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THE IMPACT OF CARE GAP IN MANAGING HIGH
CARDIOVASCULAR RISK PATIENTS: A CANADIAN
POPULATION ANALYSIS
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OBJECTIVES: Each year 500,000 Canadians are hospitalized and 79,000 die due to cardiovascular disease (CVD). Strong evidence supports the use of “triple” therapy with ASA, statin, and angiotensin converting enzyme inhibitors (ACEi) in patients with CVD or diabetes; however current care only partially reflects this evidence. The objective was to quantify the reduction in CV events (MI, stroke, CHD/stroke/death) with triple therapy compared to current care in high-risk patients over the age of 50. METHODS: Patients at high risk (either diabetes, prior myocardial infarct and/or stroke) were included. Canadian Community Health Survey (CCHS) data for 2003 were used to estimate prevalence of disease, which was applied to the age-specific population in Canada in order to calculate the total number of high risk patients. Event risk was calculated based on the Framingham risk equations. Current use of triple therapy was derived from a Canadian registry of high risk patients (n = 5,095). Values for risk factors were based on the CCHS and the registry. A relative risk reduction of 54% for all events was assumed for triple therapy compared to no treatment, based on trial data. RESULTS: Current usual care has reduced the number of cardiovascular events from an estimated 1.01 M to just over 600,000 over the next 10 years. However, of the 2.2 million high risk patients, approximately 64% of them do not receive triple combination therapy. It is estimated that an additional 143,041 cardiovascular events, including 37,703 cardiovascular deaths, could be prevented over the next ten years by treating all high risk Canadians over the age of 50 years with triple combination therapy. CONCLUSION: Canadian physicians have done well in reducing the burden of CVD. More optimal guidelines based management of high risk patients can significantly reduce CVD mortality and morbidity and must be strongly encouraged.

TREATMENT OF DEPRESSION IN CORONARY ARTERY
DISEASE: A STUDY OF NATIONAL AMBULATORY MEDICAL
CARE VISITS FROM 2000 TO 2004
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OBJECTIVES: Little is known about treatment of depression in coronary artery disease (CAD) at ambulatory visits in United States. METHODS: Retrospective analyses were conducted of the combined 3-year data (2000–2004) of physician office-based National Ambulatory Medical Care Survey (NAMCS) and outpatient and emergency department based National Hospital Ambulatory Medical Care Survey (NHAMCS). Visits with coronary artery disease (ICD-9-CM 410–414) and depression disorder (296, 311) were identified. The visits combined across the three settings were classified into CAD visits with and without depression. Sample estimates were weighted and projected to the population with 95% confidence intervals. Multivariate logistic regression was used to determine significant characteristics of antidepressant treatment mention at visits. RESULTS: About 1.23 million ambulatory visits or 0.79% (95% CI: 0.51–1.21) of all adult CAD associated visits also had a diagnosis of depression. Antidepressant medication (TCA, MAOI, SSRI, or buproprion) was associated with 7.75% (95% CI: 6.49–9.24) of all CAD associated visits with SSRI being associated with about 5.46% of visits. In multivariate logistic-regression analysis, male gender (adjusted odds-ratio, OR, 0.47, 95% CI: 0.33–0.68), race other than Caucasian (OR, 0.38, 95% CI: 0.21–0.69), emergency department (ED) setting (OR, 0.32, 95% CI: 0.21–0.50), decreased the likelihood while recent years (2002–04) (OR, 1.42, 95% CI: 1.03–1.96), depression (OR, 7.92, 95% CI: 1.56–40.42), and any mental health disorder (OR, 4.60, 95% CI: 1.74–12.14), and number of medications (OR, 6.27, 95% CI: 3.93–9.99) significantly increased the likelihood of an antidepressant medication at CAD associated visits. CONCLUSION: About 1% and 7.75% of CAD visits were associated with depression, and included antidepressants, respectively. Further research is needed on the less likelihood of antidepressant treatment at visits by male and other ethnic minority patients, and in the ED setting with a diagnosis of CAD.

TRENDS IN THE OFF-LABEL PRESCRIBING OF 3-HYDROXY-3-
METHYLGLUTARYL COENZYME A (HMG-COA) REDUCTASE
INHIBITORS IN THE UNITED STATES: 1998 TO 2004
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OBJECTIVES: To determine the trend for off-label prescribing of statins from 1998 to 2004 and to explore the different conditions in which statins are being prescribed off-label. We also sought to determine the proportion of off-label use for experimental conditions (Alzheimer's disease, Multiple Sclerosis, Rheumatoid Arthritis, selected Cancers). METHODS: This study analyzed the National Ambulatory Medical Care Survey (NAMCS) and the National Hospital Ambulatory Medical Care Survey (NHAMCS) from 1998 through 2004. The NAMCS and NHAMCS are nation-wide surveys of non-federal physicians, hospital out-patient, and emergency departments. Statin visits were identified using generic drug codes for all marketed statins in the U.S. On-label statin use was defined as a visit that had at least one primary or secondary ICD-9-CM code or reason for visit code for dyslipidemias, Acute Myocardial Infarction, Ischemic Heart Disease, Angina, Atherosclerosis, or a lipid lab test, or a CPT-4 code for a revascularization procedure. Sampling weights were used to provide national estimates. RESULTS: In 1998, there were a total of 24.8 million (95% CI: 20,883,228–28,784,766) ambulatory visits resulting in a statin prescription of which 37% were off-label. In 2004 there were 61.2 million (95% CI: 52,782,456–69,673,240) statin visits and 47% were off-label. The most common diagnoses associated with off-label statin visits in 2004 were hypertension (26%) and diabetes (20%). A total of 2.6% of off-label statin visits had a diagnosis of osteoporosis, and 1.7%, 0.5%, 0.09%, and 0.04% had cancer, Alzheimer's disease, multiple sclerosis, and rheumatoid arthritis respectively. CONCLUSION: The prescribing of statins has grown dramatically over the past seven years and the proportion of uses without a supporting diagnosis has grown modestly from 37% to 47%. Most of the off-label visits 1998 through 2004 are for persons diagnosed with hypertension and diabetes. Use of statins for experimental purposes appears to be negligible.

UTILIZATION AND COMPLIANCE OF CALCIUM CHANNEL
BLOCKERS IN THE TREATMENT OF HYPERTENSION IN THE
LOUISIANA MEDICAID PROGRAM
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