Framingham (16.9%) and the European Hypertension Chart (31.3%). Reasons for not using risk tools included time constraints (60.8%), not being convinced of their utility (22.1%) and lack of knowledge (20.0%). a high percentage of physicians believed the algorithms have limitations (72.4%); 92.1% believed they lead to overlooking other risk factors and 69.3% believed they cannot be used to calculate risk in elderly patients. The most commonly used clinical guidelines were those from the ESC (CVD Prevention in Clinical Practice [56.3%] and Management of Arterial Hypertension [29.9%]) or from local authorities (17%). In total, 12.9% of physicians reported not using guidelines; reasons included the wide choice or uncertainty of which to use (47.5%), time constraints (33.7%), lack of knowledge (27.7%) and a perception that they are unrealistic (23.8%). **CONCLUSIONS:** Time constraints, perceived utility and inadequate knowledge were common factors limiting the use of cardiovascular risk evaluation tools and assessment guidelines. Better compliance with risk assessment tools may reduce the high proportion of patients with poorly managed cardiovascular risk factors.

**PCV122**

### THE IMPACT OF A CLINICAL PHARMACIST INTERVENTION ON LIPID-LOWERING IN A PRIMARY CARE SETTING

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**OBJECTIVES:** The Adult Treatment Panel III guidelines suggest that the goal of low-density lipoprotein cholesterol (LDL-C) in patients with both cardiovascular disease and diabetes is <100 mg/dL. Many patients remain poorly controlled despite various interventions in primary care, including statin therapy and health behavior modification. We evaluated the impact of adding a clinical pharmacist intervention to usual care on LDL-C control and treatment costs in diabetic cardiac patients. **METHODS:** We prospectively compared a clinical pharmacist intervention in 138 patients with a matched control sample of 353 patients receiving usual care in Maccabi Healthcare Services (MHS) in Israel. Patients with cardiovascular disease and diabetes and LDL-C levels >100 mg/dL were identified from the MHS's computerized database. The clinical pharmacist reviewed patients' clinical charts and discussed the recommendations to improve hyper-lipidemic control with the patients' primary-care practitioners. The recommendations were given every three months for a one-year period. The primary clinical endpoint was reaching LDL-C goal. Clinical outcomes and overall treatment costs in both groups were evaluated at the end of the study year. **RESULTS:** During the study year, 67% of the patients in the intervention group reached the LDL goal vs. only 54% in the control group (p = 0.014). LDL target was reached three months earlier in the intervention group as compared with control patients (0.710 year vs. 0.992 year, respectively; log-rank test: p = 0.015). However, at the end of the study year, LDL target was maintained in approximately 50% of patients in both groups. Overall treatment costs (physician visits, hospital and emergency room admissions, lab tests, medications) were 14% lower in the intervention group and 11% higher in the control group as compared with the year prior the intervention. **CONCLUSIONS:** A clinical pharmacist intervention in high-risk patients may result in clinical improvements and lower treatment costs. These results demonstrate the high-value of clinical pharmacist involvement in patient treatment.

**PCV123**

### EPIDEMIOLOGICAL STUDY OF EUROPEAN CARDIOVASCULAR RISK PATIENTS: DISEASE PREVENTION AND MANAGEMENT IN USUAL DAILY PRACTICE—TURKISH RESULTS OF EURIKA STUDY

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**OBJECTIVES:** To assess management of cardiovascular risk factors (CVRF) in daily clinical practice and to identify areas of potential improvement in primary prevention of CVD. **METHODS:** A total 663 patients >50 years of age (59.4 ± 7.6 years; 47.2% males) with at least one additional CVRF and 67 physicians (mean age: 40.7 ± 8.6 years; 82.1% males) were included from Turkey in the multicentre, multinational, cross-sectional epidemiological EURIKA study (NCT00882336) conducted across Europe. Management and control of classical, emergent and psycho-social CVRF, use of CV risk assessment by the physicians as well as barriers for estimating and using global cardiovascular risk scores were identified. **RESULTS:** Total CV risk assessment in Turkish patients was stated to be performed by 48.5% of the physicians mostly by chart (71.9%) and mainly for an advice on healthy lifestyle (84.4%) and to decide on antihypertensive (78.1%) or lipid-lowering treatment (75.0%). Time constraint for global CV risk evaluation was the main reason (73.5%) for the lack of assessment identified by the physicians. a total of 514 patients (77.5%) were classified to have high CV risk by the physicians using a local (7.6%) or the recent European Guidelines on Cardiovascular Disease Prevention in Clinical Practice (ESC 2007) (80.0%). Although global cardiovascular risk was said to be under control in 75.5% of the patients, satisfying control of CV risk factors was evident in only 56.7% while the overall percentage of the patients who were aware of their CV risk was 69.5%. **CONCLUSIONS:** Apparently targets defined in guidelines are not sufficiently met and there is clear need for better management of high risk patients. Development of better structured and more realistic, simple and credible national guidelines adapted to suit local medical and economic conditions should be encouraged.

**PCV124**

### IMPACT OF REGIONAL MEASURES IN THE SALES OF THE RENIN-ANGIOTENSIN SYSTEM ANTAGONISTS IN SPAIN

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**OBJECTIVES:** 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' websites. a *Regional 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 politics. The 2009 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, pharmacotherapeutic 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 shares was statistically significant (r = 0.55, p = 0.004). Of these, three AR scored 0, five 1 to 10, four 10 to 20, and two 22 and 23 points respectively. a 0.52% decline in the market share 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 RUD measures. **CONCLUSIONS:** 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 BSA 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, evolution, medical history, 10-years CVD risk (Framingham equation) and biochemistry data was extracted for analysis. **RESULTS:** A total of 705 patients [53.0% men, 48.2 + 15.8 years (mean + SD), 5.9 + 3.2 years of evolution, 79.7% on atypical drugs] 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 mg/L). Unadjusted PCR slightly correlated with CVD risk; r = 0.171, *P* < 0.001. After adjusting by age, 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 in question 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