significance level of 0.05 was used for these analyses. **RESULTS:** Overall, 7,261 enrollees were included in the analysis. Out of these, 187 (2.6%) had HF at baseline and 1,075 (14.8%) experienced HF for the first time. Mean LOS was 4.29 (±7.5) days but increased significantly to 8.8 (±17.6) days in case of new onset HF (β = 5.2 ±0.2, p < 0.01) and to 9.7 (±10.5) days if pre-existing HF was included as a major comorbid condition (β = 6.0 ± 0.7, p < 0.001) during index hospitalization. Hospitalization costs (log-transformed) were associated with recording of new onset HF (β = 0.4 ± 0.02, p < 0.001) but not with reporting of pre-existing HF (β = 0.1 ± 0.1, p < 0.1451) as a comorbid condition during index hospitalization. **CONCLUSIONS:** New onset of HF, recorded as a major comorbid condition, in STEMI patients undergoing PCI exhibited significant independent association with resource utilization including increased length of stay and greater costs.

**Cardiovascular Disorders – Patient-Reported Outcomes & Preference-Based Studies**

**PCV59**

**PERSISTENCE AND COMPLIANCE IN HYPERTENSIVE PATIENTS TREATED WITH FIXED OR UNFIXED COMBINATIONS OF ANGIOTENSIN RECEPTOR BLOCKERS, AMLOPINE AND HYDROCHLOROTHIAZIDE**


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**OBJECTIVES:** To evaluate persistence and compliance of fixed dose combinations in comparison to unixed dose combinations of angiotensin receptor blockers (ARBs) in patients with hypertension in Germany. **METHODS:** This retrospective study was based on data collected by general practitioners, a longitudinal database, the German IMS Disease Analyzer (DA). The DA database was searched for patients with hypertension (ICD-10 code I10) who were initiated on either double or triple combinations of ARBs with hydrochlorothiazide (HCT) and/or amlopine (AML) in the period 09/2008-08/2009 with a follow-up of at least 12 months. Persistence was defined as proportion of days supplied within the refill interval. **RESULTS:** Overall, 17,310 patients were eligible for analysis: 35.7% on a fixed double ARB combination, 23.9% on a single fixed combination, 25.9% on a fixed triple ARB combination, and 5.4% on an unfixed triple ARB combination. Twelve months after first prescription, persistence on unfixed versus fixed ARB/HCT+AML triple combination was 32.7% and 67.7% respectively, unfixed versus fixed ARB/HCT single combination was 41.5% and 90% respectively, unfixed versus fixed ARB/HCT double combination was 23.8% and 41.1% respectively, unfixed versus fixed ARB/HCT+AML single combination was 27.5% and 44% respectively. Mean days of persistence was higher in patients receiving fixed combinations compared to patients receiving unfixed combinations with olmesartan in all ARB combinations. **CONCLUSIONS:** These real-life data confirm the results of previous studies showing improved persistence in patients compared to unfixed combinations because of reduced pill burden.

**PCV60**

**PERSISTENCE AND COMPLIANCE IN HYPERTENSION TREATMENT WITH OLMESARTAN MEDOXOMIL – ANALYSIS OF REAL-LIFE PRESCRIPTION DATA**


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**OBJECTIVES:** To evaluate treatment compliance and persistence in patients receiving unfixed or fixed combinations compared to patients receiving unfixed combinations with olmesartan medoxomil for hypertension treatment in Germany. **METHODS:** This retrospective study analyzed prescription data collected by general practitioners, using a longitudinal database, the German IMS Disease Analyzer (DA). The DA database was searched for patients with hypertension (ICD-10 code I10) who were initiated on double or triple combinations of olmesartan medoxomil with hydrochlorothiazide and/or amlopine in the period 09/2008-08/2009 with a follow-up of at least 12 months. Persistence was defined as proportion of patients who remained on their prescribed therapy at 1 year. The difference between mean persistence values (days) was calculated by using multiple regression analyses adjusted by age, gender, region, insurance and co-morbidity. Compliance was measured indirectly based on the medication possession ratio calculated as number of days supplied within the refill interval in relation to the number of days in the refill interval. **RESULTS:** Overall, 17,310 patients were eligible for analysis: 35.7% on a fixed double ARB combination, 33.0% on an unfixed double ARB combination, 25.9% on a semi-fixed ARB combination, and 5.4% on an unfixed triple ARB combination. Twelve months after first prescription, persistence on unfixed versus fixed ARB/HCT+AML triple combination was 32.7% and 67.7% respectively, unfixed versus fixed ARB/HCT single combination was 41.5% and 90% respectively, unfixed versus fixed ARB/HCT double combination was 23.8% and 41.1% respectively, unfixed versus fixed ARB/HCT+AML single combination was 27.5% and 44% respectively. Mean days of persistence was higher in patients receiving fixed combinations compared to patients receiving unfixed combinations. **CONCLUSIONS:** These real-life data confirm the results of previous studies showing improved persistence in patients compared to unfixed combinations because of reduced pill burden.