inadequate control of LDL-C levels, despite being adherent to treatment. METHODS: An observational retrospective cohort analysis based on five local Health Funds administrative databases was conducted, for a total number of 1.2 Million beneficiaries involved. Patients with at least one LDL-C measurement between January 1, 2011 and December 31, 2012 were included. Patients were characterized back 12 months from this date to assess treatment adherence and treatment response. RESULTS: Among patients with LDL-C determination (1’218 patients), 578 (47%) and 640 (53%) displayed LDL-C under control and out of control, respectively. Among patients with uncontrolled LDL-C, 74 (12%) and 566 (88%) were not treated and treated with statins, respectively. Among patients with statins treatment, 188 (33%) and 378 (67%) were treated with low and high efficacy statins, respectively. Finally, among patients treated with high efficacy statins, 225 (60%) and 153 (40%) were non-adherent and adherent to high efficacy statin treatment, respectively. High efficacy adherent patients showed different distances from their lipid target: 28% were less than 10% distant, 28.4% were 10-19% distant, 10.5% were 20-29% distant, 11.3% were 30-39% distant, and 24.8% were ≥40% distant. These results are topical, as new monoclonal antibodies - PCSK9 inhibitors - are being marketed to address the residual unmet need in cholesterol statin-manage ment of dyslipidaemia for uncontrolled patients. By projecting study percentages to the Italian population, the number of LDL-C patients who are non-adherent to treatment was around 17’825.

PCV42 ASSESSING RETROSPECTIVE DATA ON THE MANAGEMENT OF ISCHEMIC STROKE
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OBJECTIVES: To assess real-life outcomes in new Vitamin K antagonists (VKA) users before introduction of direct oral anticoagulants (DOAC). METHODS: A systematic literature review was conducted, for a total number of 2,818 patients with NVAF population criteria (3,367 PY). For this last population, the number of patients for each amount of hospitalizations (11,046, 2,965, 989, 415, and 41) was calculated. RESULTS: The outcomes were minor and major GI bleeds. We used a multivariate Cox regression analysis. RESULTS: Mean age was 70.8, 61.8% of patients were men, 6.8% had a history of hypertension and 60.8% of dyslipidemia and 76.4% had atrial fibrillation as a primary indication for warfarin. Overall, 4.8% of patients reported ≥1 minor GI bleed and 1.6% reported ≥1 major GI bleed. Patients with ≥1 polymorphism on both the CYP2C9 and the VKOR1C1 were significantly more at risk of having a major GI bleed (HR 8.57 and 6.92, respectively). Patients with ≥1 minor and major GI bleeds (HR=1.73 and HR=2.63, p<0.05) The impact of MI and angina disappeared for patients with no SNP on the CYP2C9 gene but was higher for patients with ≥1 SNP (HR=4.4 and HR=5.26, p<0.05). CONCLUSIONS: Our results suggest an interaction between MI or angina history and the occurrence of major and minor GI bleeds, especially in patients with ≥1 polymorphism on the CYP2C9 gene. Further analysis including concomitant drug use would help clarify clinical guidelines for this population and underlie the potential benefit of genetic testing.

PCV47 HOSPITAL READMISSIONS AND MORTALITY PATTERNS IN A COHORT WITH HEART FAILURE: 1 YEAR FOLLOW-UP FROM THE BRASILIAN PUBLIC HEALTHCARE SYSTEM DATABASE
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OBJECTIVES: Heart failure (HF) affects 1.6 million people in Brazil. About 30%-40% progress to death in a year. This study aims to report 1-year retrospective analyses of hospital readmissions and mortalities patterns associated to HF or all-other causes (OC) in a Brazilian cohort of patients with HF. METHODS: Brazilian Hospital Information System (SIH/SUS) database was used to collect hospital readmissions and mortality data associated to HF or OC, according to ICD-10 codes (500.0 and 150.9, and “other”, respectively). Patients were followed during 1 year (January-December 2014, regardless the entry data). Eligible criteria included patients with one previous HF hospital admission. RESULTS: A cohort of 21,015 patients was considered eligible. No HF or OC hospital readmissions were observed for 13,050 (63%) and 5,491 (26%) patients, respect ively For HF, 1, 2, 3, 4, and 5 re-hospitalizations were observed for 6,051, 1,255, 395, 19, and 59 patients. One patient required ten re-hospitalizations and the same occurred for 15 and 1 hospital readmissions. Therefore, among patients with ≥1 hospital readmissions at least, 30%, 8%, 0%, 3% and 5% of all patients had 1, 2, 3 or 4 hospital readmissions at least. OC readmissions showed higher number of patients for each amount of hospitalizations (11,046, 2,965, 989, 415, and 41, respectively). Seven patients required ten re-hospitalizations and 1 required 19. Compared to HF, OC showed approximately twice of all patients admitted to hospital readmissions. CONCLUSIONS: The number of patients requiring hospital readmissions for HF is lower than for all-other causes (OC) in Brazilian Public Health Care System. OC results showed higher numbers, however, for this analysis all other hospitalizations causes were included (except HF) indicating a high presence of comorbidities among this population and/or a misregistration at hospitalization time.

PCV48 HEART FAILURE IN A HEALTH AREA OF MADRID, SPAIN. DESCRIPTION AND MANAGEMENT FROM ELECTRONIC MEDICAL RECORDS
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OBJECTIVES: To assess real-life outcomes in new Vitamin K antagonists (VKA) users for atrial fibrillation (AF), before introduction of direct oral anticoagulants (DOAC) for non-valvular AF (NVAF). METHODS: Cohort study of new VKA users between 2007-2011, with a 2-year history and a 3-year follow-up censored at the end of 2012, was designed sample on the EHR of 15 random sample of the French national health care system. The data was collated for AF hospitalizations and NVAF population was defined as patients with confirmed diagnosis of atrial fibrillation and available treatment history. Outcomes were the first hospitalization for bleeding, arterial thrombotic event (ATE), acute coronary syndrome (ACS), and death. Incidence rate of outcomes was estimated during VKA exposure. RESULTS: Among patients with AF hospitalization, the AF population (5,977 person-years (PY)). Half were male (52%) with a mean age of 75 years, 87% had a CHA2DS2-VASc score ≥2, and 12% had ≥2 bleeding. The incidence rate of bleeding was 28 (95CI[23-34]) for 1,000 PY exposed to VKA, including the first admission, repeat admission, and 14[10-17] other bleeding. Incidence rates were 16[12-20] for ACS, 15[11-18] for ATE, and 38[32-44] deaths for 1,000 PY exposed to VKA. Patient characteristics and incidence rates were very close for the 81% of patients (3014) exposed to NVAF (HR=0.88, 95%CI[0.79-0.97]). For this last population, incidence rates were 28[22-34] for bleeding, 16[20-25] ACS, 23[15-19] ATE, and 35[29-41] deaths for 1,000 PY exposed to VKA. CONCLUSIONS: This study provides background reference for bleeding, ischemic events, and deaths before introduction of DOAC for NVAF with quite same frequency for AF and NVAF populations.