developed to evaluate the relative effectiveness between the NOACs and warfarin for the primary efficacy endpoint of stroke or systemic embolism (SE) and primary safety endpoint of major hemorrhage. Secondary endpoints included ischemic stroke, hemorrhagic stroke, SE, myocardial infarction, intracranial hemorrhage, gastrointestinal hemorrhage, cardiovascular-related mortality, and all-cause mortality. A probability of best treatment was calculated for each antithrombotic agent for the different outcomes, but an overall conclusion was that combinations were the most efficacious. The analyses identified dabigatran-150mg and apixaban as the best option for the prevention of stroke or SE and major hemorrhage, respectively.

PCV12

EFFECTICITY OF HEART FAILURE PHARMACOLOGICAL TREATMENT CLASSES AND COMBINATIONS: NETWORK META-ANALYSES

Veiera MC1, Ellis AG1, Lowy A2, Deschaseaux C2, Jansen JP3
1MAPI Consultancy, Boston, MA, USA, 2Novartis Pharma AG, Basel, Switzerland

OBJECTIVES: To compare efficacy and tolerability of drug classes and combinations for chronic heart failure (CHF) based on evidence from randomised controlled trials (RCTs) to populate an economic model with updated estimates. METHODS: A systematic literature review (2000-2011) identified 54 RCTs of angiotensin converting enzyme inhibitors (ACEI), beta-blockers (BB), angiotensin II receptor blockers (ARB), and aldosterone antagonists (AA). Efficacy and tolerability results of individual studies were combined by network meta-analysis. Regimens which could be compared varied, depending on the outcome considered. For all-cause deaths and left-ventricular ejection fraction (LVEF), 10 regimens could be included (ACEI; BB; ARB; ACE+BB; ACE+ARB; AA; ACE+AA; BB+ACE or ARB or AA; BB+ACE+ARB; BB+AC or ARB + AA; ACE or ARB); for other outcomes, up to five of these regimens could be compared. All-cause death rates in 4 per 100 person-years (95% Credible Interval: 1-12) for the combination of AA, BB and ARB or ARB to 14 per 100 person-years (9-22) for ACEI. Hospitalisation rates varied from 74 hospital stays per 100 patient-years (53-104) with the combination of BB and ACEI to 106 hospital stays (95-122) with BB and ACEI or ARB. BB (8.44; 4.24-12.96), followed by the combination of AA, ACEi, or ARB, and BB (7.11; 4.57-9.71). Withdrawal rates (all cause) were higher for the combinations of ACEI and ARB (70 per 100 patient-years; 41-128) and lower for the combination of ACEI, ARB and BB (0.0-25). Withdrawal rates (due to adverse events) showed similar results.

RESULTS: Network meta-analyses allow the estimation and comparisons of efficacy and tolerability of HF drug classes and combinations. The ranking of treatments from best to worst varied across outcomes, but an overall conclusion was that combinations were the most efficacious without being necessarily the least tolerable.

PCV13

ARE STATINS EFFECTIVE TO PREVENT FIRST NON-FATAL MYOCARDIAL INFARCTION IN REAL LIFE IN A LOW-RISK COUNTRY? A POPULATION-BASED USE OF ACE INHIBITORS IN SERBIA IN 2009 AND 2010

Milijasevic B, Tomic Z, Sabo A, Horvat O

OBJECTIVES: To analyze the consumption of ACE inhibitors in Serbia during 2009 and 2010 and the utilization of this group of drugs within the group of drugs which is used for cardiovascular diseases are the most used group of drugs. The aim of this study was to analyze the consumption of ACE inhibitors in Serbia during 2009 and 2010 year from pharmacotherapeutic and pharmacoeconomic point of view. METHODS: The data about the use of ACE inhibitors were taken from the Agency for Drugs and Medical Devices of the Serbia. RESULTS: During both analyzed years significant part of consumption of ACE inhibitors was taken by more expensive drugs in Serbia, enalapril (88%) clozaprin (96%) and during 2010 year in Norway at all during that period. During 2009 year, fosinopril as a very expensive drug took second, and during 2010 it took third place on the list of the total utilization of monocomponent ACE inhibitors in Serbia. If the consumption of fosinopril in Serbia was replaced to a minimum of the total utilization of monocomponent ACE inhibitors in Norway, the savings in Serbia in 2009 would have been around 7.800.000,00 € only from this product. CONCLUSIONS: In Serbia in 2009 and 2010 year, ACE inhibitors and their fixed combination with diuretics are the most frequently used drugs within the group of drugs which is used for cardiovascular diseases treatment. The amount and structure of the utilized ACE inhibitors in Serbia is different in a lot of ways from the amount and structure of the utilized ACE