PCV44
ASSOCIATION BETWEEN BASELINE SOCIO-DEMOGRAPHIC AND CLINICAL CHARACTERISTICS AND TOTAL ANNUAL COST OF PATIENTS SUBMITTED TO CRMDS IMPLANTATION
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OBJECTIVES: To study the association between baseline socio-demographic and clinical characteristics and total annual follow up cost of unselected patients subject- ed CRMDS implantation in a real-world setting. METHODS: A single-centre, prospective study was conducted for one year’s period. In total, 464 consecutive patients were recruited (370 were subjected to PM implantation initial or replace- ment and 94 to ICD implantation initial or replacement). The baseline collected data encompassed: socio-demographic characteristics, measurements of anthropometric and clinical characteristics, medical history, medications used before enrolment, reasons for enrolment in the study and QoL assessed by the EUROQOL EQ-SD Questionnaire. Resource data were assessed at 6 and 12 months after the procedure of implantation. Then, the components of cost were calculated using the bottom-up approach. RESULTS: The average annual cost of patients aged over 65 years old, with hypertension, and hypercholesterolaemia in 2008 was €4,156 (95% CI: €2,044–€6,258). Between 1/1/2008–12/31/2009. Patients were required to have insurance coverage and medical history, medications used before the enrolment. The generalized linear model indicated that among the variables considered, only the presence of hypertensive vaso- dilitation (HRVD) in Japan.

PCV47
DISCONTINUATION/INTERRUPTION OF WARFARIN THERAPY IN PATIENTS WITH NON-VALVULAR ATRIAL FIBRILLATION
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OBJECTIVES: The purpose of this study was to assess patterns and predictors of warfarin persistence, discontinuation, and interruption among patients with non-valvular atrial fibrillation (NVAF). METHODS: This study used the MarketScan Database (1/1/2007–12/31/2009) to identify patients with atrial fibrillation (AF) and chronic hypertension from a regional hospital in eastern Taiwan were enrolled in this study. Using a cross-sectional study, BP was measured and structured questionnaires were used to collect data. Descriptive statistics were calculated for all meas- urements. Sensitivity analyses were conducted to assess robustness of results by sex, prescription gaps ≥30 days, and 10 days before. Within 12 months of warfarin initiation, 6,241 (44.8%) patients were persistent with warfarin, 6,895 (11.8%) had interruption, and 25,457 (43.4%) had discontinuation with or without interruption. The risk of warfarin interruption in a year’s duration was significantly higher in patients that were younger than 65 years (hazard ratio [HR]: 1.22, 95% confidence interval [CI]: 1.19–1.25), lived in the West (HR: 1.07, 95% CI: 1.03–1.11), had anemia (HR: 1.10, 95% CI: 1.06–1.14), experienced bleeding episodes (HR: 1.10, 95% CI: 1.06–1.14), were hospitalized or had emergency room visits (HR: 1.11, 95% CI: 1.08–1.13), or had higher Charlson Comorbidity Index (HR: 1.91, 95% CI: 1.01–2.03). The significant factors associated with interruption/discontinuation were consistent in the sensitivity analyses. CONCLUSIONS: In the usual clinical practice setting, more than 50% of patients continued or interrupted warfarin within one year after initiation. Age <65 years, multiple medical conditions, and previous hospital and ER visits were associated with increased risk of interruption/discontinuation. Given the patient population, healthcare providers should take a more active role in understanding and addressing the reasons behind patient non-persistence.

PCV48
PHARMACARE PATIENTS OF CHRONIC DISEASES WITH POLYPHARMACY AND COST SAVING
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OBJECTIVES: the polypharmacy were incidence increase risk of drug-drug interac- tions, especially suffer from elderly and chronic disease such as age greater than 65 years old, chronic kidney dysfunction, cardiovascular disease and cancers are significant. To evaluate the cost-effectiveness of consultations by pharmacists based within primary care polypharmacy in chronic disease. METHODS: In order to avoid duplication and waste treatment drugs, the plan is to be Pharmaceutical Care System and to search medication information at Department of National Health Insurance Virtual Private Cloud (VPC). We were identifying potential duplicate medi- cations with polypharmacy, and to evaluate pharmacist consultations on health service use outcome. The study subjects were identified based on inappropriate prescriptions of duplicate medications, drug-drug interactions, or over- dosages. For the pharmacy test was used for pharmacist consultations on health service and cost-effectiveness of data analysis. RESULTS: A total of 68 patients on health service with pharmacist consultations were included in this study. The total direct medical costs for 24 patients were assessed using US$1,448 dollars and improved polypharmacy related adverse reaction. CONCLUSIONS: To develop pharmacist consultations on health service is helpful of increase communication and interaction with the professional skills of pharmacists and physicians to achieve consensus professional and is likely to save costs.

PCV49
DETERMINATION OF PHARMACARE ON THE QUALITY OF LIFE IN THE PATIENTS OF CORONARY ARTERY DISEASE
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OBJECTIVES: To determine the quality of life of the patients who underwent angioplasty patients. METHODS: This was a open labelled, randomized control conducted at Kasturba Hospital, Manipal, Karnataka, India. Patients admitted in

CARDIOVASCULAR DISORDERS – Patient-Reported Outcomes & Patient Preference Studies
PCV45
AN EVALUATION OF MEDICATION ADHERENCE IN HYPERTENSIVE PATIENTS USING THE THEORY OF PLANNED BEHAVIOR
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OBJECTIVES: Uncontrolled blood pressure (BP) attributed to medication non-adhere- nce may increase the risk of complications and death. Predicting hypertensive patients’ medication adherence, therefore, is an important factor. The theory of planned behavior (TPB) proposes that the hypertensive patient's attitude, subjective norm, and perceived behavioral control predict intention to perform behavior, leading to predicted medication adherence. METHODS: The study included hypertensive chronic hypertension from a regional hospital in eastern Taiwan were enrolled in this study. Using a cross-sectional study, BP was measured and structured questionnaires were used to collect data. Descriptive statistics were calculated for all meas- urements. Sensitivity analyses were conducted to assess robustness of results by sex, prescription gaps ≥30 days, and 10 days before. Within 12 months of warfarin initiation, 6,241 (44.8%) patients were persistent with warfarin, 6,895 (11.8%) had interruption, and 25,457 (43.4%) had discontinuation with or without interruption. The risk of warfarin interruption in a year’s duration was significantly higher in patients that were younger than 65 years (hazard ratio [HR]: 1.22, 95% confidence interval [CI]: 1.19–1.25), lived in the West (HR: 1.07, 95% CI: 1.03–1.11), had anemia (HR: 1.10, 95% CI: 1.06–1.14), experienced bleeding episodes (HR: 1.10, 95% CI: 1.06–1.14), were hospitalized or had emergency room visits (HR: 1.11, 95% CI: 1.08–1.13), or had higher Charlson Comorbidity Index (HR: 1.91, 95% CI: 1.01–2.03). The significant factors associated with interruption/discontinuation were consistent in the sensitivity analyses. CONCLUSIONS: In the usual clinical practice setting, more than 50% of patients continued or interrupted warfarin within one year after initiation. Age <65 years, multiple medical conditions, and previous hospital and ER visits were associated with increased risk of interruption/discontinuation. Given the patient population, healthcare providers should take a more active role in understanding and addressing the reasons behind patient non-persistence.
Obesity is reported to be underlieing cause of metabolic syndrome and associated with hypertension and diabetes. A BMI (body mass index) of more than 30 places individuals in obese category. Majority of urban Indian population is categorized as overweight (BMI greater than 25). A sedentary lifestyle and lack of exercise causes belly fat accumulation which is reported to be a risk factor for metabolic diseases. METHODS: In this study, we have categorized middle class Indian population (test subjects) residing in metropolitan Delhi area into different age groups (11-20, 21-30, 31-40, 41-50, 51-60 and 60 and above) and recorded BMI and degree of belly fat present (no excess belly fat, small, medium and high). Our data shows that ages 11-20 and 21-30 show normal BMI and lower cases of accumulated belly fat whereas there is a significant increase (50%) in BMI and presence of belly fat in age-group 31-40 and above. We also recorded presence of obesity related metabolic disorders such as diabetes and hypertension in the above mentioned age groups. RESULTS: Test subjects in all age groups with BMI > 25 (over-weight and obese) recorded presence of related disorders (39-40% in overweight and obese classes) in prevalent metabolic diseases with higher BMI were hypertension, diabetes, and joint pain in decreasing order. CONCLUSIONS: The sudden increase in obesity related factors is a matter of concern in the age group of 30 and above. We conclude that decrease in physical activity and sedentary lifestyle is the cause of belly fat accumulation and onset of obesity which results in metabolic diseases such as hypertension and diabetes. This information is most relevant for social awareness about obesity among middle class Indian population and through this study, it has been possible to alert the test subjects about risk of associated disorders.

PCV51 MENTAL COMPONENT OF THE QUALITY OF LIFE INCREASED ACCORDING TO THE LEVEL OF OBESITY

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OBJECTIVES: Obesity was said to be one of the important risks for mortality. In China, obesity has been reported in the association between obesity and quality of life. The study provides a finding in the question using a cross-sectional survey conducted in China. METHODS: A total of 1,281 hypertensive residents in China aged 35 years or older were included in the analysis. The short-form 36 (SF-36) was used to measure the quality of life. It consisted of physical and mental domains. The highest score was 100 and 0 for the lowest in each domain. Level of obesity was classified using body mass index (BMI), namely, lean (<18.5), normal (18.5–24), overweight (24.5–28), obese (over 28) according to the Chinese classification. Means of physical and mental domains were calculated for the degree of obesity, adjusted for age, gender, marital status, education level, and exercise habits. Difference in quality of life among the levels of obesity was tested by the analysis of variance. RESULTS: There were lean (n=34), normal (n=531), overweight (n=521), obese (195) subjects with hypertension. Men occupied 53% and 57% for aged 60 years or older. Significant risk factors lowering the quality of life were women, elderly, low education and exercise. Adjusted mean (standard error) of physical domain was 64±3.3 (lean) vs 70±1.2 (normal), 71±1.2 (overweight), 71±1.6 (obese), where the p-value was 0.17. Whereas, the adjusted mean of mental domain was 69±3.3 (lean), 72±1.1 (normal), 76±1.6 (overweight), 76±1.6 (obese), where the p-value was 0.018. CONCLUSIONS: A significant increase in the mental component of quality of life was found according to the level of obesity, however no trend was observed in the physical component.

PCV52 TREATMENT AND MONITORING OF VENOUS THROMBOEMBOLISM (VTE) AMONG HOSPITALIZED PATIENTS IN CHINA

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OBJECTIVES: Despite increasing prevalence of venous thromboembolism (VTE) in China, real-world use of anticoagulants in clinical practice is not well understood. This study aims to assess the use of anticoagulants among hospitalized VTE patients in China. METHODS: Hospitalizations with a diagnosis of VTE (including deep vein thrombosis (DVT) or pulmonary embolism (PE)) between January 2008 and June 2012 were used. Diagnostic codes were identified from electronic medical record database containing 100% inpatient records from two tertiary hospitals in two major cities. Analyses were performed to describe anticoagulant treatment among all VTE-related hospitalizations and international normalized ratio (INR) monitoring among anticoagulant hospitalizations which were used for the study. Multivariate regressions were performed to assess factors associated with oral anticoagulant use, including type of VTE, patient demographics, comorbidities, insurance status, VTE diagnosis type, admission reason, and hospital preventive care measures. RESULTS: A total of 1,047 VTE-related hospitalizations, mean age at hospitalization was 62.4 years, 51.4% of hospitalizations occurred to men, and 77.1% were VTE-related hospitalizations. About 46.5% hospitalizations used heparin only, 35.5% used warfarin (without heparin), 0.8% used rivaroxaban, and 18.0% did not use any anticoagulant. Among hospitalizations where warfarin was used, 90.8% received at least one INR test before discharge; among hospitalizations with INR results available, 30.0% had the last INR during the 6 months following the PCI. DISCUSSION: Pe and et al (J Thromb Thrombolysis 2010; 213) found 16.0% hyperlipidemic pancreatitis, and 9.2% chronic kidney disease. 52.9% of patients in China were at the optimal goal of INR. 100 mg/dl. (2.0). The 30.1%-48.5% of the total medications used for CIHD, the highest score was 100 and 0 for the lowest in each domain. Level of obesity was classified using body mass index (BMI), namely, lean (<18.5), normal (18.5–24), overweight (24.5–28), obese (over 28) according to the Chinese classification. Means of physical and mental domains were calculated for the degree of obesity, adjusted for age, gender, marital status, education level, and exercise habits. Difference in quality of life among the levels of obesity was tested by the analysis of variance. RESULTS: There were lean (n=34), normal (n=531), overweight (n=521), obese (195) subjects with hypertension. Men occupied 53% and 57% for aged 60 years or older. Significant risk factors lowering the quality of life were women, elderly, low education and exercise. Adjusted mean (standard error) of physical domain was 64±3.3 (lean) vs 70±1.2 (normal), 71±1.2 (overweight), 71±1.6 (obese), where the p-value was 0.17. Whereas, the adjusted mean of mental domain was 69±3.3 (lean), 72±1.1 (normal), 76±1.6 (overweight), 76±1.6 (obese), where the p-value was 0.018. CONCLUSIONS: A significant increase in the mental component of quality of life was found according to the level of obesity, however no trend was observed in the physical component.

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PCV53 DRUG UTILIZATION RESEARCH IN GERIATRIC PATIENTS WITH CHRONIC ISCHEMIC HEART DISEASE

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OBJECTIVES: Study potentially inappropriate drug use of geriatrics and medications, which were used for the 65 years and older in-patients, with chronic ischemic heart disease, of some tertiary level hospitals. METHODS: The retrospective study involved 65 and over aged 638 in-patients within target therapeutic range (2 to 3). Diagnosis of PE (PE, DVT), female, cardiovascular as ordering department, having surgical procedures, comorbidity of chronic pulmonary disorder, and VTE as primary diagnosis were significantly associated with higher oral anticoagulant use (all p < 0.05). CONCLUSIONS: In China, use of innovative oral anticoagulants is limited among hospitalized VTE patients. Under-monitoring and suboptimal care may be an issue for hospitalized patients treated with warfarin. These findings reveal gaps in clinical practice and unmet needs among hospitalized patients with VTE in China.

PCV54 LIPID CONTROL AFTER PERCUTANEOUS CORONARY INTERVENTION (PCI) IN CHINA


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OBJECTIVES: Lipid control is crucial in patients undergoing percutaneous coronary intervention (PCI). Lipid guidelines recommend that all patients with coronary heart disease should have low density lipoproteins cholesterol (LDL-C) goals to be < 100 mg/dl with the ideal therapeutic option < 70 mg/dl. The primary objective of this research was to evaluate the success rate of lipid control during the six months after PCI. METHODS: A retrospective study was conducted to a representative study on all patients who underwent PCI at a large urban hospital in Shanghai, China from 5/2010 to 6/2011. Patients who had lipid measures at 30-day or 180-day follow-ups were included in the analysis. Percentages of patients that achieved LDL-C treatment goals of < 100 and < 70 were assessed, respectively. Statin use was also reported. RESULTS: A total of 119 patients (82.4% male) were included in this analysis. The mean age was 64 years (range 40 to 90). Overall, 68.5% of patients had basal LDL-C > 100 mg/dl and 48% hypertension, 22.7% previous myocardial infarction, 16.0% hypothyroidism, and 9.2% chronic kidney disease. 52.9% of patients were active smokers or previously smoked and PCI was not the first time for 10.7% of patients. After PCI, all patients were on statins. Among all patients at 180-day follow-up, reported use of statins. The proportion of patients meeting minimum LDL-C goal (< 100) decreased slightly from 69.1% at 30-day follow-up to 67.9% at 180-day follow-up; the percentage of patients meeting ideal LDL-C goal (< 70) decreased substantially from 30.5% to 23.5% among all patients, and from 43.4% to 32.1% (p < 0.05) among male aged 60 years or older. CONCLUSIONS: Despite statin treatment, at least 30% of patients were not at the recommended LDL-C goal of < 100 mg/dl six months post PCI and only one quarter of these high risk patients were at the optimal goal of < 70 mg/dl.