ASSOCIATION OF LIPID ABNORMALITIES: PREVALENCE AND ATTAINMENT OF LIPID GOALS/NORMAL LEVELS AMONG ADULTS IN THAILAND

Bench SR, Paowasawat P, Chantraphop V, Khoobandit W, Nimitpong H, Ongphudhakul A, Silaruk S, Sritara P, Ampornsak B, Merck & Co., Inc., Whitehouse Station, NJ, USA; "Maharaj Nakorn Chiang Mai Hospital, Chiang Mai, Thailand; Siriraj Hospital, Bangkok, Thailand; Chulalongkorn University, Bangkok, Thailand; Ramathibodi Hospital, Bangkok, Thailand; "Khoon Kam University, Khoon Kam, Thailand

BACKGROUND: Despite lower levels of lipids, advanced medical conditions, and increased awareness of cardiovascular disease (CVD) risk factors. Objectives: To evaluate the prevalence of dyslipidemia among adults in Thailand. METHODS: We recruited 807 patients (mean age 59 and 45.2% male) who, between January 2001 and June 2007, aged ≥55 years, had ≥1 lipid abnormality and follow-up ≥12 months after initiating LMT, with a complete lipid panel (LDL-C, high-density lipoprotein cholesterol [HDL-C] and triglycerides [TG]) before and 12 months after therapy. Patients with coronary heart disease (CHD), type 2 diabetes or a 10-year CHD risk >2% were classified as high cardiovascular risk patients. Threshold levels for LDL-C, HDL-C and triglycerides were specified as per NCEP ATP III guidelines. RESULTS: At baseline, 65%, 34%, and 43% exhibited elevated LDL-C, elevated TG, and low HDL-C, respectively, while 35% had elevated LDL-C alongside low HDL-C and/or elevated TG. Among the sample, 77% were on statins, 7% on fibrates, and 13% on both. At follow-up, 2012, 32%, and 39% of patients still had elevated LDL-C, elevated TG and low HDL-C, while 18% had elevated LDL-C alongside low HDL-C and/or elevated TG. High-risk patients had similar improvement in lipid dyslipidemia with <25%, 44%, and 21% experiencing elevated LDL-C, elevated TG, low HDL-C, and elevated LDL-C alongside low HDL-C and/or elevated TG, respectively. CONCLUSIONS: The cohort had improved LDL-C levels after therapy, with no improvement of TG and HDL-C levels among the overall, and moderate and negligible among the high-risk population, respectively. These patients may benefit from other types of LMT.

LAMOLIDINE AMONG INSURED CHINESE POPULATION

PCV10 COST SAVINGS OF SINGLE PILL AMLODIPINE/ATORVASTATIN THERAPY IN HYPERTENSION AND DYSLIPIDEMIA PATIENTS IN CHINA

Dong P, Wang D, Wu Y, Zhang B, Chen J, Beijing, China

OBJECTIVES: This study aims to estimate health expenditures in hypertension and dyslipidemia (HTN/DYS) patients with cardiovascular risks over a period of 10 years in Chinese health-care settings. Costs are compared among patients using single pill amlopidine/atorvastatin (SPAA) therapy, amlopidine only therapy, oratorvastatin only therapy. METHODS: Three hypothetical cohorts of HTN/DYS patients were constructed: 1) SPAA group; 2) amlopidine only group; and 3) no intervention group. The size of eligible population was determined by national prevalence data on patients with HTN/DYS and mortality from cardiovascular disease and cancer. Costs were assigned to each year according to patients’ specific health and medication use patterns. We examined an electronic patient database in a provincial hospital located in the north of China. The overall health expenditures were then calculated by costs of each year and all-cause mortality among patients with chronic heart failure (CHF). However, the benefits earned from medications depend on the amount of medications supplied and used. This study aims to determine the effects of medication supplies on health-care costs and hospitalizations in CHF patients receiving ACEIs or ARBs. METHODS: We retrospectively examined an electronic patient database in a provincial hospital located in the north of Thailand. All patients with an ICD-10 of I-50.0 (CHF) receiving either ACEIs or ARBs from January to December, 2003 were included. Their medication supplies were assessed using Medication Possession Ratio (MPR) method during the study period following the index date. The association between medication supply (appropriate: MPR 0.8~1.20, oversupply: MPR >1.20, undersupply: MPR <0.8) and all-cause hospitalizations within 1 year was determined using Cox-proportional hazard model. Total direct health-care cost was compared between all groups using multiple linear regressions. All analyses were adjusted for propensity score (PS) and other variables including age, sex, prior health-care use, and insurance status. RESULTS: Among 1201 CHF patients, 389 received ACEIs or ARBs. The mean age was 66 years with 56% female. Forty-two percent were undersupplied, while 56% and 2% were appropriately supplied and oversupplied respectively. The adjusted hazard ratios of under-supply and oversupply for all-cause hospitalizations were 1.21 (95% CI, 0.79-1.86) and 3.90 (95% CI, 0.89-17.06). Comparing with the group appropriately supplied, total direct medical cost in the undersupplied group was significantly higher at 11,027 baht (95% CI, 325-23,727), while no significant trend in the oversupplied group was observed. CONCLUSIONS: Under medication supply is significantly associated with higher health-care cost in patients with chronic heart failure.