RESERCH POSTER PRESENTATIONS – SESSION II

CARDIOVASCULAR DISEASES – Clinical Outcomes Studies

PCV1
INCIDENT AND RISK OF CARDIOTOXICITY INDUCED BY SUNITINIB IN PATIENTS WITH RENAL CELL CARCINOMA: A POPULATION-BASED CASE-CONTROL STUDY IN CHINESE POPULATION
Chen AL, Leung HW

An-Nan Hospital-China Medical University, Taichung, Taiwan

OBJECTIVES: This study aimed to evaluate the incidence and risk of cardiotoxicity induced by sunitinib for patients with renal cell carcinoma. METHODS: This was a population-based case-control study that analyzed data obtained from the Taiwan National Health Insurance Research Database between 1 January 2000 and 31 December 2010. Patients with renal cell carcinoma treated with sunitinib were included. Patients who were aged ≥18 years and had a first diagnosis of cardiovascular events induced by sunitinib in outpatient and inpatient settings, and matched to randomly selected controls by age, sex, and index date. Hazard ratios (HRs) were used to quantify the risk of cardiovascular events by conditional logistic regression. RESULTS: Overall, 187 patients with the diagnosis of Renal Cell Carcinoma (RCC) were retrieved from the database. A total of 17 patients treated with sunitinib as a case group and 170 patients did not treated with sunitinib as a control group. We found no significant difference in incidence of cardiotoxicity between the sunitinib cases and controls in the variables of diabetes, dyslipidemia and chronic periodontitis during 4-years follow-up. However, there was an increased incidence of hypertension (mean: 17.1% vs. 13.0-10.3%) and last clinic visit hazard ratio analysis (HR: 4.19 95% CI 1.28-17.32) showed a significant risk of hypertensive disease associated with sunitinib. CONCLUSIONS: Treatment with sunitinib for RCC may lead to hypertensive disease; furthermore, we need further analysis by using this large claim database beyond 2010.

PCV2
DRUG THERAPY PROBLEMS IN PATIENTS ON ANTHYPERTENSIVES WITH ANTIDIABETIC DRUGS IN TWO TERTIARY HEALTH INSTITUTIONS IN NIGER DELTA REGION, NIGERIA
Chima KA, Ibrahe P, Subinum LA

CONCLUSION: The data may suggest that the hypertensive and/or diabetic patients with diabetes in Chinese population. For other cardiotoxicity, we need further

PCV3
ANALYSIS OF THROMBOCYTOPENIA IN PATIENTS WITH NEOPLASM TREATED WITH SUNITINIB IN A LARGE CLAIM DATABASE IN CHINA FROM 2010 TO 2012
Mo D1, Liu L2, Chen Y3, Li J1, Wood B1, Collogh C4, Babineaux SM5

1El Lilly and Company, Indianapolis, IN, USA; 2El Lilly Suchou Pharmaceutical Co. Ltd., Shanghai, China; 3El Lilly Suchou Pharmaceutical Co. Ltd., Shanghai, China; 4Adelphi Real World, Bolling, UK

OBJECTIVES: To update the characteristics of Chinese Type 2 Diabetes Mellitus (T2DM) patients and describe their blood glucose control. METHODS: Adelphi Real World (Adelphi)–sponsored compendium data on Chinese T2DM patients in two waves: Wave 1 (W1) in year 2008 and Wave 2 (W2) in 2011-12. The patients aged ≥18 years were diagnosed and managed by qualified internists, diabetologists or endocrinologist in 9 major cities. Chi-square test and Student t test were used for testing the differences between waves. RESULTS: In contrast with W1 (n=1648), W2 patients (n=2059) were younger (median: 56 vs. 57 years, P<0.001), more physically active (63% active or very active vs. 18%, P<0.001), had fewer comorbidities (macrolide infections: 10.8% vs. 19.2%; peripheral vascular diseases: 0.8% vs. 4.2%; dyslipidemia: 22.4% vs. 42.2%; impaired vision: 2.3% vs. 5.6%; neuropathy: 1.4% vs. 7.0%; nephropathy: 1.7% vs. 4.7%; P<0.001), and had lower A1C (mean: 7.7% vs. 7.4%, P<0.001). The insulin users, more patients in W2 than W1 were on basal insulin (28.2% vs. 12.1%, P<0.001), and GLP-1 analogues (5.0% vs. 1.7%, P<0.001). The non-insulin ADM users, bimaguside and sulfonylureas were the most commonly used agents. 2.4% and 4.2% of the patients were on GLP-1 inhibitors and DPP-4 in W2. W1 and W2 had the same mean of HbA1C (7.4%). 36.6% of all the patients had HbA1C >7%. The data may suggest that A1C awareness increased, and clinical diagnosis and medical intervention were initiated earlier for T2DM from 2008 to 2011-12 in China. More insulin users were treated with basal insulin and some started GLP-1 inhibitors and DPP-4. However, blood glucose control for preventing further development of complications remained to be improved.

PCV4
CLINICAL CHARACTERISTICS AMONG HYPERTENSION PATIENTS WITH DIABETES IN SHANGHAI, CHINA
Xu S1, Yang H1, Wang J2, Zhao Y3, Yu F4, Xu XH, Zhang Y1, Shi Q1, Jefferies R1, Liu L1

1The University of Tennessee College of Pharmacy, Memphis, TN, USA, 2University of Tennessee, Memphis, TN, USA, 3Peapack, NJ, USA; 4Pfizer China, China, 5Pfizer Inc., New York, NY, USA

OBJECTIVES: To evaluate the clinical characteristics among hypertension patients with diabetes in Shanghai, China. METHODS: Data from a population-based database in Minhang area including 180,806 hypertensive patients were examined. All hypertension cases were collected through 12 community health centers in Shanghai. Patients were diagnosed and managed by qualified internists, diabetologists or endocrinologist in 18 community health centers. The data analysis focused on demographics, lifestyle, medical records, as well as cardiovascular events was collected. Hypertension and diabetes were identified by ICD-10 code in the data analysis. RESULTS: Over all the patients, 21.6% hypertensive patients had diabetes, the mean age was 67 years old, 54.5% was female and 19.7% were current drinkers, 17.3% had obesity, 11.3% had grade 3 hypertension, 29.8% had dislipidemia (high LDL-C) and 8.4% had cardiovascular events. The mean age was 69 years old for patients with diabetes. The total death rates from cardiovascular diseases was 2.7% among patients with diabetes. CONCLUSIONS: Overall, 17.6% of all the patients had diabetes, 14.6% current smoker, 16.4% drinking, 21.6% obesity, 13.2% grade 3 hypertension, 31.3% dislipidemia and 11.4% had cardiovascular events. CONCLUSIONS: Overall, a substantial proportion of hypertension patients had other cardiovascular risk factor, including diabetes, smoking, drinking, obesity and high LDL-C.

PCV5
NURSING DIAGNOSIS AND SOME PHYSIOLOGICAL SIGNS AND THEIR CHANGES DURING THE ARTERIAL HYPERTENSION
Annapoorthi B1, Velayutha BV1, Surabhi RA1, Naranchimeg S2

1School of Nursing, Health Science University of Mongolia, Ulaanbaatar, Mongolia, 2School of Nursing, Health Science University of Mongolia, Ulaanbaatar, Mongolia

OBJECTIVES: Define the relation between nursing diagnosis and some physiological (hemodynamic) changes during arterial hypertension. METHODS: Descriptive study We prepared questionnaire about 5 steps of nursing activities for completing by nurses, who work in the district hospitals and family health centers and we collected the data using a questionnaire. RESULTS: In total we collected 5125 forms. Collection of patients chart information made in April 2011, collection of nurses notes made in September 2011. RESULTS: 1. Nurses provide just the nursing interventions, in some cases of patients with hypertension, implementation stage, but not complete sufficiently the nursing activities by nursing diagnosis, reassessment and conclusion after nursing procedure. 2. During the study collected from the nursing chart and nurses notes we defined that nurses diagnosed in 57% of patients on hypertension edema in 43.4%, headache in 14.6% chest pain, in 5.9% palpitation, in 1.4% cough, in 1.5% bleeding from nose, in 1.5% confusion, 1.5% restricted movement. It shows that nurses mostly diagnosed some hemodynamic changes by defining the hypertension, but not diagnosed main criteria of hypertension. CONCLUSIONS: 1. It is understandable that, nursing diagnosis based