OBJECTIVES: Clinical trials comparing rivaroxaban or dabigatran to warfarin showed a major and non-fatal bleeding risk with rivaroxaban significantly less than warfarin. Reporting on 4,104 (14%) life-threatening events. Dabigatran was the most commonly prescribed drug with amlodipine (18.49%) out of 16 drugs within DU90% segment, and 67% of cases. The odds of exposure for fatal bleeding was significantly higher with dabigatran (ROR 2.28, 95% CI 1.99-2.54) and warfarin (ROR 2.12, CI 1.17-1.38) with a significant decrease associated with rivaroxaban (ROR 0.8, CI 0.75-0.89). CONCLUSIONS: Among the NOACs, patients having fatal and non-fatal bleeding were found to have higher odds of dabigatran exposure and significantly lower odds of rivaroxaban exposure. Though FAERS is subject to significant bias, the results suggest dabigatran-related bleeding is higher in clinical practice and rivaroxaban may be a safer alternative.

PCV27 USE OF SELECTIVE-5ERTONIN REUPTAKE INHIBITORS AND PLATELET AGGREGATION INHIBITORS AMONG INDIVIDUALS WITH CO-OCCURRING HEART DISEASE AND DEPRESSION OR ANXIETY

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OBJECTIVES: Anxiety and depression are prevalent in individuals with coronary heart disease. Selective-serotonin reuptake inhibitors (SSRI) are first-line therapy for many anxiety and depression disorders. Platelet aggregation inhibitors (PPI) are the cornerstone of therapy for various types of heart disease. These medications are relatively contraindicated due to an increased risk for many types of bleeding. The purpose of the study was to examine the prevalence and predictors of use of both SSRI and PPI among individuals with co-occurring heart disease and anxiety or depression. METHODS: Respondents who were age 22 years and older, alive throughout the study period, diagnosed with heart disease and co-occurring anxiety or depression (n=1,253) in 2009-11 of the Medical Expenditure Panel Survey were used for this study. Treatment was grouped as: 1) SSRI and PPI, 2) SSRI or PPI, and 3) Neither SSRI or PPI. RESULTS: Overall, 11.2% used both SSRI and PPI, 46.3% used SSRI or PPI, and 42.5% used neither SSRI nor PPI. Significant subgroup differences were observed in the use of treatment by sex and race, and depression was more common in females and elderly patients. [AOR 0.57 (95%CI= 0.36-0.92)] while respondents having education less than high school [AOR 2.27 (95%CI = 1.30-3.99)] or a diagnosis of diabetes [AOR 2.13 (95%CI = 1.26-3.53)] was more major and non-fatal bleeding risk. CONCLUSIONS: In this sample potentially inappropriate medication use was prevalent. Patients with less education or lower socioeconomic status are more likely to have health disparities and are at higher risk for both physical and mental health problems. In this study, the use of both medications were more likely to be receiving an inappropriate combination of medications. The strong association with diabetes diagnosis and treatment choice is important because of the increased risk for bleeding in patients who received treatment for diabetes.
TRENDS IN ANTIHYPERTENSIVE MEDICATION USE IN US OFFICE-BASED PRACTICES: ARE ELDERLY PATIENTS TREATED DIFFERENTLY? Gu A, Yue Y, Argulian E

St. John’s University, Jamaica, NY, USA; Baruch College/CUNY, New York, NY, USA; Mount Sinai St. Luke’s Hospital, New York, NY, USA

OBJECTIVES: 1) To investigate recent trends in antihypertensive medication prescription among US adults with hypertension in office-based practices; 2) To determine if there are differences in the classes of antihypertensive agents prescribed for the elderly population as compared with younger patients. METHODS: The latest available National Ambulatory Medical Care Survey (NAMCS) (2003–2010) were analyzed. All encounters with ICD-9 codes for essential hypertension (eg, 401.0, 401.1, or 401.9) and patients aged ≥18 years were identified. Multivariable logistic regression analyses determined the adjusted associations between age (<60 years, ≥60 years) and the prescription use of antihypertensive classes, as well as prescribing year trends. The statistical analyses were computed in the Taylor series linear approximation. RESULTS: Approximately 674 million weighted office visits were included in the analysis. Overall, the prescription of antihypertensive medication increased from 69.2% in 2003 to 2004 to 78.8% in 2009 to 2010 (P trend <0.01) and the proportion of visits with hypertension increased significantly in recent years which was accompanied by some improvement in hypertension control. The prescribing patterns differed among younger vs older patients but continuous use of β-blockers without other compelling indications remains a concern.

COMPARISON OF DIFFERENT METABOLIC SYNDROME CRITERIA AND INDIVIDUAL RISK FACTORS IN THE RISK PREDICTION OF CARDIOVASCULAR AND CHRONIC DISEASES Bhoushni P, Peterson M

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OBJECTIVES: (1) To compare risks posed by the metabolic syndrome (MetS) defined with different criteria and cardiovascular risk factors in the development of diabetes and cardiovascular disorders; (2) To compare other chronic diseases, determine if modification should be made to existing MetS definitions and standards of diagnosis of high risk patients. METHODS: A combination of NHANES 2009-2010 and 2010-2011 databases formed our study cohort. This criteria as improved harmonized 2009 World Health Organization definition, criteria from National Cholesterol Education Program Adult Treatment Panel III (NCEP-ATP III), International Diabetes Federation (IDF) and European Group for Study of Insulin Resistance (EUGIR). Individual cardiovascular risk factors included smoking, alcoholism, albuminuria, elevated C-reactive protein levels and heredity of diabetes and cardiovascular disorders. Risk prediction was carried out for chronic disorders such as diabetes, cardiovascular disorders and disorders of the musculoskeletal system, kidney, and 2010-2011 databases formed our study cohort. The prescribing patterns differed among younger vs older patients but continuous use of β-blockers without other compelling indications remains a concern.

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