For hypertensive patients treated with statins (8 included trials) the standard deviation (SD) of DBP was 0.078 (p = 0.33) and 0.12 (95%CI: -0.36-0.11; p = 0.31), respectively. CONCLUSIONS: Despite the previous suggestions, statin therapy in normotensive or hypertensive patients does not lead to reductions in systolic and diastolic blood pressure. Despite these results, however, the routine use of statins, especially in patients with hypertension should be always considered due to the essential reduction of cardiovascular events.

PCV9 COMPARATIVE EFFECTIVENESS OF DIFFERENT DRUG-ELUTING STENTS - A SYSTEMATIC REVIEW OF TAIWAN STUDIES Y-L-T. Wang YC Center for Drug Evaluation, Taipei, Taiwan OBJECTIVES: The first coronary drug-eluting stent gained its market approval in Europe 2002. Many different drug-eluting stents came to the market worldwide since then. In Taiwan, National Health Insurance has partially reimbursed drug-eluting stents since 2006. The number of claimed usage increased from 521 (year 2006) up to 14,311 (year 2010), and total claims reimbursement went up from NT$ 15 million to 300 million. The impact to the NIH has been increasing. The aim of this study is to summarize the results of Taiwan drug-eluting stents studies for future researches. METHODS: We systematically searched three bibliographic databases: EMBASE, PubMed and Taiwan National Central Library for studies utilizing Taiwan local data. In order to collect as many local studies as we can, no restrictions were applied on publication year, study type, disease, patients, intervention, comparator and outcomes. RESULTS: Among the 73 studies we identified in EMBASE and PubMed, only 4 studies were randomized control trial found. The authors of these trials evaluated the preventive outcome of phosphorylcholine-coated dexamethasone stent by observing restenosis rate. We then expanded our analysis scopes to controlled trials, and additional 26 studies were identified and 3 studies matched our research question. Their topics were about “1 year follow-up after PCI with Titan versus TAXUS stents”, “Gender differences in patients undergoing coronary stenting” and “the effects of starting statin therapy before PCI with drug-eluting stents”. On the other part of our research at Taiwan National Central Library, there was no paper matched our including criteria. Most of the papers included there were coronary stents design related articles. CONCLUSIONS: Based on systematical research results, we only found one randomized control trial fully used Taiwan local data. Lack of comparative effectiveness on local stents usage could pose a problem when considering evidence-based decision making.

PCV7 IMPLEMENTING AND EVALUATING PHARMACIST-MANAGED WARFARIN SERVICE IN INPATIENT AND OUTPATIENT SETTING IN TAIWAN Wang YP1, Tseng JH2, Huang SY3 1Taipei Medical University – Shuang Ho Hospital, New Taipei City, New Taipei City, Taiwan, 2Taipei Medical University – Shuang Ho Hospital, New Taipei City, New Taipei City, Taiwan, 3Taipei Medical University – Shuang Ho Hospital, New Taipei City, New Taipei city, Taiwan OBJECTIVES: To identify approaches and to evaluate feasibility of implementing an warfarin service program involving pharmacists. METHODS: The pharmacy department worked with the medical staff to establish a warfarin service, including guidelines approval. Pharmacist-managed warfarin service was provided in neurology ward or for patients who were referred from physicians, and others remained standard care of anticoagulants. Data was collected for 3 months after the service implementation (March to May, 2011). Demographic and clinical characteristics as well as laboratory and clinical data were retrieved from institutional electronic databases and compared between the pharmacist-managed and standard-care cohort. Comparisons between study groups were conducted using a t-test or Fisher’s Exact test when categorical variables and a two sample t-test or Wilcoxon rank sum test when continuous variables. RESULTS: 281 patients were treated below the therapeutic INR range. 56 patients were not on warfarin, and 225 patients were on warfarin. 186 patients were on warfarin in pharmacist-managed arm, when compared to standard-care arm. There were also fewer number of patients never reaching the INR goal during the whole study period (83.7% vs. 46.1%, P = 0.52). None of major bleeding event occurred, however, one thrombotic event was observed in each arm. By intervention of pharmacists, possible adverse event varies depending on classes. SYSTEMATIC review literatures in Korea analyzing safety are impossible to choose because symptoms and frequency of adverse event varies depending on classes. Systematic review literatures in Korea evaluating efficacy of antihypertensive drugs were determined based on previous studies and opinions of experts. For proxy outcomes, Systolic Blood pressure and Diastolic Blood pressure were used in all-case mortality, cardiovascular morbidity, and cardiovascular morbidity were used as final outcomes. Proper criteria evaluating safety are impossible to choose because symptoms and frequency of adverse event varies depending on classes. Systematic review literatures in Korea and other countries were searched using databases such as PubMed, Cochrane, Embase, Center for Review & Dissemination, KMBase, and KoreaMed. In addition, 6 assessment reports from overseas health technology institutions and opinions of clinical experts were referenced. Finally, 7 literatures using proxy outcomes and 8 literatures using final outcomes were reviewed in previous description. Additional statistical analysis was not performed. RESULTS: On in-depth examination, there was no profound evidence depicting difference in proxy and final outcomes among classes and among ingredients in the same class. Results of 6 overviews technical reports aforementioned were the same as the ones of systematic reviews. Opinions of clinical experts confirmed the findings of in-depth examination in proxy outcomes adding that efficacy in final outcomes can be different depending on the co-morbidity status. CONCLUSIONS: It was not proven that a particular class or ingredient is superior to others. Therefore, it is expected that if reimbursement list is reorganized based on this result, improvement of public health and saving of health insurance finance is feasible without depriving the prescription rights of clinicians.

PCV9 META-ANALYSIS OF THE EFFICACY AND SAFETY OF STEVIOSIDE (FROM STEVIA REBAUDIANA BERTONI) IN BLOOD PRESSURE CONTROL IN PATIENTS WITH HYPERTENSIONPOOLUP N, Yongmeas T, Chuenchom C, Rachawat P, Boonsong R Department of Pharmacy, Faculty of Pharmacy, Silpakorn University, Muang, Nakhon Pathom, Thailand OBJECTIVES: Stevioside is a major constituent of the plant Stevia rebaudiana Bertoni (SRB). Its beneficial effect on human blood pressure has been demonstrated in many studies, with no significant adverse effects being reported. This meta-analysis was aimed to evaluate the efficacy and safety of stevioside against placebo in blood pressure control in hypertensive patients. METHODS: A systematic search for relevant studies was performed of the PubMed, ScienceDirect, Cochrane Library and Wiley Online Library databases from their respective inception until February 2012. The population for the included studies was also examined. Stevia rebaudiana Bertoni, stevioside, hypertension and randomized controlled trial were used as searching keywords. The studies were included if they: 1. were randomized controlled trials (RCTs) comparing stevioside from SRB with placebo in hypertensive patients. 2. reported on systolic blood pressure (SBP) and diastolic blood pressure (DBP). 3. were published in English. Data were pooled using the inverse variance-weighted method and statistical analyses were performed using the Review Manager (RevMan) version 5.1.4. RESULTS: Three RCTs involving altogether 280 patients were included in the analysis. Stevioside was found to be effective in reducing SBP, with no significant effect on DBP, compared to placebo. The pooled mean differences in SBP and DBP were -10.43 mmHg (95% CI: -12.15 to -8.72 mmHg, p < 0.01) and -6.67 mmHg (95% CI: -13.23 to -0.10 mmHg, p < 0.05), respectively. No significant difference in adverse events was reported between the two groups (OR: 1.32, 95% CI: 0.61 to 2.86). CONCLUSIONS: Our findings suggest the efficacy of stevioside in reducing SBP but not DBP in hypertensive patients. Additionally, stevioside was shown to produce no significant adverse events in this group of patients.

PCV10 ANALYSIS OF CONSUMPTION OF ACE INHIBITORS FUNDED BY REPUBLIC FUND OF HEALTH INSURANCE IN SERBIA IN 2009 Tomic Z1, Sabo A1, Milijasevic B1, Stilinovic N2 1Faculty of Medicine, University of Novi Sad, Novi Sad, Vojvodina, Serbia and Montenegro, 2Faculty of Medicine, University of Novi Sad, Novi Sad, Serbia and Montenegro OBJECTIVES: Cardiovascular diseases are the most frequent cause of morbidity and mortality in many countries. That explains why medications for the treatment of cardiovascular diseases are group of drugs with largest consumption, and ACE inhibitors take a large part in the consumption. The aim of this study was to analyze the consumption of prescribed ACE inhibitors, in Serbia during year 2009. METHODS: The data about the use of ACE inhibitors were obtained from the Republic Fund of Health Insurance of the Serbia (RFZO). RESULTS: Total consumption of ACE inhibitors in year 2009 was 176,29 DDD and total financial outlay was 59.772.897,11 €. The largest use of ACE inhibitors was for ramipril (78,32 DDD), fosinopril (20,09 DDD), ramipril (19,11 DDD) and cilazapril (14,19 DDD). The volume of consumption RFZO would save about 9.500.000,00 €. Conclusions: In Serbia, consumption of ACE inhibitors is as high as in Norway, but with the same structure of ACE inhibitors in Serbia in 2009 was as in Norway, but with the same RFZO would save about 9.500.000,00 € for plain ACE inhibitors. CONCLUSIONS: Viewed from the perspective of the RFZO, large financial savings would be saved if the structure of the utilized ACE inhibitors in Serbia was more similar to the country with developed pharmacotherapeutic practice.