tified from the Clinical Practice Research Datalink (CPRD). From this cohort, three groups of patients were identified and counted for 2010, 2011 & 2012: Group 1 – patients prescribed anticoagulant, warfarin and/or warfarin with TC ≥5.0 mmol/l who previously had TC ≥5.0 mmol/l. Numbers were extrapolated to the population in England. RESULTS: Of the general population in England in 2012, 8, 200, 699 (15.4%) patients had 12 TC test recorded, with similar proportions in 2010 & 2011 (15.4% and 15.3% respectively). Among the three groups defined in this analysis, a total of 305, 261 patients eligible for ezetimibe were not included in the 2012 estimates by HSCIC. This represents an 80.0% increase of the original estimate of 381,797 patients using the original HSCIC methodology, corresponding to an 80.0% increase of the original in 2010 & 2011 (15.4% and 15.3% respectively). Hence a year-on-year increase in the estimated eligible population was observed compared to the original estimate, 64.8% increase in 2010 and 75.7% increase in 2011. CONCLUSIONS: A significant and increasing number of high-risk patients eligible for ezetimibe were missed in the HSCIC estimates during 2010-2012. 

PCV24 MORE THAN ONE IN TWO INSTANCES OF VENOUS THROMBOEMBOLISM (VTE) TREATED IN FRENCH HOSPITALS COULD HAVE OCCURRED DURING THE HOSPITAL STAY

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OBJECTIVES: describe the prevalence of venous thromboembolism (VTE), pulmonary embolism (PE) and deep vein thrombosis (DVT) without PE among all hospitalized patients and the percentages of those occurring during the hospital stay.

METHODS: The patients VTE data were extracted from the French PMSM MDIC database encoded using the CIM10. The codes used for VTE are I280 to I289 for DVT and codes I260, I269 for PE. Any stay with a TCD-10 codes selected regardless of the Principal Clinical Unit Summaries and its respective to gesting a nosocomial origin which can be the case or not. RESULTS: The results bear on the 18,683 603 hospital stays in 2010-2011. Out of 100 hospital stays involving VTE, for 40.3% VTE was the cause of hospitalization whereas 59.7% can be considered to have occurred during hospital stay. These distributions are of 25.6% and 74.4% for DVT respectively 53.8% and 46.2% for PE. The age of patients varies little with whether VTE, DVT, and PE were hospital-occurred or not and are similar in men and women. The term of hospital-occurred is preferred to hospital-acquired VTE suggesting a nosocomial origin which can be the case or not.

PCV25 RISK FACTORS ASSOCIATED WITH VENOUS THROMBOEMBOLISM RECURRENT IN A EUROPEAN POPULATION

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OBJECTIVES: To estimate the cumulative incidence of venous thromboembolism recurrence and associated risk factors in a European population, given limited data in this region.

METHODS: This retrospective cohort study included data from physicians (376 general practitioners and 307 specialists) in France, Spain, Italy, and Germany, who completed case report forms (2,184 patient records) for the next 3-4 patients (376 general practitioners and 307 specialists) in France, Spain, Italy, and Germany, who completed case report forms (2,184 patient records) for the next 3-4 patients. The findings from this study may provide an opportunity to identify hypertensive patients at increased risk of medication non-adherence. Our aim was to determine if easily administered measures of cognitive function can be used to identify hypertensive patients at increased risk of medication non-adherence.

METHODS: A convenience sample of 101 primary care patients (n=101) with type 2 diabetes and hypertension were recruited from publicly funded clinics in the United States and Canada.

RESULTS: Hypertension prevalence and medications for blood pressure control was present in 92% of patients, and was known to be associated with an increased risk for major cardiovascular events and increased health care costs. Prior research suggests that cognitive function is also associated with medication adherence. The secondary outcome was adherence based on percentage of doses taken as prescribed, measured by a four-part component electronic pillbox (MedSignals). Multivariable logistic regression was used to determine if medication adherence was associated with different demographic, medical, and cognitive factors. The findings from this study may provide an opportunity to identify hypertensive patients at increased risk of medication non-adherence.

OBSERVATIONS: The patients VTE data were extracted from the French PMSM database encoded using the CIM10. The codes used for VTE are I280 to I289 for DVT and codes I260, I269 for PE. Any stay with a TCD-10 codes selected regardless of the Principal Clinical Unit Summaries and its respective to gesting a nosocomial origin which can be the case or not. RESULTS: The results bear on the 18,683 603 hospital stays in 2010-2011. Out of 100 hospital stays involving VTE, for 40.3% VTE was the cause of hospitalization whereas 59.7% can be considered to have occurred during hospital stay. These distributions are of 25.6% and 74.4% for DVT respectively 53.8% and 46.2% for PE. The age of patients varies little with whether VTE, DVT, and PE were hospital-occurred or not and are similar in men and women. The term of hospital-occurred is preferred to hospital-acquired VTE suggesting a nosocomial origin which can be the case or not.