guidelines recommendations and positive effect of ACE inhibitors on hypertension control, the use of ACE inhibitors in hypertensive patients suffering from diabetes mellitus was suboptimal at Penang Hospital.

PCV20

DURATION OF ACTION OF ALISKIREN COMPARED TO ATENOLOL IN REDUCING THE IN-CLINIC AND AMBULATORY BLOOD PRESSURE IN HYPERTENSIVE PATIENTS WITH DIABETES – IMPLICATIONS FOR CONTROL OF BLOOD PRESSURE IN REAL-WORLD USE IN IMPERFECTIONS ADHERENT PATIENTS

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OBJECTIVES: To examine the geographic variation in the prevalence of critical limb ischemia (CLI) in the US elderly population. METHODS: Using national medical claims data from 2006 through 2008, all patients who were aged 65 years or older and diagnosed with CLI were identified. The direct standardization method was used to assess year, age, gender, race and diabetes status. Although approximately con-
stant prevalence of CLI was reported in Utah (less than 0.15%) and Maryland (greater than 0.30%), a progressively increasing prevalence of CLI was observed in Montana (2006: 0.149%, 2007: 0.163%, 2008: 0.277%) and Delaware (2006: 0.245%, 2007:0.247%, 2008: 0.330%) while progressively decreasing prevalence of CLI was observed in Arkansas, Colorado, Georgia, Ohio, Virginia and Washington. The total trend over 3 years followed the pattern of higher rates in eastern states and lower rates in western states. CONCLUSIONS: The spatial distribution of CLI prevalence is uneven and strongly suggests a geographic variation of CLI risk areas. Targeted prevention and treatment could help gain better control of CLI in the United States.

PCV23

CLOPIDOGREL AND STATIN PRESCRIBING PATTERNS IN ACS PATIENTS – AN OBSERVATIONAL STUDY USING LINKED SECONDARY AND PRIMARY CARE DATA IN A UK POPULATION 2003-2009

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OBJECTIVES: To use a novel linkage database to describe prescribing patterns in patients discharged from hospital with acute coronary syndrome (ACS) over a period of changing national guidelines. METHODS: Unique identifiers were used to link patients in a hospital registry (Myocardial Ischaemia National Audit Project), with long-term primary care data (General Practice Research Database). This retrospective observational study examined post-discharge prescribing patterns for unstable angina (UA), non-ST elevation myocardial infarction (NSTEMI) and ST elevation MI (STEMI). The population comprised patients ≥40 years, hospitalised for ACS in 2003-2009, discharged alive, with ≥$140000 clinical data. Patients were followed from discharge until death, or censoring. A patient was classified as discontinued if they had no further prescription within the duration of a prescription plus a grace period of 90 days. RESULTS: Of the 7,888 linked patients with at least one discharge diagnosis of UA, 6108 NSTEMI and 2915 STEMI. Overall 412(48%) UA, 2820(65%) NSTEMI and 1830(63%) STEMI patients were treated with clopidogrel in primary care within 3 months of discharge. The proportion of UA patients treated remained relatively stable over the study period (2003-47%, 2009-38%), in contrast prescribing increased in NSTEMI (2003 41%, 2009 78%) and STEMI patients (2003 24%, 2009 87%). Statin use was high in all three groups (79(5%) UA, 3609(88%) NSTEMI, 2784(66%) STEMI) and remained so throughout the study period. The median time until discontinuation of medicine was 10.8 months. DISCUSSION: A large number of patients were discharged with clopidogrel and ≥3 months of therapy. Patterns of discontinuation remained constant across all three study years. CONCLUSIONS: The proportion of patients with STEMI and NSTEMI treated with clopidogrel increased from 2003 to 2009, in line with national guideline recommendations. However there was no evidence that clinicians differentiated lengths of therapy by type of ACS.

PCV24

PHARMACOEPIDEMIOLOGY AND PHARMACOECONOMIC ASPECTS OF USE OF ACE INHIBITORS IN SERBIA COMPARED WITH MONTENEGRO IN 2009

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OBJECTIVES: The aim of the study was to analyze use of ACE inhibitors in Serbia compared with Montenegro in year 2009. METHODS: Data about use of ACE inhibitors in Serbia and in Montenegro taken from Republic Institute for Health Insurance from Serbia and from Health Service Fund of Montenegro. RESULTS: Use of ACE inhibitors was 3.56% in Serbia and 2.17% in Montenegro. The use of ACE inhibitors in Serbia in 2009 was 179,26 DDD/1000 inh/day and in Montenegro was 83.32 DDD/1000 inh/day. In Serbia 5,977,289,00 € was spent for ACE inhibitors and in Montenegro 2,488,464,95 €. In Serbia on the first place was enalapril with 78,32 DDD/1000 inh/day or 44,43%, on the second place fosinopril with 20,09 DDD/1000 inh/day or 11,40%, while on the third place is ramipril with 19,11 DDD/1000 inh/day or 10,84% of total drug utilization in this subgroup. Amount spent on enalapril was 1,717,416,00 € or 28,73%, on fosinopril 1,116,972,00 € or 18,69%, and on ramipril 470,937,00 € or 7,88% of total finances spent on this subgroup C09 in year 2009. In Montenegro on the first place is lisinopril and hydrochlorothiazide with 19,62 DDD/1000 inh/day or 23,55%, on the second place are fosinopril and hydrochlorothiazide with 12,77 DDD/1000 inh/day or 15,33%, while on the third place is fosinopril with 11,92 DDD/1000 inh/day or 14,31% of total drug utilization inside this subgroup. Money spent on lisinopril and hydro-
chlorothiazide are 425,547,30 € or 17,10%, on fosinopril and hydrochlorothiazide 762,333,74 € or 30,63%, and on fosinopril 533,307,43 € or 21,43% of total finances spent on this subgroup C09 in the year 2009. CONCLUSIONS: Comparing the consumption of ACE inhibitors in Serbia and Montenegro in the year 2009, it becomes clear that the combination of ACE inhibitors with diuretics is most frequently used in Montenegro, while in Serbia the use of this combination is on the fifth place in this group of drugs.

PCV25

CHARACTERISING PATIENTS WITH A FIRST-TIME ADMISSION FOR ATRIAL FIBRILLATION IN THE UNITED KINGDOM

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OBJECTIVES: To characterise patients with atrial fibrillation (AF) in a UK secondary care centre. METHODS: Eligible patients admitted to Llandough Hospital (Cardiff, UK) as an emergency with AF (CCD10 code: I48X), and discharged between 1/10/2009