significant level of 0.05 was used for these analyses. RESULTS: Overall 7,261 enroled were included in the analysis. 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 a new onset HF (β = 5.2 ± 0.2, p < 0.001) up to 30.4 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, AMLODIPINE AND HYDROCHLOROTHIAZIDE
Sandberg A1, Kosteck K2, Eliken B3, Holz B3, Oberdick A3
1Daichi Sankyo Europe GmbH, Munich, Germany, 2IMS Health GmbH & Co., Frankfurt, Germany, 3TMS Health GmbH & Co., Munich, Germany
OBJECTIVES: To evaluate persistence and compliance of fixed dose combinations in comparison to unfixed dose combinations of angiotensin receptor blockers (ARBs) in patients with hypertension 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 ARBs with hydrochlorothiazide (HCT) and/or amlopidine (AML) in the period 09/2008-08/2009 with a follow-up of at least 12 months. Persistence was defined as the proportion of days supplied within the refill interval at the time of first prescription, fixed or semi-fixed combinations had a higher rate of persistence compared to patients receiving unfixed combinations (225.7-242.9) compared to unfixed combinations (163.6-228.0). Mean compliance value with olmesartan in all fixed combinations (27.5%) and 44.4% with ARB/HCT/H11001 respectively, unfixed versus fixed ARB combination 27.5% and 44.4% respectively, unfixed versus fixed ARB/HCT double combination 23,8% and 41.1% respectively, unfixed versus fixed ARB combination, and 5.4% on an unfixed triple ARB combination. Twelve months after first prescription persistence on unfixed versus semi-fixed combinations ranged between 70.0%-74.4% by September. Within 90 days after reaching the gap, 74.2% of statin users continued using their statin medication, 1.0% switched to a different statin medication, and 24.8% discontinued use of statins. After reaching the coverage gap on the quality of care is demonstrated by the large percentage of patients compared to unfixed combinations because of reduced pill burden.

PCV60 MEDICATION ADHERENCE, PERSISTENCE, AND HEALTH CARE COSTS FOR PATIENTS INITIATING STATIN THERAPY IN A MANAGED CARE POPULATION
Phao G1, Peng X2, Bae J3, Dunger J4, Fairies D5, Sponseller C6, Wetmore S5, Yu CY7, Lennox LA1
1Eli Lilly and Company, Indianapolis, IN, USA, 2Koua Pharmaceuticals America, Inc., Montebello, CA, USA
OBJECTIVES: Compare statin adherence, persistence, and health care costs among patients in whom atorvastatin (AS), simvastatin (SS), rosuvastatin (RS), or pravastatin (PS) was newly prescribed. METHODS: Study patients ≥ 18 years were identified between October 1, 2006-September 30, 2007, with a minimum 12-month pre- and 24-month post-index health plan eligibility from a managed care database. A 6-month washout period free of any statin use was applied to identify patients in whom statin therapy was newly prescribed. The index date was defined as the date of the first statin prescription and four cohorts were created based on index statins: AS, SS, RS, and PS. These cohorts were matched according to propensity scores based on patient clinical and demographic characteristics. Outcomes were compared among matched cohorts during the 2-year post-index period, including adherence to any statin medication possession rate ≥ 80%, time to any statin discontinuation, and health care costs. RESULTS: After matching, 6185 patients were obtained in each cohort and the baseline characteristics were balanced among cohorts. Half of the patients were adherent to their statin therapy at 1 year. The difference between mean persistence values was statistically significant between any two cohorts. Half of the patients were adherent to their statin therapy at 1 year. The difference between mean persistence values was statistically significant between any two cohorts. Half of the patients were adherent to their statin therapy at 1 year. The difference between mean persistence values was statistically significant between any two cohorts.