrenia. Thus, the goal of this research was to explore the use of PCR as a marker of inflammation and CVD in patients with Schizophrenia. METHODS: A cross-sectional analysis of the ESA administrative claim database was conducted including all men and women, 558 years, with a schizophrenia spectrum disorders (by DSM-IV criteria) diagnosis. PCR measurement taken together with socio-demographics, evolution, medical history, 10-years CVD risk score (Framingham equation) and biochemistry data was extracted for analysis. RESULTS: A total of 705 patients (50.3%, 48.2 ± 15.8 years mean age; 59.4 ± 7.6 years; 74.2% males) with at least one additional PCR and 67 physicians (mean age; 40.7 ± 8.6 years; 81.1% males) were included from the hospital Multicenter, Multinational, cross-sectional epidemiological Eureka study (NCT00882336) conducted across Europe. Management and control of clinical, emergent and psycho-social CVRE, use of CV risk assessment by the physicians as well as barriers for estimating and using global cardiovascular risk scores were identified. RESULTS: Total CV risk assessment in Turkish patients was stated to be performed by 48.5% of the physicians mostly by chart (71.9%) and mainly for an advice on healthy lifestyle (84.4%) and to decide on antihypertensive (78.1%) or lipid-lowering treatment (73.0%). Time constraint for global CV risk evaluation was the main reason (73.5%) for the lack of assessment identified by the physicians. A total of 514 patients (77.5%) were classified to have high CV risk by the physicians using a local (7.6%) or the recent European Guidelines on Cardiovascular Disease Prevention in Clinical Practice (ESC 2007) (80.0%). Although global cardiovascular risk was said to be under control in 75.5% of the patients, satisfying global CV risk factors was evident in only 56.7% while the overall percentage of the patients who were aware of their CV risk was 69.5%. CONCLUSIONS: Apparently targets defined in guidelines are not sufficiently met and overall percentage of the patients who were aware of their CV risk was 69.5%. Although global cardiovascular risk was said to be under control in 75.5% of the patients, satisfying control of CV risk factors was evident in only 56.7% while the overall percentage of the patients who were aware of their CV risk was 69.5%.