

occurrence of a surgical site infection (SSI) examined by wound closure method. Post-CABG SSIs were identified by ICD-9, DRG, and APR-DRG codes during the initial hospital admission and re-admissions within 2 months of the initial hospitalization, as well as exposure to antimicrobial drugs from post-operative day 9 to 60 during the initial hospital admission. **RESULTS:** A total of 59,006 patients qualified for the study; 38,799 sutures only, 10,262 sutures/DERMABOND, 8180 sutures/staples, and 1765 sutures/staples/DERMABOND. The groups were similar at baseline regarding patient and disease characteristics. The lowest rate of post-CABG SSI was found in the sutures/DERMABOND group (4.3%, 95% CI = 3.9%–4.7%), followed by sutures only (5.3%, 95% CI = 5.1%–5.5%), sutures/staples (6.2%, 95% CI = 5.7%–6.8%), and sutures/staples/DERMABOND (7.1%, 95% CI = 6.0%–8.4%). The mean (median) hospitalization cost for all patients without post-CABG SSI was \$28,061 (\$25,527), compared to \$47,874 (\$40,062) for all CABG patients who developed SSI. **CONCLUSIONS:** The results of this study suggest that the use of both DERMABOND Topical Skin Adhesive and sutures for wound closure following CABG surgery reduces the rate of SSI and improves clinical outcomes. SSI following CABG surgery imposes a significant economic burden in terms of additional hospitalization costs.

PCV107

CLOPIDOGREL PATTERNS OF USE IN ACUTE CORONARY SYNDROME PATIENTS UNDERGOING PERCUTANEOUS CORONARY INTERVENTION IN FIVE EUROPEAN COUNTRIES

McCollam PL¹, Bae JP¹, Nasuti PI², Anger C³

¹Eli Lilly and Company, Indianapolis, IN, USA, ²IMS Hospital Group Ltd, Sittingbourne, UK, ³IMS Health, Kent, UK

OBJECTIVES: The purpose of this study was to determine the most frequently used clopidogrel dosing regimen in the hospital setting for acute coronary syndrome (ACS) patients undergoing percutaneous coronary intervention (PCI). **METHODS:** This was a retrospective study using the IMS Health Acute Cardiovascular Analyzer. This is an ongoing physician-reported registry dating from 2005 in Germany, France, Italy, Spain and the UK. Data collection timeframe reported here was December 2006–November 2007. The standard dose clopidogrel group was defined as ≤ 300 mg. Demographic and health characteristics were compiled for the entire cohort and by country. Study data are shown as summary (or descriptive) statistics. **RESULTS:** There were 4455 ACS patients who received clopidogrel and underwent PCI. Patient count by country was: Germany (n = 1098), France (n = 1022), Italy (n = 864), Spain (n = 804), UK (n = 667). Mean age was 63.7 ± 22.9 (SD) years, 46% were age >65 ; 71% were male. Common co-morbidities and risk factors were: hypertension 66.8%, dyslipidemia 74.6%, diabetes 30.6%, prior myocardial infarction (MI) 12.9%. Medications prior to admission were: clopidogrel 15.9%, statins 34.8%, aspirin 61.3%. The index diagnosis was: ST-elevation MI 45.0%, non ST-elevation MI 33.1% and unstable angina 21.9%. Timing of clopidogrel administration in relation to PCI was: 59.3% pre-PCI, 11.8% at PCI and 17.0% after PCI (11.9% not specified). Loading dose ranged from 75–900 mg. Dosage ≤ 300 mg by country was: Germany 47.9%, France 67.8%, Italy 90.8%, Spain 85.6%, UK 60.7%. Approximately 95% of patients were discharged on clopidogrel but planned duration varied widely: 1–3 months (25.7%), 6–12 months (19.7%) are greater than or equal to 12 months (26.5%). **CONCLUSIONS:** These 2007 data indicate many patients received clopidogrel prior to PCI at the ≤ 300 mg dose but there was geographic variation. The vast majority of patients received clopidogrel upon discharge, but the

planned duration of therapy varied widely. These data continue to be useful benchmarks for later comparison to treatment guidelines.

PCV108

RISK AND COSTS OF THE FIRST HYPERTENSION-ASSOCIATED EVENT, COMPLIANCE AND PERSISTENCE IN NAÏVE HYPERTENSIVE PATIENTS AFTER INITIATING MONOTHERAPY

Mathes J¹, Kostev K², Gabriel A¹, Pirk O¹, Schmieder RE³

¹IMS HEALTH, Nuremberg, Germany, ²IMS HEALTH, Frankfurt am Main, Germany, ³Friedrich-Alexander-University Erlangen-Nürnberg, Erlangen, Germany

OBJECTIVES: To analyze the risk and costs of the first hypertension-associated event, compliance and persistence in naïve hypertensive patients after initiating monotherapy with any of the first-line antihypertensive drug classes in Germany. **METHODS:** A retrospective cohort study in the IMS Disease Analyzer database was performed. Study subjects included all previously untreated hypertensive adults who were free from hypertension-associated comorbidities and were prescribed initial monotherapy with angiotensin II receptor blockers (ARBs), ACE-inhibitors (ACEIs), beta-blockers (BBs), calcium channel blockers (CCBs) or diuretics. Compliance and persistence were determined for each drug class separately and for the group of non-ARBs (pooled data) within two years. The risk of the first hypertension-associated event (cardiovascular complications, new onset diabetes) was analyzed using a Cox regression model adjusted for sociodemographic variables, compliance and persistence. Based on these results average costs per event were estimated from the German statutory health insurance perspective. **RESULTS:** A total of 7661 patients were identified with a follow-up of at least 2 years. Mean follow-up was 5.6 to 6.3 years. Compliance (0.86 vs. 0.82 and 0.74, respectively) and persistence (509 days vs. 459 and 324 days) was better with ARBs (all $p < 0.05$) than with the group of non-ARBs and diuretics, respectively. The risk of the first hypertension-associated event was higher (all $p < 0.05$) with diuretics (adjusted hazard ratio (aHR) 0.68), BBs (0.79), CCBs (0.78), and the group of non-ARBs (0.81) and was similar with ACEIs (aHR 0.93, $p = 0.37$) compared to ARBs. Similar findings were found for cardiovascular complication rates. The estimated average costs per event for the first event were lower with ARBs (€2339.95) than with the other drug classes (€2531.68–€3910.47). **CONCLUSIONS:** Our real-world data indicate that initiating monotherapy with ARB shows significant benefits in most outcomes including hypertension-related complications compared to other antihypertensive drug monotherapies.

PCV109

PRESCRIPTION DRUG INSURANCE AND EX ANTE MORAL HAZARD

Khan N¹, Kaestner R²

¹University of New Mexico, Albuquerque, NM, USA, ²University of Illinois at Chicago, Chicago, IL, USA

OBJECTIVES: Economic theory suggests that health insurance will reduce prevention activities (i.e., ex ante moral hazard). For instance, prescription drug insurance could result in behavioral responses that undermine the benefits of increased access to medication. In this paper, we investigate the relationship between prescription drug insurance and preventive health behaviors (physical activity, alcohol consumption, smoking behavior, and weight) among elderly population. Further, we identify two subgroups particularly at risk of substituting prescription drugs for