PCV44
ASSOCIATION BETWEEN BASALINE SOCIO-DEMOGRAPHIC AND CLINICAL CHARACTERISTICS AND TOTAL ANNUAL COST OF PATIENTS SUBMITTED TO CRMDS IMPLANTATION
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OBJECTIVES: To study the association between baseline socio-demographic and clinical characteristics and total annual follow up cost of unselected patients subjected to CRMDS implantation in a real-world setting. METHODS: A single-centre, prospective study was conducted for one year’s period. In total, 464 consecutive patients were recruited (370 were subjected to PM implantation initial or replacement and 94 to ICD implantation initial or replacement). The baseline collected data encompass: socio-demographic characteristics, measurements of anthropometric and clinical characteristics, medical history, medications used before the enrolment in the study and Qol assessed by the EUROQOL EQ-SD Questionnaire. Resource data were assessed at 6 and 12 months after the procedure of implantation. Then, the components of cost were calculated using the bottom-up approach. RESULTS: The mean age of the patients who underwent CRMDS implantation was 72.4 ± 10.4 years, the average hospitalization cost (€) was €11,955 ± €5,910, the mean hospitalization days was 7.8 ± 6.3, the maximum hospitalization days was 55 days, the percentage of patients with dose titration was low (range: 1.02% for simvastatin to 5.01% for rosuvastatin), adherence was assessed using the medication possession ratio (MPR), defined as the number of days of statin therapy on hand divided by duration of statin therapy. RESULTS: A total of 3,417 patients met the inclusion criteria. The most common statins received were atorvastatin (32.43%), rosuvastatin (29.7%), pravastatin, and pravastatin (9.12%) and pravastatin (9.00(3.66) for rosuvastatin, 2.97(1.50) for pravastatin, and 9.12(0.09) for pravastatin. The percentage of patients with dose titration was low (range: 1.02% for simvastatin to 5.01% for rosuvastatin). Adherence was assessed using the medication possession ratio (MPR), defined as the number of days of statin therapy on hand divided by duration of statin therapy.

PCV47
DISCONTINUATION/INTERRUPTION OF WARFARIN THERAPY IN PATIENTS WITH NON-VALVULAR ATRIAL FIBRILLATION
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OBJECTIVES: The purpose of this study was to assess patterns and predictors of warfarin persistence, discontinuation, and interruption among patients with non-valvular atrial fibrillation (NVAF). METHODS: This study used the MarketScan Database (ages of age) with initial ICD implantation and those subjected to ICD replacement, respectively. CONCLUSIONS: Age, higher medication adherence, and hypertension were significantly associated with the total annual social cost. The predicted mean total annual costs (95% CI) adjusted for the factors mentioned above were €2.256 (€2.018–€2.534) for the overall sample of PM patients, and €2.171 (€1.888–€2.505) and €2.409 (€2.063–€2.778) in patients with initial PM implantation and those subjected to PM replacement, respectively. In addition, the history of hypertension and hypercholesterolaemia as well as the baseline Qol were significantly associated with the total annual cost of patients subjected to ICD implantation. The predicted mean total annual costs (95% CI) adjusted for the factors mentioned above were €3.138 (€2.771–€3.967) for the overall sample of ICD patients, and €3.528 (€2.901–€4.156) and €2.044 (€1.329–€3.029) in patients with initial ICD implantation and those subjected to ICD replacement, respectively.

PCV45
AN EVALUATION OF MEDICATION ADHERENCE IN HYPERTENSIVE PATIENTS USING THE THEORY OF PLANNED BEHAVIOR
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OBJECTIVES: Uncontrolled blood pressure (BP) attributed to medication non-adherence may increase the risk of complications and death. Predicting hypertensive patients’ medication adherence, therefore, is an important factor. The theory of planned behaviour (TPB) proposes that the hypertensive patient’s attitude, subjective norm, and perceived behavioral control predict intention to perform a behavior, leading to predicted medication adherence. METHODS: A cross-sectional study, patients with chronic hypertension from a regional hospital in eastern Taiwan were enrolled in this study. Using a cross-sectional study, BP was measured and structured questionnaires were administered to all patients. Descriptive statistics were calculated for measures of the TPB variables. RESULTS: The percentage of patients with dose titration was low (range: 1.02% for simvastatin to 5.01% for rosuvastatin). Mean(SD) persistence ranged from 460.77(270.26) days for fluvastatin to 540.08(247.51) days for atorvastatin. Mean(SD) MPR ranged from 0.90(0.16) for rosuvastatin to 0.95(0.11) for fluvastatin. When MPR was alternatively measured over the entire 24 month follow-up period, mean(SD) MPR ranged from 0.750(0.29) for rosuvastatin to 0.800(0.26) for fluvastatin. CONCLUSIONS: Statin titration among Japanese patients with HRVD was rare, and most patients remained on the lowest dosage available during follow-up. Although statin adherence was good, there still remains a potential concern about under-treatment/under-management of HRVD in Japan.

CV9
PHARMACEUTICAL CARE PATIENTS OF CHRONIC DISEASES WITH POLYPHARMACY AND COST SAVING
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OBJECTIVES: The polypharmacy were incidence increase risk of drug-drug interactions, especially suffers from elderly and chronic disease such as age greater than 60 years old, chronic kidney dysfunction, cardiovascular disease and cancers are significant. To evaluate the cost-effectiveness of consultations by pharmacists based within primary care polypharmacy in chronic disease. METHODS: In order to avoid duplication and waste treatment drugs, the plan is to be Pharmaceutical Care System and to search medication information at Department of National Health Insurance Virtual Private Cloud (VPC). We were identifying potential duplicate medication consultations with polypharmacy, and to evaluate pharmacist consultations on health service use outcome. The study subjects were identified based on inappropriate prescriptions of duplicate medications, drug-drug interactions, or overdose. A pharmacist consultation was defined as a computer consultation in the National Health Insurance (NHI) Database and included patients (>65 years of age) with NVAF who were initiated on warfarin and followed for 365 days. Persistence was defined as warfarin therapy without a gap ≥45 days between warfarin prescriptions. Interruption was defined as a gap ≥45 days in warfarin therapy and having the gap ≥90 days without warfarin therapy. Factors associated with warfarin interruption/discontinuation were determined using a Cox proportional hazards regression model. Sensitivity analyses were conducted to assess robustness of results by excluding individual gaps ≥30, 45, and 30 days. RESULTS: Within 12 months of warfarin initiation, 26,241 (44.8%) patients were persistent with warfarin, 6,895 (11.8%) had interruption, and 25,457 (43.4%) had discontinuation with or without interruption. The risk of warfarin interruption/discontinuation was significantly lower in patients that were younger than 65 years (hazard ratio [HR]: 1.22, 95% confidence interval [CI]: 1.19–1.25), lived in the West (HR: 1.07; 95% CI: 1.03–1.11), had anemia (HR: 1.10; 95% CI: 1.06–1.14), experienced bleeding episodes (HR: 1.50; 95% CI: 1.06–2.14), were hospitalized or had emergency room visits (HR: 1.11; 95% CI: 1.08–1.13), or had higher Charlson Comorbidity Index (HR: 1.01; 95% CI: 1.01–1.02). The significant factors associated with interruption/discontinuation were consistent in the sensitivity analyses. CONCLUSIONS: In the usual clinical practice setting, more than 50% of patients discontinued or interrupted warfarin within one year after initiation. Age <65 years, multiple medical conditions, and previous hospital and ER visits were associated with increased risk of interruption/discontinuation. Given this, pharmacists and health care providers should take a more active role in understanding and addressing the reasons behind patient non-adherence.

PCV46
DOSAGE TITRATION, PERSISTENCE, AND ADHERENCE TO STATIN THERAPY AMONG PATIENTS WITH HIGH-RISK VASCULAR DISEASE IN JAPAN
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OBJECTIVES: To document dose titration, persistence, and adherence among patients with high-risk vascular disease (HRVD) receiving statin therapy in an exacerbation of diabetes, and history of diabetes, and history of angina. METHODS: A retrospective analysis was conducted using the Japan Medical Data Center (JMDc) database, which contained inpatient, outpatient, and pharmacy claims of 800,000 lives from 2006–2011. HRVD was identified based on diagnoses for cerebrovascular disease, peripheral artery disease, renal disease, coronary heart disease with diabetes, and history of angina. The annual percentage screening (APS) was defined as patients >30–365 days after ACS-related hospitalization between 1/1/2008–12/31/2009. Patients were required to have insurance coverage for ≥12 months before and ≥24 months after first HFD claim. Patients receiving statin therapy were selected to assess dose titration, persistence, and adherence.