CV2 AGE, DEMENTIA, AND EVIDENCE-BASED MEDICATION USE AFTER ADMISSION FOR ACUTE CORONARY SYNDROME
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OBJECTIVES: To assess the impact of dementia on evidence-based medication use after admission for patients with acute coronary syndrome (ACS) across different age groups. METHODS: Of 87,298 patients hospitalized for ACS between January 1, 2006 and December 31, 2007, 1,835 patients with dementia and 3670 matched patients without dementia (1.2 ratio, matched by age, gender, and admitted hospital level) were identified from Taiwan's National Health Insurance Research Database. Use of evidence-based medications post-discharge were compared between patients with and without dementia across different age groups (<65, 66-75, 76-85, >85). Multivariate logistic regression models were performed to examine the impact on use of evidence-based medications. RESULTS: Overall, dementia was associated with a 22% lower likelihood of use of evidence-based medications (OR 0.78, 95% CI 0.74-0.82) in ACS patients. The use of evidence-based medications decreased with age, and dementia worsened the utilization. The proportions of patients receiving evidence-based medications were 85.6% (without dementia) versus 73.6% (with dementia) in the youngest age group and 62.0 % (without dementia) versus 55.6% (with dementia) in the oldest age group. CONCLUSIONS: Dementia and aging were associated with the use of evidence-based medications in ACS patients.

CV5 REAL-WORLD CHARACTERIZATION OF HYPERTENSION PATIENTS IN JAPAN: A 1-YEAR OVERVIEW
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OBJECTIVES: To characterize the real-world profile of hypertension patients in Japan and their treatments, BP control, and health care resource consumption with a primary focus on isolated systolic hypertension (ISH) and the elderly patient population. METHODS: Data were extracted from insurance claims and from annual health examination. Only subjects who had blood pressure readings from their annual health examinations in 2009 and 2010 at 10-14 months apart were included. Subjects were identified by ICD-10-CM. Treatments were evaluated to understand the current distributions with a focus on 65+ versus <65 years of age. Control rates were calculated and costs evaluated by hypertension type. RESULTS: A total of 9269 subjects were identified with a hypertension diagnosis and annual treatment utilization readings. Subjects were aged 65+ years of age. 52.2% were male, and were diagnosed for 3.72(95) years. 56.24% were currently controlled and 15.48% had ISH. Poly-pharmacy for hypertension was common (42.49%). ARBs (47.68%) and CCBs (28.26%) were used most frequently. The number of treatments subjects received increased with the number of years diagnosed, with an average of 1.23 medications within the first year and 2.45 after 10 years. For subjects controlled at baseline, 21.6% reverted to “uncontrolled” 1-year later and 47.9% ISH subjects improved “to-goal”. The average cost of treating subjects significantly differed over one year: JPY231,608.53 for “controlled” subjects and JPY230,889.37 for ISH and isolated diastolic subjects were least expensive at JPY1,739.55. Elderly had a significantly higher cost than subjects less than 65-year-old (JFY2,667,771.28 vs JFY1,091,941.42). CONCLUSIONS: Hypertension in Japan is characterized by low control and only moderate control. Elderly patients are significantly more costly to treat and “controlled” ISH patients were the most costly to treat. Treatment was dominated by ARBs and CCBs (alone or in combination with other treatments).

CV6 ASSOCIATION BETWEEN KNOWLEDGE AND HEALTH RELATED QUALITY OF LIFE IN PATIENTS: IS PATIENT EDUCATION ALWAYS BENEFICIAL?
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OBJECTIVES: To evaluate association between HRQoL and knowledge among hypertensive population of Pakistan. METHODS: A cross-sectional descriptive study was undertaken with a representative cohort of hypertension patients. Using prevalence based sampling technique, a total of 385 hypertensive patients were selected from two public hospitals of Quetta city, Pakistan. Hypertension facts questionaire (HFQ) and European Quality of Life scale (EQ-SD) were used for data collection. SPSS v16.0 was used to conduct descriptive analysis of patients’ demographic and disease related information. Categorical variables were described as percentages while continuous variables were expressed as mean ± standard deviation (SD). Spearman’s rho co-relation was used to identify the association between study variables. RESULTS: The mean (±SD) age of the patients was 39.02 ± (6.59), with 68.8% males (n=265). The mean (±SD) duration of hypertension was 3.01(9.3) years. Forty percent (n=154) had bachelor degree with 34.8% (n=136) working in private sector. Almost forty one percent (n=140) had monthly income of more than 15000 Pakistan rupees (PK Rs) per month (1 PK Rs=0.01127 US$) with 75.1% (n=289) having urban residency. The mean EQ-SD descriptive score (0.46±0.2) and HFQ descriptive score (63.97±16.62) were lower in study participants. Mean knowledge score was 8.03 ± 0.42. Correlation coefficient between HRQoL and knowledge was 0.208 (p<0.001), indicating a weak positive association. CONCLUSIONS: Results of this study highlight hypertension knowledge level to be weakly associated with HRQoL suggesting that imparting knowledge to patients do not necessarily improve HRQoL. More attention should be given to identify individualized factors affecting HRQoL.
health policy issues. The effects of each policy category were disentangled into Price, Volume and Quality, and where an effect was identifiable, by comparing to the impact of pharmaceuticals rather than pharmacy services. The number of prescriptions per pharmacist was ranged from 39.41 in 2008/3Q to 51.09 quarterly unit. The monthly number of prescriptions of each pharmacy, the average number of supply-days per prescription, and payment amount to each pharmacy including cost of pharmaceuticals and dispensing fees were calculated from the claims. The information of all community pharmacies such as the number of pharmacists in practice and pharmacy location was collected. The trends and variation in the pharmacy payment amount and the composition were traced on quarterly unit. The trend of 15,963 pharmacies was included for analysis. The monthly reimbursed payment per pharmacy increased from 29.73 million Korean Won (K/W) in 1Q 2008 to 36.41 million K/W in 1Q 2011. While the increase related to dispensing fees was 1.73 million K/W per pharmacy for this period, the amount contributing to pharmaceuticals increased from 4.95 million K/W. The daily number of prescriptions per pharmacist was ranged from 39.41 in 2008/3Q to 51.09 in 2009/4Q, which is below the current daily threshold for the discount of dispensing fee in South Korea, 75 prescriptions per pharmacist. The average number of supply-days per prescription was ranged from 60 days in 2008/3Q to 11.32 in 2010/3Q. CONCLUSIONS: While the number of prescriptions per pharmacist and supply-days of prescriptions were relatively stable, the reimbursement amount per pharmacy showed an increasing trend. The main source of the increase was the payment for pharmaceuticals rather than pharmacy services.

PODUM SESSION II: HEALTH TECHNOLOGY ASSESSMENT STUDIES

HT2 COST-EFFECTIVENESS ANALYSIS OF BONE MINERAL DENSITY SCREENING TOOLS Kang E1, Lee HK2
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OBJECTIVES: The aim of this study was to compare the cost-effectiveness of BMD (Bone Mineral Density) screening tools- RA, QUS, pDXA, QCT, and DXA, for women aged 66 years. METHODS: The claims of 15,963 pharmacies were included for analysis. The monthly reimbursed payment per pharmacy increased from 29.73 million Korean Won (K/W) in 1Q 2008 to 36.41 million K/W in 1Q 2011. While the increase related to dispensing fees was 1.73 million K/W per pharmacy for this period, the amount contributing to pharmaceuticals increased from 4.95 million K/W. The daily number of prescriptions per pharmacist was ranged from 39.41 in 2008/3Q to 51.09 in 2009/4Q, which is below the current daily threshold for the discount of dispensing fee in South Korea, 75 prescriptions per pharmacist. The average number of supply-days per prescription was ranged from 60 days in 2008/3Q to 11.32 in 2010/3Q. CONCLUSIONS: While the number of prescriptions per pharmacist and supply-days of prescriptions were relatively stable, the reimbursement amount per pharmacy showed an increasing trend. The main source of the increase was the payment for pharmaceuticals rather than pharmacy services.

PODUM SESSION II: PREFERENCE-BASED OUTCOMES STUDIES

PR1 DOES MEDICATION ADHERENCE CORRELATE WITH HEALTH-RELATED QUALITY OF LIFE? FINDINGS FROM A DESCRIPTIVE ANALYSIS Saleem F1, Hassali MA2, Shaﬁe AA2, Aljajoubi AH3, Hua NG4, Alif MR4
1Universiti Sains Malaysia, Penang, Malaysia; 2King Saud University, Riyadh, Saudi Arabia; 3Albarran University College of Medical Sciences (AUCMS), Penang, Malaysia; 4OBJECTIVES: To evaluate the association between medication adherence and health-related quality of life (HRQoL). METHODS: A cross-sectional study design was un- der taken with hypertension patients attending public hospitals in Quetta city, Pakistan. HRQoL was measured by Euroqol D5-SD. Medication adherence was assessed by Drug Attitude Inventory. Descriptive statistics was used to tabulate demographic data and disease related information. Spearman’s correlation was used to assess the association between the study variables. All analysis was performed by using SPSS 17.0. RESULTS: Among 385 study patients, mean age (SD) was 39.02 (6.59), with 68.8% of males dominating the entire cohort. Mean (SD) duration of hypertension was 3.01 (3.55) years. Forty percent (n = 154) had no formal education with 34.8% (n = 134) working in the private sector. Negative and weak correlation (0.77) between medication adherence and EQ-SD was reported. In ad- dition, negative week but signiﬁcant correlation (0.120, p = 0.019) was observed among medication adherence and EQ-VAS. CONCLUSIONS: No apparent relation- ship between medication adherence and HRQoL was reported. Improved medic- ation adherence therefore in patients with hypertension does not necessarily im-