OBJECTIVES: In order to investigate real-world values data, blood pressure, LDL-c, and HbA1c in Japan from various perspectives and to assess the degree to which the health condition in Japan is reflected in database, we conducted a comparative assessment using three databases: Minicare database, a large database containing health care checkup results from employment-based health insurance recently developed and the newly available two nation-wide databases: MHLW-H&N, a retrospective, cross sectional study using the Japanese health care checkup database developed by MinaCare Co. Ltd was designed to investigate the distribution of the real-world values of BP, LDL-c, and HbA1c in Japan. The data were compared to those in Specific Health Checkups and Specific Health Guidance (MHLW-SH) and MHLW-H&N databases. However, some notable differences were seen for MHLW-H&N compared to MinaCare and MHLW-SH in the values of BP and lipid parameters.

CONCLUSIONS: Analysis of MinaCare database indicated that substantial proportions (≥5% of males and ≥10% of females) of subjects have SBP, LDL and HbA1c levels that are not well controlled in accordance with the Japanese guidelines. The results were generally consistent to the national databases. In light of the characteristics of MinaCare database such as the low selection bias, large sample size, wide age distribution, and high flexibility in the analysis of subject-level data, the database is highly valuable in studying the health status of the population insured by the employment-based health insurance.

PCV125 COMPARISON OF ATRIAL FIBRILLATION DECISION SUPPORT TOOLS AND GUIDELINES USED TO GUIDE ANTICOAGULATION THERAPY FOR PATIENTS WITH NONVALVULAR ATRIAL FIBRILLATION

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OBJECTIVES: College of Cardiologists, the European Society of Cardiology guidelines, and published decision support tools by LaHaye and Casciano offer recommendations to guide oral anticoagulant (OAC) treatment in patients with atrial fibrillation (AF). The aim of our study is to compare the predictive performance of the net clinical benefit when OAC use is discordant/discardant with each of the aids. METHODS: A cohort study using the 2006-2013 Lifeline claims data was used to compare the net clinical benefit (NCB) of AF patients. NCB is the difference in event rates of composite events (thromboembolic stroke and major bleed events per 10,000 person years) between patients who are discordant and those who are discordant with the guideline/tool recommendations. Cox proportional hazard models were used to assess the relative risk of composite events by contrasting the net clinical benefit when OAC use is discordant/discardant with each of the aids. RESULTS: A total of 11,315 AF patients contributing 27,801 person years met the study inclusion criteria. The NCB of patients concordant with recommendations of the LaHaye tool (16.99 [CI=15.57-18.40]) and European guidelines (3.94 [CI=2.52-5.35]) by restricting the definition of composite events to ischemic stroke and intracranial hemorrhage; the NCB of patients discordant with recommendations of the LaHaye tool (17.07 [CI=15.75-18.38]), LaHaye tool (14.30 [CI=12.99-15.62]) and European guidelines (11.25 [CI=9.93-12.57]). There was no significant decrease in the risk of composite events associated with discordant OAC use/non-use for any of the decision aids after multivariate adjustment. CONCLUSIONS: These results suggest that OAC use/non-use consistent with any of the tools led to net clinical benefits but the rank order depended on the composite outcomes selected. Moreover, the benefit remained greater for OAC use concordant with and discordant from each tool after adjusting for other confounding factors. Larger studies are needed before any of the OAC treatment decision aid can be recommended to routinely guide OAC treatment decisions.

PCV126 COMPARISON OF THE GUIDELINES AND DECISION TOOL RECOMMENDATIONS FOR ORAL ANTICOAGULANT USE AMONG PATIENTS WITH ATRIAL FIBRILLATION

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OBJECTIVES: Published atrial fibrillation (AF) guidelines and decision tools offer oral anticoagulant (OAC) recommendations however they don’t consider stroke risk or bleed differently. The aims of our study are to (i)empirically compare the treatment recommendations by the American College of Chest Physicians guidelines, the European Society of Cardiology guidelines, and published decision tools published by Casciano and LaHaye and (ii) to compare the concordance of OAC use with their recommendations. METHODS: A cross sectional study using the 2006-2013 Lifeline claims data was used to contrast the treatment recommendations of these AF-OAC decision aids. CHADS2VASc and HAS-BLED algorithms were used to stratify 11,315 AF subjects into 9 stroke and bleed risk groups to study the treatments of these AF-OAC decision aids. CHADS2VASc and HAS-BLED algorithms were compared to ads in phase-III [4 (57%) of 7 vs. 5 (43%) of 12 ads] and phase-II [5 (71%) of 7 vs 4 (57%) of 7 in phase-II]. In all three phases an anonymous voice provided drug information. Researchers were a SOI in phase-II [2 (50%) of 4 ads] and a person with medical condition in phase-III [4 (50%) of 8 ads]. The suppressor variable compared to ads in phase-III [4 (57%) of 7 vs. 5 (43%) of 12 ads]. CONCLUSIONS: Distinctive ad strategies were observed throughout the PLC of Lipitor. These findings suggest that OAC use/non-use consistent with any of the tools led to net clinical benefits but the rank order depended on the composite outcomes selected. Moreover, the benefit remained greater for OAC use concordant with and discordant from each tool after adjusting for other confounding factors. Larger studies are needed before any of the OAC treatment decision aid can be recommended to routinely guide OAC treatment decisions.

PCV127 USE OF PRODUCT LIFE CYCLE (PLC) TO UNDERSTAND ADVERTISING STRATEGIES USED BY PHARMACEUTICAL COMPANIES: A PILOT STUDY

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OBJECTIVES: Pharmaceutical companies utilize various promotional strategies to advertise a drug during its patent life. Study purpose was to understand these strategies through examination of drug advertising using the framework of Product Life Cycle (PLC). During different stages of PLC, this study assessed drug ads for the following: (1) type of characters appearing in the ad, (2) source of information (SOI) for the drug, and (3) appeal used, the emotional vs. rational. Unusual ads of Pfizer, Inc. drug Lipitor (Atorvastatin), aired during CNN evening news (from Jan 1st 96 – Nov 30th 01 [11 patent life of Lipitor]), were evaluated. The Vanderbilt TV News Archive provided the advertising content. PLC phases were defined as follows: introduction and growth (Phase-I: 1999-2002); and decline (Phase-III: 2007-2011). Code sheet was developed using prior literature and pilot-tested for the final study. Four coders were trained in coding procedures. Reliability was measured with Cohen’s kappa. Data were analyzed using descriptive statistics and cross-tabulations. RESULTS: Twenty-one (phase-I: 2; phase-II: 7; phase-III: 12) unique product-specific ads were analyzed. Researchers of the advertised drug appeared more in phase-III [3 (43%) of 7 vs. 3 (25%) of 12 in phase-III]. Person with medical condition appeared more in phase-III [7 (75%) of 12 vs 4 (57%) of 7 in phase-II]. In all three phases an anonymous voice provided drug information. Researchers were a SOI in phase-II [2 (50%) of 4 ads] and a person with medical condition in phase-III [4 (50%) of 8 ads]. The suppressor variable compared to ads in phase-III [4 (57%) of 7 vs. 5 (43%) of 12 ads]. CONCLUSIONS: Distinctive ad strategies were observed throughout the PLC of Lipitor. These findings suggest that OAC use/non-use consistent with any of the tools led to net clinical benefits but the rank order depended on the composite outcomes selected. Moreover, the benefit remained greater for OAC use concordant with and discordant from each tool after adjusting for other confounding factors. Larger studies are needed before any of the OAC treatment decision aid can be recommended to routinely guide OAC treatment decisions.