in the use of generic drugs. It is possible that even patients who have continually been prescribed only generic drugs may switch to brand drugs when they reimburse. The purpose of this study was to clarify this switch of patients to whom generic drugs had been prescribed to brand Drugs using nationwide administrative data. METHODS: Using dispensation data of pharmacies on an annual basis from April 2004 to December 2004, we identified prescriptions for DM, Hypertension, and Hyperlipidemia. 1) We targeted patients prescribed only generic drugs between April and September each year, and who have dispensation records for three months or longer (e.g., these drugs were prescribed to the brand drug from October to March each year, this was defined as a drug switch. In terms of data analysis, we used SQL Server 2008 R2 for data handling and R for data analysis. RESULTS: From among the patients with diabetes (N=181,378), hypertension (343,188) and hyperlipidemia (343,188), those matching condition 1) in 2014 were patients with diabetes (N=44,533), hypertension (132,165) and hyperlipidemia (81,455). 31% of all patients were continually prescribed only generic. The switch from generic to Protected Brand was highest in the younger 40-50 year olds (p=0.05) than in the older patients. There was a higher rate of males (p=0.05). CONCLUSIONS: The results of this study showed that when promoting drug substitution to generic drugs as a policy for reducing medical costs, it is also necessary to consider measures to counteract the shift to brand drugs.

PCV165
PRESCRIPTION PATTERN OF ANTIHYPERTENSIVE AGENTS IN A TERTIARY CARE TEACHING HOSPITAL IN CENTRAL NEPAL
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OBJECTIVES: To study the pattern of prescription of antihypertensive agents among the patients visiting Cardiology department
METHODS: This is a cross sectional study conducted in collaboration with Department of Cardiology, College of Medical Science and Teaching Hospital, Bharatpur, Chitwan during the period of three months (1st January to 31st March 2015). All the patients attending the outpatient department of Cardiology and prescribed antihypertensive drugs were taken as sample.
RESULTS: Among the total 382 patients studied, the mean age was 58.53 ± 16.2 years. The most frequent combination was calcium channel blockers and diuretics (29.1%), followed by calcium channel blockers (18.2%) and angiotensin receptor antagonists (15.7%). The youngest patients were initiated on a 2nd line (15.3 years) and the shortest among those who were initiated to a NOAC. The median time to NOAC discontinuation/switch was 76 days, 4% were initially prescribed for heparin during the follow-up period (average duration of heparin treatment equal to 150 days) and combined VKA during the follow-up period. Four percent of included patients were initially prescribed for VKA and switched to heparin during the follow-up period (average duration of heparin treatment equal to 99 days) while 3% were initially prescribed for heparin (average duration of heparin treatment equal to 150 days) and combined VKA during the follow-up period. Sixty-five per cent of included patients were initially prescribed for VKA and combined heparin during the follow-up period (average duration of heparin treatment equal to 76 days), 4% were initially prescribed for heparin (average duration of heparin treatment equal to 150 days) and combined VKA during the follow-up period. Four patients (0.1%) included patients were initially prescribed for VKA and switched to heparin during the follow-up period (average duration of heparin treatment equal to 99 days) while 3% were initially prescribed for heparin (average duration of heparin treatment equal to 75 days) and switched to VKA during the follow-up period. CONCLUSIONS: Adherence with therapeutic guidelines in the treatment of venous thromboembolism and pulmonary embolism in clinical practice appeared unsatisfactory since a high percentage of patients are treated with heparins for time periods equal to 99 days) while 3% were initially prescribed for heparin (average duration of heparin treatment equal to 150 days) and combined VKA during the follow-up period. Sixty-five per cent of included patients were initially prescribed for VKA and combined heparin during the follow-up period (average duration of heparin treatment equal to 76 days), 4% were initially prescribed for heparin (average duration of heparin treatment equal to 150 days) and combined VKA during the follow-up period. Four patients (0.1%) included patients were initially prescribed for VKA and switched to heparin during the follow-up period (average duration of heparin treatment equal to 99 days) while 3% were initially prescribed for heparin (average duration of heparin treatment equal to 75 days) and switched to VKA during the follow-up period. CONCLUSIONS: Adherence with therapeutic guidelines in the treatment of venous thromboembolism and pulmonary embolism in clinical practice appeared unsatisfactory since a high percentage of patients are treated with heparins for time periods longer than recommended instead of switching to VKAs.

PCV167
ANTI-COAGULANT TREATMENT AFTER VTE IN THE NETHERLANDS
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OBJECTIVES: To describe initial anticoagulant treatment after venous thromboembolism (VTE) as recorded in electronic healthcare records and relate this to the underlying risk factors, guidelines and recurrence rates.
METHODS: From the PHARMO GP Database, patients with deep venous thrombosis (DVT) or pulmonary embolism (PE) in 2007-2011 were identified for whom out-patient pharmacy dispensions for other risk factors and type and duration of anticoagulant treatment (LMWH and/or VKA) within 90 days of diagnosis and recurrence of VTE were assessed. RESULTS: The study cohort included 1,581 VTE patients: 1,053 with DVT and 528 with PE. For 70-86% of the VTE patients, dispensations of anticoagulant treatment were observed within 30 days of VTE. In these patients dispensing of unprotected anticoagulant dispensions for patients whom both LMWH and VKA dispensings were observed was 3.5 months with provoked VTE and 3.7 months with unprovoked VTE. In these patients dispensing of unprotected anticoagulant treatment was 12 days. Recurrent VTE occurred mostly after discontinuation of anti-coagulant treatment. Longer dispensing durations were observed among patients without recurrence. CONCLUSIONS: Treatment failure as captured in observation was not necessarily related to non-compliance. The primary determinant of recurrence was best for patients initiating a NOAC as a 2nd line, and the shortest among patients initiating VKA as 1st line. As more patients are treated with NOACs in Spain, future research on treatment patterns should allow adjustment of persistence comparisons between OACs.

PCV168
PERSISTENCE TO VITAMIN K ANTAGONISTS (VKA) AND NOVEL ORAL ANTICOAGULANTS (NOACS) IN A NON-VALVULAR ATRIAL FIBRILLATION (NVAF): AN OBSERVATIONAL STUDY USING A COMPREHENSIVE REGIONAL DATABASE IN CATALONIA, SPAIN
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OBJECTIVES: To describe the initial anticoagulant treatment after venous thromboembolism and pulmonary embolism in clinical practice. From among the patients with diabetes (N=181,378), hypertension (343,188) and hyperlipidemia (343,188), those matching condition 1) in 2014 were patients with diabetes (N=44,533), hypertension (132,165) and hyperlipidemia (81,455). 31% of all patients were continually prescribed only generic. The switch from generic to Protected Brand was highest in the younger 40-50 year olds (p=0.05) than in the older patients. There was a higher rate of males (p=0.05). CONCLUSIONS: The results of this study showed that when promoting drug substitution to generic drugs as a policy for reducing medical costs, it is also necessary to consider measures to counteract the shift to brand drugs.