monitoring started from 1 July 2001. The primary outcome measurement was the LDL levels. The secondary outcome measurement was the percentage of goal attainment. Lipid control was defined as adequate if the LDL level was \(< 1.8 \text{ mmol/L.} \) The LDL levels were measured at baseline, 1, 3, 6, and 12 months.

**RESULTS:** A total of 617 patients were recruited. There were 383 patients in the intensive monitoring group and 283 patients in the control group. In the control group, a less intensive monitoring was adopted. Less than 20% of control group patients had a regular 3-monthly LDL-levels monitoring. Over 60% of patients in the intensive monitoring group and 10% of the control group patients reached target LDL-levels by week 4. Over 90% of the intensive monitoring group patients maintained at target LDL levels in a following 6-month period. **CONCLUSION:** This study shows that intensive monitoring of LDL-levels in hyperlipidaemic patients receiving PCI have a higher goal attainment rate that remains high within 6-month period. This study paves way for a prospective, randomized-control trial to confirm the results in the future.

**PCV12**

**UTILIZATION PATTERNS OF HYPERTENSION THERAPIES AMONG PATIENTS INITIATING ANGIOTENSION II RECEPTOR ANTAGONIST THERAPY**

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**OBJECTIVE:** Angiotension II receptor antagonists (ARB) provide a new therapeutic option for hypertensive patients. This analysis examines patient utilization patterns subsequent to initiation on an ARBs. **METHODS:** This study uses a retrospective cohort design with a six-month baseline period and a twelve-month evaluation period. New users of ARBs were identified in AdvancePCS’ pharmacy claims database. Studied patients were continuously eligible for pharmacy benefits, 20 to 80 years of age, and initiated therapy on losartan, valsartan, ibersartan, candesartan, telmisartan, losartan HCT, valsartan HCT, candesartan HCT, or telmisartan HCT between November 1, 2001 and April 30, 2002. **RESULTS:** A total of 167,083 patients initiated ARB therapy during the enrollment window, 72% on ARB monotherapy and 28% on combination therapy. Monotherapy patients (p < 0.05) were more likely to discontinue than combination therapy patients. No other significant differences in discontinuation rates were identified. Patients who initiated with monotherapy were equally likely to add a diuretic as a second therapy regardless of ARB. Patients who initiated on telmisartan were less likely (p < 0.05) than patients who initiated on losartan (OR = 0.67), valsartan (OR = 0.81), ibersartan (OR = 0.82), or candesartan (OR = 0.82) to receive triple anti-hypertensive therapy. Similarly, patients who initiated on valsartan (OR = 1.23) or losartan monotherapy (OR = 1.14) were more likely than other monotherapy patients (p < 0.05) to titrate upwards. Combination patients who initiated on losartan HCT or valsartan HCT were more likely to add another anti-hypertensive drug than were patients who initiated on either candesartan HCT (OR = 0.69, p < 0.05) or telmisartan HCT (OR = 0.82, p < 0.05). Those who initiated telmisartan HCT were least likely to increase the initial dose (p < 0.05). **CONCLUSIONS:** Differences in patient utilization patterns were identified based on initial choice of ARB. These findings may result from differential clinical efficacy, patient health history, or managed care influence on drug choice.

**PCV19**

**RECENT EVIDENCE SURROUNDING THE EFFICACY OF PROTECTED CAROTID ANGIOPLASTY WITH STENTS**

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**OBJECTIVES:** Carotid artery stenosis is an important risk factor for, and is also believed to cause as much as 20% of all strokes. Several surgical therapies are available including carotid endarterectomy (CEA) and carotid angioplasty with stenting (CAS). Although there appear to be benefits to adopting widespread use of CAS, numerous parties have expressed concern about its safety. A number of large protected CAS (PCAS) trials are underway, however, it will be 3 to 5 years until these results are released. In the interim, PCAS continues to be employed. Since numerous PCAS studies were recently published, the aim of this systematic review was to answer the question: based on the most recent evidence, what is the efficacy of protected carotid angioplasty with stenting (PCAS)? **METHODS:** Electronic, manual and bibliographic searches of Medline, PreMedline, Healthstar/OVID, EMBase, PubMed were conducted. **RESULTS:** Over 400 articles were identified, of which 18 studies met the inclusion criteria. The technical complication rate of...