ment in 2007 compared to 2006 (39.81% vs 24.27%, p = 0.0002) and a non-significant decline in 2008 (39.81% vs. 30.30%, p = 0.07). Non-Linear DID models for HbA1c showed a significant reduction of 0.54% (95% CI: 0.091%-0.98%, p = 0.018) for MTM patients. Among MTM patients, rates of meeting HbA1c criterion in 2008 declined to baseline values. CONCLUSIONS: The greater compliance and significantly improved HbA1c among patients who were exposed to MTM. Drop in optimal HbA1c control after discontinuation of MTM exposure highlights the importance of regular access to MTM services.

PCV108
MEASURING THE IMPACT OF TOBACCO CONTROL POLICIES ON HEALTH OUTCOMES USING THE TOSCA (TOBACCO POLICY OUTCOMES AND SMOKING CESSION) MODEL

De nigris K1, borwin K2, Kunst AE3, Roberts G4
1University of Jordan, Amman, Jordan, 2Clinical Research Support Centre, Education and Research Support Centre, Belfast, 3Centraal Bureau voor de Statistiek, The Netherlands, 4Double Helix Consulting Group, London, UK
OBJECTIVES: Tobacco control policies have focused on a combination of a variety of initiatives such as monitoring, smoke-free public sites, cessation programmes, health warnings, advertising bans and taxation. Smoking cessation treatments are also recommended, as smokers who try to quit without help often fail in their attempt. METHODS: TOSCA has been developed as an open or closed cohort semi-Markov model, where current and former smokers may quit or relapse in their smoking status over time. The impact of a tobacco policy on the quit rate is modelled using the tobacco control scale (PCS) which has been shown to correlate with quit ratios. Smoking prevalence, demographic inputs and mortality rates are derived from published literature. The model predicts smoking prevalence, cumulative smoking attributable deaths and morbidities over time (lung cancer, stroke, coronary heart disease, and chronic obstructive pulmonary disease). The impact of tobacco control policies can be assessed over a 60-year horizon. RESULTS: Each one-point increase in TCS reduces smoking prevalence in both the open and closed cohort model by 0.05% in absolute terms. This reduces cumulative smoking attributable deaths and morbidities over 20 years and 60 years respectively. In absolute terms smoking prevalence, mortality and morbidity. The TOSCA model can demonstrate the impact of tobacco policy on smoking prevalence, mortality and morbidity for several European countries.

PCV109
STATIN PRESCRIBING IN NORTHERN IRELAND AND ENGLAND PRE AND POST INTRODUCTION OF THE QUALITY AND OUTCOMES FRAMEWORK

Alabadi I1, Crealey G2, Turner K2, Raftery T3, Keenan L4, Murray F5, McInlay J6
1University of Jordan, Amman, Jordan, 2Clinical Research Support Centre, Education and Research Support Centre, Belfast, 3Pharmaceutical Technology Agency, UK, 4Central Service Agency, Belfast, UK, 5Department of Health, Belfast, UK, 6Clinical and Practice Research Group, Belfast, UK
OBJECTIVES: The objective of this research was to examine differences in patterns of statin prescribing between Northern Ireland and England both before and after the introduction of the Quality and Outcomes Framework (QOF) METHODS: Northern Ireland practices were matched with practices in England, statin prescribing data and QOF achievement scores (for the first year post-QOF) were obtained. Crude and matched prevalence and QOF achievement was compared in practices in both nations. Results: Overall, significantly lower prescribing rates and QOF achievement were observed in NI. As the prices on preparations were taken from the price-lists (October, 2008). A greater proportion of statins prescribed in NI were in the cheaper dose groups. The prices on preparations were taken from the price-lists (October, 2008) and the prices on preparations were taken from the price-lists (October, 2008).

PCV110
PHARMACOECONOMICAL EVALUATION OF SECONDARY PROPHYLAXIS OF ACUTE CORONARY SYNDROME BY STATINS IN UKRAINE

Iakovleva I, Mishchenko O, Bezinko N, Gerasyovych O, Krychenko O, Tkachova O
National Institute of Cardiovascular Diseases, Ukraine
OBJECTIVES: In Ukraine cardiovascular diseases occupy a leading place in the structure of death rate (25.9%) and are one of most reasons of country depopulation. From data of evidence-based medicine application of hypolipidemic preparations of statins in complex therapy obstructive pulmonary diseases and for the prophylaxis of their complications assists the decline of both common and cardiovascular death rate. The aim of this research is a choice the optimal preparations for the statins for the secondary prophylaxis of acute coronary syndrome on the basis of cost-minimization analysis results in Ukraine. METHODS: Cost-minimization analysis of hypolipidemic therapy with statins for the secondary prophylaxis of acute coronary syndrome. The objects are results of a few meta-analyses and multicentre clinical trials. STELLAR, MERCURY, GREACE, 4S (Scandinavian Simvastatin Survival Study); preparations of statins presented at the pharmaceutical market of Ukraine. The prices on preparations were taken from the price-lists (October, 2008). RESULTS: The analysis of meta-analyses and multicentre clinical trials results of atorvastatin, simvastatin and rosvastatin preparations showed that these preparations have practically equal clinical effectiveness for the secondary prophylaxis of acute coronary syndrome. The results of comparison showed that the costs for preparations of atorvastatin were less than the costs for preparations of simvastatin and rosvastatin. The hypolipidemic therapy with rosvastatin are the most expensive. The costs for the course of prophylaxis by preparations of simvastatin are less than the costs for the course of prophylaxis by atorvastatin and rosvastatin, more, than the costs for prophylaxis by atorvastatin.

PCV111
THE ASSOCIATION BETWEEN EMOTIONAL SUPPORT AND CURRENT HEALTH STATUS AMONG ADULTS WITH CARDIOVASCULAR DISORDERS IN THE UNITED STATES

Kaye SJ, Candriollo SD
Research Triangle Institute, Research Triangle Park, NC, USA
OBJECTIVES: To assess the impact of receiving emotional support on self-perceived current health status and physical and mental health wellness among adults with cardiovascular disorders (CVD) in the United States. METHODS: We identified adults with CVD (i.e., self-reported history of stroke, myocardial infarction, coronary heart disease or heart attack) in the 2007-2008 National Health and Nutrition Examination Survey (NHANES), a nationally representative survey of the non-institutionalized US population. Outcome measures included self-reported physical and mental health (e.g., self-rated health, days with poor physical health, days with poor mental health, and inactive days due to poor physical/mental health). RESULTS: Among CVD patients receiving and not receiving emotional support receiving emotional support (51.2% vs 36.5%, p = 0.019). Similarly, compared with CVD patients receiving emotional support, a greater proportion of patients among patients not receiving emotional support (0.024; 95% CI: 0.013-0.035). The number of days with poor physical health (6.9 vs 12.3 days; P = 0.014), mental health (4.4 vs. 7.8 days; P = 0.137), and inactive days (4.4 vs. 9.5 days; P = 0.101) were each two times greater among patients not receiving emotional support. CONCLUSIONS: A majority patients with CVD diagnosis reported receiving some emotional support, with receipt of emotional support being associated with improved health status. Health care providers (e.g., physicians, pharmacists) should emphasize the value of emotional support to patients with CVD, which may help in improving the physical and mental well-being of these patients.

PCV112
THE FOCUS ON CARDIOVASCULAR DRUGS IN WORKS OF AGENCY FOR HEALTH TECHNOLOGY ASSESSMENT IN POLAND (AOTM) IN YEARS 2005-2011 AS AN EXAMPLE OF A LIGHT TOUCH HTA AGENCY

Olszewska-Sujkowska C, Jagiellninska-Kalinowska K, Matuszewicz W, Pasierski T
Polish National Health Technology Assessment Agency (AOTM), Warsaw, Poland
OBJECTIVES: The objective of this study is to assess scope and role of drug therapies in cardiology/vascular diseases in AOTM works. AOTM is one of a light touch HTA Agencies around the world with respect to drugs evaluation before desig- on taking on reimbursement and pricing. AOTM stands for quality assurance of HTA reports developed by industry applying for inclusion of drugs to BBP (basic benefit package). It deals also with appraisal of submitted evidence. AOTM does not de- velop HTA reports from the scratch with respect to drugs. Therefore no priority setting process is needed and no bias in selection of topics for assessment should be in place. METHODS: Among recommendations of AOTM published until the end of 2011 we analyzed all related to cardiovascular drugs. RESULTS: Among 400 AOTM decisions verified only 31 (8%) were related to cardiovascular drugs. Recommendation regarding non–drug technologies were issued to 47 (12%) of 400 technologies. 58 (15%) applied to drugs used in the treatment of nervous disorders, 34 (9%) metabolic disorders, 21 (5%) genito-urinary system. The largest number (142/ 36% of 400) of analyzed submission was connected with antineoplastic and immuno-modulating agents; 105 (74%) of them regarding oncology treatment. Fifteen percent of verified documentations applied to cardiovascular drugs. CONCLUSIONS: The influence of cardiovascular drugs for AOTM recommendations was not significant and no bias with respect to special focus on cardiovascular drugs has been observed in comparison to focus on other medicines. Most of commissions prepared by AOTM were related to drugs for chronic diseases (e.g., diabetes) and treatment representing normal trends in research and development in medicine.