OBJECTIVES: To evaluate the relationship between admitting (non-fasting) blood glucose and in-hospital mortality stratified by diabetes mellitus among acute coronary syndrome patients in Oman.

Panduranga P1, Sulaiman K1, Al-Zakwani IS2
1Royal Hospital, Muscat, Oman, 2Sultan Qaboos University, Muscat, Oman

OBJECTIVES: To evaluate the relationship between admitting (non-fasting) blood glucose and in-hospital mortality in patients presenting with acute coronary syndrome (ACS) in Oman. METHODS: Data were analyzed from 1551 consecutive patients admitted to 15 hospitals throughout Oman with the final diagnosis of ACS during January to June 2007, as part of Gulf RACE study. Results: Out of 98,121 patients, 860 had VTE. The age-adjusted rate for total and secondary VTE was 73 and 54 per 10,000 admissions, respectively. Incidence of VTE increased with age, and was higher in females. Total VTE rates for Caucasians and Eurasians were 241 and 122 per 10,000 admissions, respectively. Rates for Chinese, Malays and Indians were 91, 100 and 62 per 10,000 admissions, respectively. Secondary VTE rates for Caucasians and Eurasians were 201 and 122 per 10,000 admissions, respectively, while rates for Chinese, Malays and Indians were 71, 74 and 43 per 10,000, respectively. CONCLUSIONS: The incidence of secondary VTE may be at least 40% lower for Asians compared to Caucasians and Eurasians. Improvements in VTE risk assessment will lead to more targeted prophylaxis, thus resulting in more acceptable and cost-effective care.

PCV16 CARDIOVASCULAR RISK FACTORS AMONG HISPANIC AND NON-HISPANIC WHITE ADULTS IN THE UNITED STATES

McDonald PL1, Lustik MB2
1PCORI, New York, NY, USA, 2Science Applications International Corporation, Reston, VA, USA

OBJECTIVES: Current prevalence of cardiovascular risk factors are lacking among Hispanic adults. This study contributes to our knowledge by examining current national estimates for hypertension, high cholesterol, diabetes and obesity among Hispanic and non-Hispanic white adults aged 20 years and older, by gender and age group. METHODS: Cross-sectional observational study design. Analysis of adults 20 years and older surveyed in the Behavioral Risk Factor Surveillance System (BRFSS) 2006, 2007, 2008, 2009, 2010 and 2011, and years without data availability. RESULTS: Among Hispanic adults (28.8 million), the age-adjusted prevalence of hypertension is 26.3%, similar to the 27.2% prevalence among the 149.5 million white adults. Diabetes is significantly more prevalent among Hispanics (13% vs. 7%). Hispanic women have nearly twice the rate of diabetes as white women, (13% vs. 7%), and Hispanics aged 65 years and older have a significantly higher prevalence of diabetes than older, white adults (30% vs. 17%). High cholesterol is equivalently prevalent in Hispanic and white adults, 36% and 35%, respectively. Obesity rates for Hispanic adults aged 20-39, 40-64, and 65+ are 27%, 38%, and 28%, respectively. Obesity rates for non-Hispanic white adults aged 20-39, 40-64, and 65+ are 24%, 29%, and 22%, respectively (p < 0.001 for all obesity differences). CONCLUSIONS: Age-adjusted prevalence rates of hypertension and high cholesterol are similar among Hispanic and non-Hispanic white adults. The prevalence of diabetes and obesity is significantly higher in the Hispanic population, disproportionately affecting women and older adults. Effective approaches are needed to reduce these health disparities.

PCV17 VENOUS THROMBOEMBOLISM IN THE SINGAPOREAN POPULATION—THE NEED TO REVISIT RISK ASSESSMENT TOOLS FOR PROPHYLAXIS

Maddis IAD1, Hong BL2
1National Healthcare Group, Singapore, Singapore, Singapore

OBJECTIVES: The identification of risk factors for venous thromboembolism (VTE) has led to the establishment of standards of prevention and care in many Western countries. Despite the growing evidence of lower VTE risk among Asians, risk assessment tools used in North America and Europe do not take this into consideration. This study describes the incidence of VTE among Asians, Caucasians and Eurasians in Singapore.

METHODS: This is a cross-sectional study using data from the Operations Data Store (ODS) administrative database of the National Healthcare Group (NHG) Singapore. Total admissions, cases of VTE and demographic characteristics of patients admitted to the 3 acute care hospitals of NHG in 2006 were obtained from the ODS. A diagnosis of VTE was based on the ICD-9-CM code assigned to the patient. Age and gender-specific rates, as well as incidence of overall and secondary VTE (cases which developed during admission) among Asians, Caucasians and Eurasians was estimated. RESULTS: Out of 98,121 patients, 860 had VTE. The age-adjusted rate for total and secondary VTE was 73 and 54 per 10,000 admissions, respectively. Incidence of VTE increased with age, and was higher in females. Total VTE rates for Caucasians and Eurasians were 241 and 122 per 10,000 admissions, respectively. Rates for Chinese, Malays and Indians were 91, 100 and 62 per 10,000 admissions, respectively. Secondary VTE rates for Caucasians and Eurasians were 201 and 122 per 10,000 admissions, respectively, while rates for Chinese, Malays and Indians were 71, 74 and 43 per 10,000, respectively. CONCLUSIONS: The incidence of secondary VTE may be at least 40% lower for Asians compared to Caucasians and Eurasians. Improvements in VTE risk assessment will lead to more targeted prophylaxis, thus resulting in more acceptable and cost-effective care.

PCV18 RELATIONSHIP BETWEEN ADMITTING (NON-FASTING) BLOOD Glucose AND IN-HOSPITAL MORTALITY STRATIFIED BY DIABETES MELLITUS AMONG ACUTE CORONARY SYNDROME PATIENTS IN OMAN

Panduranga P1, Sulaiman K1, Al-Zakwani IS2
1Royal Hospital, Muscat, Oman, 2Sultan Qaboos University, Muscat, Oman

OBJECTIVES: To evaluate the relationship between admitting (non-fasting) blood glucose and in-hospital mortality in patients presenting with acute coronary syndrome (ACS) in Oman. METHODS: Data were analyzed from 1551 consecutive patients admitted to 15 hospitals throughout Oman with the final diagnosis of ACS during January to June 2007, as part of Gulf RACE study. Admitting blood glucose was divided into four groups; namely, euglycemia (<7 mmol/l), mild hyperglycemia (7 to <11 mmol/l), moderate hyperglycemia (≥11 to <18 mmol/l), and severe hyperglycemia (≥18 mmol/l). Analyses were performed using descriptive and multivariate statistical techniques. RESULTS: Thirty-eight percent (n = 584) and 62% (n = 967) of the patients were documented with and without a history of diabetes mellitus, respectively. In non-diabetic ACS patients, there was a near linear relationship between admitting blood glucose and in-hospital mortality. Non-diabetic patients with severe hyperglycemia were associated with significantly higher in-hospital mortality compared to those with euglycemia (13.1% vs 15.2%; p < 0.001), mild hyperglycemia (13.1% vs 3.62%; p = 0.003) and even moderate hyperglycemia (13.1% vs 4.17%; p = 0.034). Even after multivariate adjustment, severe hyperglycemia was still associated with higher in-hospital mortality when compared to both euglycemia (odds ratio (OR), 6.3; p < 0.001) and mild hyperglycemia (OR, 3.42; p = 0.011). No significant relationship was noted between admitting blood glucose and in-hospital mortality among diabetic ACS patients even after multivariable adjustment (all p-values >0.05). CONCLUSIONS: Admission hyperglycemia is common in ACS patients and is associated with higher in-hospital mortality among those patients with previously untreated diabetes mellitus.

PCV19 THE PUERTO RICO CARDIOVASCULAR RISK ESTIMATION STUDY (PCARES): AN EXPLORATORY ASSESSMENT OF NEW PATIENTS IN PHYSICIANS’ OFFICES

Mandala HD1, Renna A1, Dones W1, Cidre C1, Comulada AL1, Orene JC2
1MSD Caribbean, Carolina, PR, USA, 2Conaway Renta y Asociados, San Juan, PR, USA

OBJECTIVES: Admission hyperglycemia is common in ACS patients and is associated with higher in-hospital mortality among those patients with previously untreated diabetes mellitus. This is a cross-sectional study using data from the Operation of the recommended amount of fruits and vegetables. Smoking rates were generally lower in the Appalachian region. When compared within each individual state, obesity rates were significantly higher in the Appalachian portion compared to the non-Appalachian region. When compared within each individual state, obesity rates were significantly higher in the Appalachian region compared to the non-Appalachian portion in seven states. Overall, fewer respondents participated in leisure time physical activity in the Appalachian region, and this trend held in eight states. Respondents in the Appalachian region were less likely to eat five or more servings of fruits/vegetables per day, and this trend held in nine states. Finally, more subjects reported smoking every day in the Appalachian region, which held true in ten states. Gender differences in the Appalachian region mirrored the trends in non-Appalachian areas. Prevalence of physical inactivity, low intake of fruit and vegetables, and smoking in the Appalachian portions of states was compared to that in the non-Appalachian portions. Chi square tests were utilized to test for significant differences.

PCV40 HEALTH DISPARITIES IN MODIFIABLE RISK FACTORS FOR CORONARY HEART DISEASE: A COMPARISON OF APPALACHIAN TO NON-APPALACHIAN PORTIONS OF APPALACHIAN STATES

Ricks KB1, Havercamp J2
1West Virginia University School of Pharmacy, Morgantown, WV, USA, 2West Virginia University, Morgantown, WV, USA

OBJECTIVES: To determine if there are geographic disparities in behavioral risk factors for coronary heart disease in Appalachian versus non-Appalachian portions of Appalachian states. METHODS: Using Behavioral Risk Factor Surveillance System (BRFSS) data from 2000 to 2005, county codes were utilized to identify resident locations for 1,567,206 respondents residing in states that are located partly (twelve states) or entirely (one state) within the Appalachian region, as designated by the Appalachian Regional Commission. Prevalence of modifiable risk factors of cardiovascular disease (obesity, physical inactivity, low intake of fruit and vegetables, and smoking) in the Appalachian portions of states was compared to that in the non-Appalachian portions. Chi square tests were utilized to test for significant differences.

PCV41 A DECADE OF STATIN LABORATORY TEST MONITORING IN THE UNITED STATES (1997-2007): A COHORT STUDY

Shukla JP1, Anderson HD2, Valuck RJ2
1University of Colorado Denver, Aurora, CO, USA

OBJECTIVES: The objective of this study was to explore rates of baseline and follow-up liver enzyme and baseline creatine kinase (CK) testing in new statin users. METHODS: The PharMetrics Integrated Outcomes Database was used to obtain