disability. **METHODS:** Randomly selected Athens Stroke Registry ischaemic stroke patients, 18 years of age or older, still alive at least 90 days post stroke and willing to attend a study visit were administered a 30-day retrospective resource use questionnaire, the EQ-5D, the Stroke Impact Scale (SIS-16), Modified Rankin Scale (mRS), and Barthel Index; caregivers reported resource use and hours of informal care. Stroke history was obtained from registry records. **RESULTS:** A total of 365 subjects (65% male; mean age 71 years) were enrolled at a mean time post stroke of 2.8 years (min 0.3–max 14.2 years). At the study visit, post-stroke disability was evenly distributed (mRS: 0 = 17%; 1 = 17%; 2 = 17%; 3 = 17%; 4 = 16%; 5 = 16%); 98% (n = 357) of patients were residing at home, but 57% (n = 205) of these needed help with ADLs. Of the 2% (n = 8) who resided in a long-term care facility, all had severe disability (mRS 3,4,5). Mean informal care time received by patients with severe disability over the previous 7 days by all caregivers in the family was 145.4 (SD = 67.6) hours; patients with mild/moderate (mRS 0,1,2) disability received 52.6 (SD = 44.2) hours ($p < 0.001$). **CONCLUSIONS:** Despite moderate or severe disability in a substantial proportion of this Greek cohort, most of these post-stroke patients were cared for by their caregivers at home. Post-stroke impairment remains an important determinant of caregiver burden well beyond the acute care period, which can translate into significant lost productivity costs.

CARDIOVASCULAR DISORDERS— Patient-Reported Outcomes Studies

PCV86

COMPARISON OF PERSISTENCE AND ADHERENCE BETWEEN PRASUGREL AND CLOPIDOGREL IN THE TREATMENT OF PATIENTS WITH ACUTE CORONARY SYNDROMES AND PERCUTANEOUS CORONARY INTERVENTIONS

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OBJECTIVES: In patients with acute coronary syndromes (ACS), continued treatment with thienopyridine regimens has been associated with fewer major adverse cardiac events. In the TRITON-TIMI 38 trial, prasugrel was compared to clopidogrel in ACS patients undergoing percutaneous coronary intervention (PCI) resulting in a 19% reduction in cardiovascular death, myocardial infarction, or stroke, but an increase in TIMI defined bleeding (10.9% vs 7.9%, $p < 0.001$). The impact of these complications on medication persistence and adherence is unknown. The objective of this study was to compare persistence and adherence of clopidogrel and prasugrel in TRITON TIMI-38. **METHODS:** TRITON TIMI-38 was a double-blind, randomized, controlled trial which enrolled 13,608 patients with ACS and planned PCI. Of the 13,608 patients enrolled, 13,457 patients received at least one dose of study drug and were evaluated for this study. Patients treated with prasugrel (N = 6,741) or clopidogrel (N = 67,16) were followed for up to 15 months. Adherence was calculated using the medication possession ratio (MPR), the total days with medication divided by total days in the study. Persistence was measured as the time from randomization to the first gap of >14 days between exhausting the supplied medication and filling the next prescription. Sensitivity analyses using gaps of 7 and 30 days were performed. Clopidogrel and prasugrel adherence and persistence were compared using multivariate linear regression, controlling for demographics and illness history. Robustness of results was examined using alternative modeling. **RESULTS:** A total of 17.6% of patients prematurely discontinued study drug (prasugrel, 17.9% vs. clopidogrel, 17.3%, $p = 0.382$). The MPR for prasugrel (0.96) and clopidogrel (0.96) were similar ($p = 0.801$). Similar persistence levels between prasugrel-treated patients and clopidogrel-treated patients were observed using the 14-day gap (319 vs. 322 days, $p = 0.296$). Sensitivity analysis using 7-day and 30-day gaps confirmed these findings. Study drug was discontinued for a hemorrhagic adverse event (AE) in 2.5% of prasugrel patients compared to 1.4% of clopidogrel patients ($p < 0.001$) and stopped for a non-hemorrhagic AE in 4.6% v 5.0% ($p = 0.372$). **CONCLUSIONS:** Despite an increase in TIMI defined bleeding and an increased rate of discontinuation of study drug for a hemorrhagic event with prasugrel, similar levels of adherence and persistence were observed for prasugrel-and clopidogrel-treated ACS patients with PCI in TRITON TIMI-38. Further study will be necessary to determine whether these results can be replicated outside of the clinical trial setting.

PCV87

PERSISTENCE WITH AMIODARONE OR SOTALOL AND ITS IMPACT ON ATRIAL FIBRILLATION-RELATED HOSPITALIZATIONS AND CARDIOVERSIONS

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OBJECTIVES: This study examined persistence with amiodarone and sotalol and the effect of stopping treatment on atrial fibrillation (AF)-related hospitalizations and cardioversions. **METHODS:** A cohort of patients with a diagnosis of AF recorded between 1999 and 2005 was assembled from the PHARMetrics® database. The cohort included treatment-naïve adults aged 40 years or older who established treatment with amiodarone or sotalol (at least two consecutive prescriptions). Discontinuation was defined as a gap in availability of the index treatment lasting at least 60 days, or one refill period plus one month, whichever was longer. Patients were followed until outcomes of interest or end of follow-up, defined as end of administrative data, change in coverage, switching to or adding another treatment, or restarting treatment after not persisting. The impact of persistence on hospitalizations and on cardioversions was assessed using Cox regression models with a time-dependent indicator for persistence adjusting for baseline covariates. **RESULTS:** Over a mean follow-up of 1.26 years of 8193 patients (65% male, mean age 67 years), persistence with amiodarone was 44% after one year and 60% with sotalol (median times: 9.4 vs. 19 months, respectively; $p < 0.001$). By the third year, only 20% were still on amiodarone and 30% on sotalol. The majority of patients (62%) did not collect any prescription after discontinuation. Of those who did, patients taking sotalol were more likely to switch to or add another treatment, while patients on amiodarone tended to restart on the same drug. Persistence was associated with a decreased risk of cardioversions (hazard ratio, HR = 0.37, 95%CI: 0.25–0.56), but only borderline with hospitalizations (HR = 0.86, 95%CI: 0.79–1.02). **CONCLUSIONS:** Persistence with amiodarone or sotalol is generally poor, and patients who discontinue treatment are unlikely to restart at a later time. Stopping treatment was associated with increased risk of cardioversions and a trend of increased AF-related hospitalizations.