

are consistent with general clinical prescribing patterns and comparable efficacy of statins. Patients treated with atorvastatin are least likely to be influenced by copayment than patients using other statins.

CARDIOVASCULAR DISEASES/DISORDERS— Healthcare Policy

PCV50

EVALUATION OF NITRATE PRESCRIPTION PATTERNS AMONG PHYSICIANS FROM DIFFERENT SPECIALITIES IN ISRAEL

Reuveni H, Preis M, Elhayani A, Lifshitz M, Peled R
Ben Gurion University, Beer Sheva, Israel

OBJECTIVES: Nitrates are the treatment of choice for angina pectoris. Isosorbide dinitrate (Id) has the same clinical effect and is less costly than isosorbide mononitrate (Im). Id is the recommended treatment of choice for angina pectoris in Israel and Britain. An early study shows very low prescription rate of Id versus Im in Israel. This study characterizes factors affecting nitrate prescription patterns among specialist doctors in Israel. **METHODS:** One hundred nine specialists (cardiologists, internists, family physicians) were requested to answer an anonymous questionnaire about the treatment of choice for a case of a stable angina patient. Questions included the following parameters: knowledge regarding effectiveness/safety/cost, prescription preference, drug promotion effect, awareness of clinical guidelines. **RESULTS:** Twenty-one cardiologists, 29 internists, 39 family physicians were interviewed. Of all doctors only 26.7% stated that they prescribe dinitrates. 44.4% do not know of any difference between drugs, and they prescribe mononitrates out of habit. Family physicians prescribe dinitrates eight-fold compared to cardiologists. 62.9% stated the drug's price does affect their decision-making. 32% didn't receive any guidelines regarding the preferred treatment for angina pectoris. **CONCLUSIONS:** Relatively high awareness to clinical guidelines favoring Isosorbide dinitrate for treatment of angina is contradictory to the over prescription of mononitrates. Cardiologists in particular believe that mononitrates are more effective than dinitrates. Even physicians who know that there is no difference between the drugs explain their prescription pattern is based on clinical experience and out of habit. Awareness to drug prices did not influence prescription patterns toward less costly drugs. Most doctors who received guidelines for treatment of angina didn't follow their recommendations. This study provides the "proof of concept" that the prescription habits toward mononitrates are a waste of scarce resources. Further intervention and cost effectiveness studies are needed to explore the effects of over prescription of mononitrates.

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POSSIBILITIES OF NEW TECHNOLOGIES AMONG PATIENTS WITH HYPERTENSION: FEASIBILITY AND ACCEPTANCE OF AN EDUCATIVE INTERVENTION THROUGH SHORT MESSAGES TO THE PATIENT'S CELLULAR PHONE

De la Figuera M¹, Márquez E², Ruilope LM³, Figueras M⁴, Ylla-Català A⁴, Balaña M⁵, Naval J⁶

¹ABS La Mina, Grupo Cumplimiento SEHLELHA, Barcelona, Spain; ²C.S. La Orden, Grupo Cumplimiento SEHLELHA, Huelva, Spain; ³Hospital 12 de Octubre. SEHLELHA, Madrid, Spain; ⁴Excelent, Barcelona, Spain; ⁵Excelent Farma, Barcelona, Spain; ⁶Infoscienza, S.L, Barcelona, Spain

OBJECTIVES: A descriptive study of the general interest in educative programs using new technologies (Internet for example) and a pilot-trial to demonstrate the feasibility and acceptance of a specific education program based in short messages (SMS) in the cellular phone to improve drug compliance have been carried out among hypertensive patients (HTP) in Spain. **METHODS:** Descriptive data were collected among HTP using a self-administered questionnaire. For the pilot-trial, 30 primary care investigators were randomized to Control or Intervention Group. Each investigator recruited four HTP. Availability of a cellular phone was an inclusion criteria for all patients. Investigators of the Intervention Group registered their patients in a free SMS service, after informed consent. Patients in this group received two short messages per week, addressing issues related with compliance and health habits. All the patients in the Intervention group received the messages during 24 weeks. **RESULTS:** Two thousand three hundred sixty-three surveys were collected in the descriptive study. 27% of HTP were Internet users; 56% of the HTP would visit a web page dedicated to HT, 50% would consult with their doctors through the Internet, and 43.5% would be willing to receive health messages in their cellular phones. 120 HTP were willing to participate in the pilot trial. The mean age was 60,2 in Control Group and 55,9 in Intervention Group (differences not significant). The messages to the cellular phone were well accepted by investigators and patients along the scheduled period (24 weeks). **CONCLUSIONS:** The use of SMSs seems to be a useful tool for educational programs, especially because cellular phone is an increasingly popular communications system. As the SMS becomes more affordable, it would be convenient to explore in more detail its effectiveness in health outcomes, specifically regarding compliance.