OBJECTIVES: To evaluate the level of compliance with antihypertensive medication among Greek hypertensive patients. Furthermore, to investigate the possible association between non-compliance and patient profile as well as specific drug categories. METHODS: A total of 2700 hypertensive patients participated and 2662 were analyzed in the study. The duration of the study was 9 months. Information was collected on different antihypertensive drug categories along with epidemiological data. Morisky scale was used in order to measure compliance. RESULTS: A total of 57.5% of the responders were male (1530 patients) and 1130 were female. Average age of responders was 63 years and average duration of hypertension was 8.6 years. 63.1% of the study population was found to be compliant with their antihypertensive treatment (regardless of the type of antihypertensive treatment the patient was receiving). From the Morisky scale, 36.2% of patients answered that they sometimes forget to take their medication, 44.9% said that they were sometimes careless when it comes to taking their medicine, 26.9% that when they feel better they forget to take their medicine and 7.6% that they do not even think about taking their medicine. In respect to the occurrence of non-fatal major cardiovascular events, the greater the allowance/benefit was greater at the persistence of these populations, the greater the allowance / benefit was greater at the rate of persistence between them.

PCV85

PERSISTENCE OF PATIENTS TREATED HYPERTENSION MEDICATION IN PB

WITH DIFFERENT PERCENTAGES OF FINANCIAL SUBSIDY

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OBJECTIVES: To evaluate medication persistence in patients hypertensive chronic who have different percentages of financial subsidy in a Program Benefit Management (PB). METHODS: We identified patients from 3 health care providers with different percentages of subsidy to buy a medication using the same service in PB the first provider subsidizes 100%, the second subsidizes 90% (generic) and 70% (brand) and third subsidizes 40%. We selected patients with age ≥ 60 years and were persistent for the persistence period (a) allowed from the first acquisition within the using method MPR (Medication Possession Ratio). The drugs was Angiotensin II Receptor (Losartan), Beta-Blocker (Atenolol), Calcium Channel Blocker (amlodipine) and an inhibitor of angiotensin converting enzyme (Enalapril). RESULTS: The persistence obtained with first provider (subsidizes 100%) Amlodipine n=1266 and a persistence of 77.25%, n=1016 Atenolol and a persistence of 44.39%, n=680 and Enalapril a persistence of 90.00% and Losartan n=1157 and a persistence of 81.16% as an overall average of persistence between the four drugs was 73.20%, the second provider (subsidizes 90% for generic drugs and 70% for brand) obtained - Amlodipine n=1948 and a persistence of 78.49%, n=2061 Atenolol and a persistence of 32.07%, n=1265 Enalapril and persistence 84.19% of Losartan n=2.166 and a persistence of 73.36% as an overall average of persistence between four drugs 67.03% and the third provider (subsidizes 40%), Amlodipine n=1264 and a persistence of 9.36%, n=1471 Atenolol and a persistence of 9.11%, n=941 Enalapril and a persistence of 36.88% and Losar- tan n=1917 and a persistence of 29.47% as a general average of persistence of the four 21.20% drugs. CONCLUSIONS: The average persistence varies statistically sig- nificantly with the percentage of financial subsidizes. The results are directly the persistence of these populations, the greater the allowance / benefit was greater at the rate of persistence between them.

PCV86

THE BURDEN OF NON-ADHERENT PRESCRIPTION COST CUTTING AMONG DIAGNOSED HYPERTENSION PATIENTS IN RUSSIA

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OBJECTIVES: To determine loss of health status, work productivity impairment, and activity impairment associated with non-adherent cost-cutting in Russian hyperten-

sion patients. METHODS: The study employed data from the 2011 Russia National Health and Wellness Survey (NHWS; n=10,039), a survey of demographics, health-related attitudes and behaviors, and health outcomes. Non-adherent cost-cutting behaviors included taking less medication than prescribed, cutting tablets in half, buying a less expensive alternative instead, or buying prescriptions less often. Adherent behaviors included asking physician/pharmacist for cheaper alternatives, or using a discount card. Health status was assessed using the SF-12v2, and work activity impairment using the Work and Family Ques-

tions; PF (Physical Functioning). Regression models quantified the burden associated with non-adherent cost-cutting on health status and WPAI metrics, controlling for demo-

graphic, health status, insurance status, and comorbidities. RESULTS: Out of 1,712 diagnosed hypertension patients taking prescription medication for hyper-

tension, 37.5% reported using non-adherent cost-cutting behaviors, 28.2% reported using adherent cost-cutting behaviors only, and 34.3% reported no cost-cutting behaviors. After controlling for covariates, employed patients using non-adherent strategies reported greater absenteeism (9.3% vs. 3.7%, p<0.002), presenteeism (29.2% vs. 21.8%, p<0.001) and overall work productivity loss (33.8% vs. 24.3%, p<0.001) compared with employed patients who do not use these strategies. Among all respondents, non-adherent cost-cutting was associated with lower adjusted health status (MCS: 42.0 vs. 44.4, p<0.001, PCS: 40.3 vs. 41.3, p=0.014) and greater adjusted activity impairment (38.5% vs. 31.2%, p<0.001) CONCLUSIONS: Over a third of hypertensive patients cut costs using strategies that interfere with medication adherence. These patients suffer greater health-related impairments and have lower health status. These patients should be identified and guided to improve adherence to their prescription medica-

tions to facilitate better health outcomes.

PCV87

FACTORS RELATED TO NON-ADHERENCE AND SATISFACTION FOR HYPERTENSION MEDICATIONS: RESULTS FROM A NOVEL PATIENT REGISTRY

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OBJECTIVES: Medication non-adherence and treatment satisfaction are significant barriers to achieving treatment outcomes and associated with increased health care costs. Using a large, high quality patient registry, we assessed factors associated with satisfaction and non-adherence to hypertension medications. METHODS: We analyzed data from MediGuard.org, a free medication monitoring service covering over 2.6 million members in the US, UK, France, Germany, Spain, and Australia. As part of site operations, the service sends a quarterly member survey to solicit feedback on their medications using the Treatment Satisfac-

tion Questionnaire for Medication (TSQM) and Medication Adherence Report