PCV5

ASSESSMENT OF LIPID ABNORMALITIES: PREVALENCE AND ATTAINMENT OF LIPID GOALS/NORMAL LEVELS AMONG ADULTS IN THAILAND

BACKGROUND: Lipid disorders are common and their control is essential in the prevention of cardiovascular disease. In our prospective observation we analyzed all fatal cases from 1983 till 2005. METHODS: We recruited 807 patients (mean age 59 and 45.2% male) who, between January 2001 and June 2007, aged ≥5 years, initiated LMT, had ≥1 lipid abnormality and follow-up ≥12 months after initiating LMT, with a complete lipid panel (LDL-C, high density lipoprotein cholesterol [HDL-C] and triglycerides[TG]) before and after lipids modifying therapy (LMT) use in Thailand. RESULTS: At baseline, 65%, 34%, and 43% exhibited elevated LDL-C, elevated TG, and low HDL-C, respectively; while 35% had elevated LDL-C along with low HDL-C and/or elevated TG. Among high-risk patients (n = 430), 68%, 35%, and 44% exhibited elevated LDL-C, elevated TG and low HDL-C, respectively; while 38% had elevated LDL-C along with low HDL-C and/or elevated TG. Among the sample, 77% were on statins, 7% on fibrates, and 13% on both. After 12 months, 21%, 32%, and 39% of patients still had elevated LDL-C, elevated TG and low HDL-C, while 18% had elevated LDL-C along with low HDL-C and/or elevated TG. High-risk patients had similar degree of improvement in dyslipidemia with 22%, 25%, 44%, and 21% experiencing elevated LDL-C, elevated TG, low HDL-C, and elevated HDL-C along low LDL-C and/or elevated TG, respectively. CONCLUSIONS: This cohort had improved LDL-C levels after therapy, with no improvement of TG and HDL-C levels among the overall, and moderate and negligible among the high-risk population, respectively. These patients may benefit from other types of LMT.

PCV8

LOST YEARS OF LIFE DUE TO DEATH FROM PULMONARY EMBOLISM IN HOSPITALIZED PATIENTS VERIFIED BY AUTOPSY FROM 1983 TILL 2005

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OBJECTIVES: To assess average amount of life-years lost due to death from pulmonary embolism (PE) confirmed by autopsy in patients hospitalized at internal medicine department. METHODS: In our prospective observation we analyzed all fatal cases at Second Department of Internal Medicine at University Hospital Bratislava, where cause of death was verified by autopsy during the period from 1983 till 2005. Age, sex, clinical diagnosis, and pulmonary embolus finding from autopsy were recorded for each case. Sex adjusted life expectancy for each calendar year (1983-2005) was used from official statistical sources available for Slovakia and last years of life were calculated accordingly. RESULTS: There were 1375 deaths and in 70% (n = 963) autopsy was performed during the observational period of 23 years. Fatal PE was found in 12% of cases (n = 118), from which 64 cases were not clinically diagnosed prior to autopsy. Average age for group with confirmed PE (n = 118) was 76.5 years (interval 38-96) with 54 (46%) males and 64 (54%) females. As calculated from life expectancy data, there were 939 life-years lost due to fatal PE verified by autopsy. In average 42.7 years of life (95% CI 32.8–52.6) were lost each year.

PCV9

EFFECTS OF MEDICATION SUPPLY ON HEALTH-CARE COSTS AND RE-HOSPITALIZATIONS IN PATIENTS WITH CHRONIC HEART FAILURE

Nagara A518

OBJECTIVES: Previous evidence has shown that using Angiotensin Converting Enzymes (ACEs) or Angiotensin Receptor Blockers (ARBs) results in decreased morbidity among patients with chronic heart failure (CHF). However, the benefits earned from medications depend on the amount of medications supplied and used. This study aims to determine the effects of medication supplies on health-care costs and hospitalizations in CHF patients receiving ACEs or ARBs. METHODS: We retrospectively examined an electronic patient database in a provincial hospital located in the north of Thailand. All patients with an ICD-10 of I50.0 (CHF) receiving either ACEs or ARBs from January to December, 2003 were included. Their medication supplies were assessed using Medication Possession Ratio (MPR) method during the study period following the index date. The association between medication supply (appropriate: MPR 0.8–1.20, oversupply: MPR >1.20, undersupply: MPR <0.8) and all-cause rehospitalizations within 1 year was determined using Cox-proportional hazard model. Total direct health-care cost was compared between all groups using multiple linear regressions. All analyses were adjusted for propensity score (PS) and other variables including age, sex, prior health-care use, and insurance status. RESULTS: Among 1012 CHF patients, 389 received ACEs or ARBs. The mean age was 66 years with 56% female. Forty-two percent were undersupplied, while 56% and 2% were appropriately supplied and oversupplied respectively. The adjusted hazard ratios of oversupply for all-cause rehospitalizations were 1.21 (95% CI, 0.79–1.86) and 3.90 (95% CI, 0.89–17.06). Comparing with the group appropriately supplied, total direct medical cost in the undersupplied group was significantly higher at 11,027 baht (95% CI, 325–21,727), while non-significant trend in the oversupplied group was observed. CONCLUSIONS: Under medication supply is significantly associated with higher health-care cost in patients with chronic heart failure.