**CONCLUSIONS:** To analyze the impact of regional measures in the sales of the renin-angiotensin system antagonists in Spain. METHODS: Regional measures from each of the 17 Spanish Autonomous Regions (AR) were identified by searching on health services’ measurement scale (RMS) in rational use of drugs (RUD) was constructed. Values ranged from 0 to 24 considering the number and the specificity of the applied policies. The 2019 market share of the Angiotensin-II Receptor Antagonists (AIIRA) vs. Angiotensin-Converting Enzyme (ACE) inhibitors was analyzed. AR market shares and RMS correlations were calculated. Correlated AR Market shares were adjusted according to the values of RMS using a linear regression model for the AR with correlation between the RMS and the market shares. The decrease in market share on the AIIRA by RMS point was determined by the slope coefficient of the regression (β). RESULTS: Health plans, clinical guidelines, pharma-cotherapeutic guides, health technology assessments and therapeutic newsletters, promoting the prescription of ACE inhibitors rather than AIIRA, were identified. In 14 out of 17 AR, the correlation between the RMS and the market share was statistically significant (r = 0.55, p = 0.0004). Of these, three AR scored 0, five 1 to 10, four 10 to 20, and two 22 and 23 points respectively. A 0.52% decrease in market share on the AIIRA was observed for each point in the RMS. The maximum impact observed in the market share was 11.96%. Considering that the variability in the AIIRA market share was 24.1%, half of it was explainable by the establishment of RMS measures. CONCLUSSIONS: Results support the fact that not only the establishment of regional measures is important but also the way they are implemented.

**PCV125**

**PROTEIN-C-REACTIVE AS A MARKER OF INFLAMMATION AND CARdiovascular disease IN PATIENTS WITH SCHIZOPHRENIA: A CROSS-SECTIONAL ANALYSIS OF A HEALTH CARE PROVIDER ADMINISTRATIVE CLAIM DATABASE**

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**OBJECTIVES:** Interest in cardiovascular diseases (CVD) in patients with schizophrenia has recently become growing among psychiatrists due to its documented incremental mortality for these causes. Identification of markers for such disorders seems, therefore, reasonable. Serum Protein-C-Reactive (PCR) levels have been determined as a marker of inflammation in individuals with CVD and/or at high risk for developing it. However, it is unknown the role of this protein in schizophrenics. Thus, the goal of this research was to explore the use of PCR as a marker of inflammation and CVD in patients with Schizophrenia. METHODS: A cross-sectional analysis of the EVA administrative claim database was conducted including all men and women, ≥18 years, with a schizophrenia spectrum disorders (by DSM-IV criteria) diagnosis. PCR measurement together with socio-demographics, evaluation, medical history, 10-years CVD risk (Framingham equation) and biochemistry data was extracted for analysis. RESULTS: A total of 705 patients >50 years of age (59.4 ± 7.6 years; 47.2% males) with at least one additional PCR and 67 physicians (mean age: 40.7 ± 8.6 years; 82.1% males) were included from Turkey in the multicentre, multinational, cross-sectional epidemiological EUREKA study (NCT00882336) conducted across Europe. Measurement together with socio-demographics, evolution, medical history, 10-years CVD risk (Framingham equation) and biochemistry data was extracted for analysis. RESULTS: A total of 705 patients >50 years of age (59.4 ± 7.6 years; 47.2% males) with at least one additional PCR and 67 physicians (mean age: 40.7 ± 8.6 years; 82.1% males) were included from Turkey in the multicentre, multinational, cross-sectional epidemiological EUREKA study (NCT00882336) conducted across Europe. Using the Framingham risk score, 7.4% of patients met criteria for analysis. Mean 10-year CVD risk was high; 11.9% ± 5.7% and mean PCR levels were 2.6 ± 2.5 mg/L with 30.4% showing values above normal's (≥3.5 mg/L). Unadjusted PCR slightly correlated with CVD risk; r = 0.171 (p < 0.001). After adjusting for sex, evolution, smoking and anti-inflammatory drugs treatment, PCR was linearly associated with 10-year CVD risk stratified by its level of risk (low, moderate, high/very high); respectively, 2.3 (95% CI: 2.1–2.5), 3.1 (2.6–3.5) and 3.7 (3.2–4.1) mg/L F = 13.5, p = 0.001. Patients with known CVD showed also higher PCR levels: 3.7 (2.9–4.5) vs. 2.5 (2.4–2.7) mg/L, p = 0.008, and higher probability of values above normal's Odds Ratio = 4.71 (2.01–11.04), p = 0.001. CONCLUSIONS: High PCR levels (above normals) were associated with both known CVD and high/very high 10-year risk of CVD event in patients with schizophrenia. Then, PCR might be a marker of inflammation and CVD in this psychiatric disorder.

**PCV126**

**USE OF PROTON PUMP INHIBITORS (PPIs) IN ACUTE CORONARY SYNDROME PATIENTS TREATED WITH CLOPIDOGREL IN GERMANY, FRANCE, AND THE UNITED KINGDOM**

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**OBJECTIVES:** There is controversy in the literature regarding the effects of concomitant use of proton-pump inhibitors (PPIs) potentially reducing the clinical effectiveness of clopidogrel. Also important is whether the effect occurs with all PPIs or only omeprazole. The purpose of this study is to assess the usage of PPIs in combination with clopidogrel in Acute Coronary Syndrome (ACS) patients in the primary care setting. METHODS: This was a retrospective study using IMS Disease Analyzer databases in France, Germany and the UK. These longitudinal patient databases provide information from continuing physician and patient interaction on consultations, diagnoses and treatments within primary care. RESULTS: From April 2008 to April 2009, 57% of post-ACS clopidogrel patients also had a PPI prescribed (France...