acceptance of stroke prophylactic treatment. Interestingly, no single patients characteristics changed the fact that A’s patients were willing to accept a non-zero risks of bleeding in exchange for prevention of disabling strokes.

PCV103

DEVELOPMENT OF A NEW QUESTIONNAIRE TO MEASURE SATISFACTION WITH MEDICAL CARE IN PATIENTS WITH ATRIAL FIBRILLATION (SAFUCFA)

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OBJECTIVES: To assess item analysis and dimensional validity of a new questionnaire developed to measure Satisfaction with medical care in patients with atrial fibrillation, in order to accomplish item reduction. METHODS: The initial instrument was composed by 37 items, arranged in 6 dimensions: 1- Efficacy (4 items), 2- Ease and convenience (7 items), 3- Impact on daily activities (11 items), 4- Satisfaction with medical care (6 items), 5- Medication undesired effects (6 items), and 6- Overall satisfaction (4 items). Items and dimensions where extracted from reviewing previous English instruments, 3 focus groups with chronic patients, and a panel composed by 8 experts. Additionally 3 Visual Analog Scales (VAS) measuring Quality of Life, Effectiveness and Overall Satisfaction were applied. A convenience sample of 118 patients with atrial fibrillation was recruited. City item analysis, exploratory factor and confirmatory factor analysis, test-retest and correlation with VAS scales were used. RESULTS: The questionnaire was reduced in length to 25 items, but the impact dimension had to be divided in 2 dimensions: Treatment and convenience and Treatment Control. The reduced version presents an overall Cronbach alpha of 0.861, with acceptable dimensional reliabilities (0.764-0.908). Individual dimensions were well formed and correlated in different degrees, being the dimension of Satisfaction with medical care the most independent one. Test-retest correlation were high (0.784-0.960), and correlations with VAS scales were meaningful. CONCLUSIONS: The 25-item questionnaire shows good reliability and validity to assess satisfaction with medical care in patients with atrial fibrillation. Further research is needed to examine if the questionnaire could be generalized to different populations of patients with atrial fibrillation.

CARDIOVASCULAR DISORDERS - Health Care Use & Policy Studies

PCV104

RELATIONSHIP BETWEEN COMORBIDITIES, BLOOD PRESSURE CONTROL AND THERAPEUTIC SCHEMES IN REAL-LIFE SETTING HYPERTENSIVE PATIENTS

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OBJECTIVES: To describe demographical and medical characteristics of patients treated with bi- or multi- anti-hypertensive therapies and to outline the link between therapeutic scheme, blood pressure control and patients co-morbidities. METHODS: A retrospective study was undertaken, based on the IMS Lifeline Electronic Medical Records database (Disease Analyzes), investigating age, gender, blood pressure control and co-morbidities according to the number and type of associated anti-hypertensive therapies. RESULTS: A total of 13,618 patients, treated by bi- or multi-anti-hypertensive therapies and for whom blood pressure levels were available, were included in a 2011 Cohort (mean age 66.8, 48% men). Respectively 39% and 58% of patients had a controlled blood pressure depending on the threshold of the control (140/90 or < 140/90), showing the importance of the precise threshold in real-life. Respectively 1.5% and 3% of patients had blood pressure lower than 120/80 and 100/70 mmHg respectively. Significantly more patients (p < 0.05) have a controlled blood pressure under tri-therapy (41.6/62.4% according to the two previous thresholds) rather than under bi-therapy (37.9%/57.8%), but no control difference is seen in patients treated by tri-therapy vs 4 or more. 59.4% of patients have at least one cardiovascular, renal or diabetic co-morbidity; a statistical link has been shown between the patient number of co-morbidities and the number of associated anti-hypertensive drugs in the treatment scheme. CONCLUSIONS: The number of anti-hypertensive associated in a treatment scheme increase the patient co-morbidity level. Despite the use of bi or multi-therapies, sixty-one per cent of patients who are being prescribed several anti-hypertensive drugs do not have a controlled blood pressure (>=140/90); prescribing 4 or more associated anti-hypertensive does not seem to increase the percentage of controlled patients.

PCV105

THE IMPORTANCE OF A DEFINITION: COST IMPLICATIONS FOR THE UK OF DRUGS IN POLAND – IMPLICATIONS FOR PHARMACEUTICAL PRICING AND REIMBURSEMENT POLICY

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OBJECTIVES: To examine the impact of market entry of generic atorvastatin in Belgian market and on cost-effectiveness of statin therapy. METHODS: This research will use anti-hypertensive drugs sales data to identify the pattern of usage of anti-hypertensive medications in different regions of Egypt, under the different reimbursement systems (including out-of-pocket). A trend (if any) will be drawn over time, to identify the impact of changing reimbursement policies, and the increase of medication prices on anti-hypertensive drugs usage. For this purpose, we will look into sales/ dispensing data from the national health care provider database (National Drug Reimbursement System) and the private sector. CONCLUSIONS: Efficient drug reimbursement systems should be improved to achieve better patient access to chronic illnesses’ medication.

PCV107

GENDER ATORVASTATIN, THE BELGIAN STATIN MARKET AND THE COST-EFFECTIVENESS OF STATIN THERAPY

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OBJECTIVES: In May 2012, generic atorvastatin has become available in Belgium. This study examines the impact of market entry of generic atorvastatin in Belgian statin market and on cost-effectiveness of statin therapy. METHODS: Using IMS Health data, the Belgian 2000-2011 statin market was analyzed in terms of total expenditure, annual price of statin treatment, and number of patients. Also, a simulation analysis projected market share of the Belgian statin market from 2012 to 2015 following market entry of generic atorvastatin. This analysis was based on three scenarios regarding the number of patients taking specific statins. Savings associated with an atorvastatin price reduction of 50%-70% were calculated. A literature review of economic evaluations was conducted to assess the cost-effectiveness of generic atorvastatin. RESULTS: Statin expenditure more than doubled from €113 million in 2000 to €285 million in 2011, mainly as a result of higher expenditure on atorvastatin and rosuvastatin. Although the number of patients treated with simvastatin increased by nearly 800% during 2000-2011, the resulting increase in expenditure was partially offset by price reductions due to generic competition and a simvastatin tender. The simulation analysis indicated that atorvastatin will become the dominant product in the Belgian statin market (market share by expenditure of 47%-66% by 2015). Annual savings were projected to attain €180m-153.7 million for a 50% reduction in the atorvastatin price and €132.0-425.2 million for a 70% price reduction. The literature suggests that generic atorvastatin is cost-effective as compared to simvastatin and becomes more cost-effective at higher daily doses. The limited evidence about the cost-effectiveness of rosuvastatin compared with generic atorvastatin is inconclusive. CONCLUSIONS: Generic atorvastatin is cost-effective as compared to simvastatin, is projected to become the dominant product in the Belgian statin market and is expected to generate substantial savings to health care payers.

PCV108

ANALYSIS OF OUTPATIENT UTILIZATION AND COSTS OF ANTIITHROMBOTIC DRUGS IN POLAND – IMPLICATIONS FOR PHARMACEUTICAL PRICING AND REIMBURSEMENT POLICY

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