endogenous cost-effectiveness analysis policies aimed at lowering spending may actually raise it. Second, reimbursement policy based on endogenous cost-effectiveness policies may lead to adoption of the UFH and warfarin combination therapy group.

PHP169
THE VALUES OF GENERAL PRACTITIONERS/FAMILY PHYSICIANS SHOULD BE FOSTERED INTO OTHER CLINICIANS: A RESEARCH STUDY
Han Y1, Yu X1
Clinical institute, Workers' hospital of Nanyang textile corporation, Nanyang city, China
OBJECTIVES: The paper is to improve the quality of life and health of the peoples of the world by fostering and maintaining high standards of care in general practice/family medicine and other clinicians. METHODS: By comparing the general practitioners/family physicians with the clinicians of specialties, summarizing the shortcomings of present health care services, the proposals for promoting health care services and improving the life and health of the people of the world will come soon! So the quality of life and health of the peoples of the world can be promoted and enhanced.

OBJECTIVES: To assess the real-world rate of appropriate prophylaxis use for incidences of venous thromboembolism (VTE), and major and minor bleeding in hospitalized medically ill patients. RESULTS: Appropriate anticoagulant treatment of LMWH only, warfarin only, unfractionated heparin (UFH) only, fondaparinux only, LMWH and warfarin, or UFH and warfarin, from the index hospitalization admission date to 30 days after index hospital discharge, and before VTE events. Risk-adjusted VTE and major and minor bleeding events among patients with different thromboprophylaxis patterns were compared. RESULTS: In patients who were identified as medically ill (n = 12,947), 6,949 (53.67%) received anticoagulant therapy during their hospitalization and until 30 days after discharge. Among those patients who received prophylaxis, 36 (0.33%) received LMWH only, 752 (10.82%) received warfarin only, 2,131 (33.29%) received UFH only, 12 (0.17%) received fondaparinux only, 309 (4.45%) received LMWH and warfarin, and 353 (5.08%) received UFH and warfarin. Compared with patients who received LMWH only, patients who received the combination therapy of LMWH and warfarin had significantly more VTE events (1.14% vs. 0.32%, p = 0.0009) and higher readmission rates (6.11% vs. 3.05%, p = 0.0005), while patients who received the combination therapy of UFH and warfarin had significantly higher minor bleeding (11.70% vs. 6.06%, p = 0.0002) and readmission rates (7.49% vs. 3.95%, p = 0.0001). CONCLUSIONS: Appropriate anticoagulant prophylaxis use was in better VTE event rates as well as lower major and minor bleeding rates in hospitalized medically ill patients. More effort is required to improve the use of appropriate thromboprophylaxis.

PCV2
EVALUATION OF THE PROPHYLAXIS PATTERNS AND 90 DAY OUTCOME EVENTS IN HOSPITALIZED MEDICALLY ILL PATIENTS
Baser O1, Wang L2
CSD Medical Research S.r.l., Milan, Italy, 2CSD LPD
OBJECTIVES: The aim of this study was to assess whether restoration and maintenance of sinus rhythm is associated with clinically meaningful improvement in patients with atrial fibrillation (AF) or atrial flutter (AFL). METHODS: Assessment was based on randomized controlled trials (RCTs) identified by means of systematic searching carried out according to the Cochrane Collaboration guidelines. Studies were eligible if they had defined as receiving low molecular weight heparin (LMWH) only, warfarin only, unfractionated heparin (UFH) only, fondaparinux only, LMWH and warfarin, or UFH and warfarin, from the index hospitalization admission date to 30 days after index hospital discharge and before VTE events. Risk-adjusted venous thromboembolism and major and minor bleeding events among patients with different thromboprophylaxis patterns were compared. RESULTS: In patients who were identified as medically ill (n = 12,947), 6,949 (53.67%) received anticoagulant therapy during their hospitalization and until 30 days after discharge. Among those patients who received prophylaxis, 36 (0.33%) received LMWH only, 752 (10.82%) received warfarin only, 2,131 (33.29%) received UFH only, 12 (0.17%) received fondaparinux only, 309 (4.45%) received LMWH and warfarin, and 353 (5.08%) received UFH and warfarin. Compared with patients who received LMWH only, patients who received the combination therapy of LMWH and warfarin had significantly more VTE events (1.14% vs. 0.32%, p = 0.0009) and higher readmission rates (6.11% vs. 3.05%, p = 0.0005), while patients who received the combination therapy of UFH and warfarin had significantly higher minor bleeding (11.70% vs. 6.06%, p = 0.0002) and readmission rates (7.49% vs. 3.95%, p = 0.0001). CONCLUSIONS: Appropriate anticoagulant prophylaxis use was in better VTE event rates as well as lower major and minor bleeding rates in hospitalized medically ill patients. More effort is required to improve the use of appropriate thromboprophylaxis.

PCV4
COMPARATIVE EFFICACY OF MAINTENANCE OF SINUS RHYTHM VERSUS RATE CONTROL STRATEGIES IN THE TREATMENT OF ATRIAL FIBRILLATION – SYSTEMATIC REVIEW AND META-ANALYSES
Wojciechowski P1, Stoeck A1, Machowska A1, Gaweska M1, Lis P2, Glasek M3, Ryu P4, Wladyshuk M, Fisko R2
1HTA Consulting, Krakow, Poland, 2Sanofi Poland, Warszawa, Poland
OBJECTIVES: The aim of this study was to assess whether restoration and maintenance of sinus rhythm is associated with clinically meaningful improvement in patients with atrial fibrillation (AF) or atrial flutter (AFL). METHODS: Assessment was based on randomized controlled trials (RCTs) identified by means of systematic searching carried out according to the Cochrane Collaboration guidelines. Studies met the inclusion criteria if they directly compared two treatment strategies, i.e. maintenance of sinus rhythm (MSR) including first generation antithrombotic drugs (FGAAD, mainly amiodarone, sotalol, dixotirapride, propafenone, dofetilide, flecainide) vs. rate control (RC) including pharmacological agents (calcium channel blockers, beta blockers, cardiac glycosides), with regard to clinically meaningful endpoints. The most important medical databases (EMBASE, MEDLINE and CENTRAL) were searched until January 2011. Two reviewers independently selected trials, assessed their quality and extracted data. RESULTS: Eight RCTs directly comparing MSR vs RC were identified and included. Meta-analysis of those studies showed that significantly more patients assigned to MSR were in sinus rhythm at the end of study as compared to RC strategy (RR = 4.49 [2.49, 8.9]; NNT13-37/months = 2 [4-4]). However, it did not lead to any benefit regarding clinically meaningful endpoints. Comparison between both treatment strategies revealed no statistically significant difference with respect to risk of overall mortality (RR = 1.06 [0.96; 1.17], cardiovascular mortality (RR = 1.01 [0.88; 1.16]), stroke (RR = 1.02 [0.82; 1.26]), systemic embolism (RR = 0.78 [0.59; 1.17]), heart failure (RR = 0.94 [0.80; 1.09]) and major or minor bleeding (RR = 0.98 [0.88; 1.10]/H11005). MSR strategy neither improved survival nor decreased morbidity as compared to RC strategy. MSR strategy performed better than RC strategy in comparison of the two vs. 13.68%, p = 0.0049) than those with LMWH and warfarin combination therapy. In addition, the LMWH only group of patients had lower rates of minor bleeding than the UFH and warfarin combination therapy group.

PCV5
THROMBOPROPHYLAXIS USE AND VENOUS THROMBOEMBOLISM, MAJOR AND MINOR BLEEDING EVENT ANALYSIS IN HOSPITALIZED MEDICALLY ILL PATIENTS
Baser O1, Wang L2
1STATinMED Research/The University of Michigan, Ann Arbor, MI, USA, 2STATinMED Research, Dallas, TX, USA
OBJECTIVES: To assess the real-world rate of appropriate prophylaxis use for incidences of venous thromboembolism (VTE), and major and minor bleeding in hospitalized medically ill patients. METHODS: Treatment groups were composed of 367 patients for Arapircope, 1825 patients for Olanzapine and 3088 patients for Quetiapine. The proportion of patients with an out of range value of Total Cholesterol and LDL was significantly lower in Arapircope group. The same trend has been observed for the proportion of patients with at least one recorded diagnosis of cardiovascular events and diabtes. The association between treatment and cardiovascular diagnosis presence was still significant even when performing a multivariate logistic model adjusted for age and gender and presence of a cardiovascular diagnosis during the year before the Index Date (Odds Ratio Olanzapine vs. Arapircope: 1.76 [1.08 – 2.85], Odds Ratio Quetiapine versus Arapircope: 1.67 [1.03 – 2.70]). CONCLUSIONS: CSD LPD database resulted to be appropriate in exploring potential causal associations of the most widespread atypical antipsychotics drugs known as affecting patients' lipidic profile and cardiovascular and diabetes risk. METHODS: Data were obtained from CSD LPD, an Italian General Practitioner's longitudinal database. Patients with a diagnosis of depression, with Arapircope, Olanzapine or Quetiapine during the period January 2005 to December 2009 have been selected. For each patient, the first prescription has been considered as the Index Date. The final study sample was composed of patients that during the following three months had at least another prescription of the same atypical antipsychotic. Patients have been followed-up for a maximum of 12 months starting from three months after the Index Date. RESULTS: In patients who were identified as medically ill (n = 12,947), 6,949 (53.67%) received anticoagulant therapy during their hospitalization and until 30 days after discharge. Among those patients who received prophylaxis, 36 (0.33%) received LMWH only, 752 (10.82%) received warfarin only, 2,131 (33.29%) received UFH only, 12 (0.17%) received fondaparinux only, 309 (4.45%) received LMWH and warfarin, and 353 (5.08%) received UFH and warfarin. Compared with patients who received LMWH only, patients who received the combination therapy of LMWH and warfarin had significantly more VTE events (1.14% vs. 0.32%, p = 0.0009) and higher readmission rates (6.11% vs. 3.05%, p = 0.0005), while patients who received the combination therapy of UFH and warfarin had significantly higher minor bleeding (11.70% vs. 6.06%, p = 0.0002) and readmission rates (7.49% vs. 3.95%, p = 0.0001). CONCLUSIONS: Appropriate anticoagulant prophylaxis use was in better VTE event rates as well as lower major and minor bleeding rates in hospitalized medically ill patients. More effort is required to improve the use of appropriate thromboprophylaxis.