inhibitors in Norway. Pharmacoeconomic analyses also show that large financial resources would be saved if the structure of the utilized ACE inhibitors in Serbia were more similar to the one in Norway.

PCV17 A CROSS-SECTIONAL ASSESSMENT OF ATRIAL FIBRILLATION MANAGEMENT AMONG FRENCH PATIENTS IN PRIMARY CARE Saboureau P, Willems C, Corte FF, Marie P, Mercier F, Debet-Rizko L, Blin P 1Séventhospital, Saint-Denis, France, 2Ruellal-Mailhos, France, 3Ruellal-Mailhos, France, 4Ruellal-Mailhos, France, 5Bordeaux University, Bordeaux, France

OBJECTIVES: Around 80,000 patients are diagnosed for atrial fibrillation (AF) in France with an increased risk of strokes. For many of them, prevention with anti-coagulant is managed in primary care. Prevention should be driven by individual risk for stroke estimated with a score (CHADS2) ranging from 0 (lower risk) to 6 (higher risk). This study was to describe AF patients' management by general practitioners and analyze a medical files and prescriptions database of a representative sample of 1,200 GPs. Data from all patients present in the database from July-2010 to June-2011, with a diagnosis of AF and aged 18 and above were extracted. Based on age (>75), comorbidities (HTA/ Diabetes) and history of stroke/TIA/CHF, CHADS2 score was calculated for all patients. Under-treatment status was defined according European guidelines which recommend prevention with aspirin or vitamin-K antagonists (VKA) for CHADS2=1 and VKA for CHADS2=2. RESULTS: A total of 15,623 AF patients were identified. Mean age was 74 (±11.3) years old, 59.5% were men and mean CHADS2 was 1.5 (±1.3). 12,985 patients (83.1%) found eligible for stroke prevention (i.e.CHADS2=2). Among them, 23.4% received no prevention at all, 11.4% were under-treated (i.e. aspirin instead of VKA) and 4.7% received no recommended-treatment (i.e. clopi-dogrel). Within patients with CHADS2=1 (n=5,050), 26.7% had no treatment, 48.9%, 20.5% and 4.6% were treated with VKA, aspirin and clopidogrel, respectively. Within those with CHADS2=2 (n=7,959), only 54.9% received VKA when 21.3% had no treatment and 18.6% and 5.1% were prescribed aspirin and clopidogrel, respectively. CONCLUSIONS: In this large study in French primary care, four out of five (80%) of patients presenting with AF had no benefit from stroke prevention. Overall, around 45% of thromboembolic high-risk patients (i.e. CHADS2=2) were not treated or inadequately treated. Future analyses should be performed to inves-tigate the gap between clinical practice and guidelines.

PCV18 CARDIOVASCULAR RISK ASSESSMENT USING FRAMINGHAM RISK EQUATION IN NEWLY DIAGNOSED TYPE 2 DIABETIC INDIAN PATIENTS Sujata C1, Tiwari P, Bhanarsri A2 1National Institute of Pharmaceutical Education and Research (NIPER), S.A.S Nagar, Punjab, India, 2Post Graduate Institute of Medical Education and Research, Chandigarh, India

OBJECTIVES: The risk of cardiovascular disease (CVD) is reported to be 2-4 times higher in patients with type 2 diabetes mellitus (T2DM). CVD is the major cause of morbidity and mortality for diabetics and contributes most to the costs of diabetes. This study was conducted to assess the prevalence of risk factors and cardiovascular risk in newly diagnosed T2DM patients. METHODS: This was a prospective, observational, questionnaire based study conducted in a tertiary care hospital. Only patients newly diagnosed with diabetes (6 months) were re-crutied. Risk factors related to CVD in these patients were identified and the 10 year cardiovascular risk was estimated using Framingham risk equation. RESULTS: The results are based on a total of 152 newly diagnosed T2DM patients. The major modifiable risk factors identified were obesity (59%), hypertension (56%), dyslipi-demia (45%) and smoking (4%). The prevalence of various microvascular and macrovascular complications at the time of diagnosis was also assessed; 26% patients were found to have neuropathy followed by nephropathy in 7%. Only 5% patients were diagnosed with coronary artery disease (CAD) along with T2DM. The 10 year CVD risk estimation showed that the females were at higher risk compared to males (10 vs 6%). Further, the association of the cardiovascular risk with the risk factors was analysed using binary logistic regression. The risk was found to be significantly associated with age (≥55 vs ≤55 years) with an odds ratio of 3.38 (95% CI 1.14-10.02, P=0.03). CONCLUSIONS: The prevalence of risk factors for CVD in newly diagnosed T2DM patients was found to be high; however, the estimated risk was low according to the Framingham risk scoring system. Therefore, the authors suggest that timely management of these risk factors is required to reduce the occurrence of CVD.

PCV19 THE BURDEN OF DIABETES MELLITUS IN BELGIUM: A RETROSPECTIVE DATABASE STUDY Lamotte M, Chevalier P, Gerlier L 1INS HEC, Vloosbroek, Belgium

OBJECTIVES: It is well known that cardiovascular risk is higher in diabetic patients but real-life country level data are scarce. The aim of this study was to compare the cardiovascular event rate and relevant outcomes in patients with and without diabetes in Belgium. METHODS: Event rates, average length of stay (LOS) and mor-tality among hospitalised patients were estimated using the longitudinal IMS Hos-pital Disease Database (2007), including data on 34.3% of Belgian hospital beds, combined with Belgian population data. Stays were identified based on ICD-9 or DRG coding. Acute coronary syndrome (ACS) included Myocardial infarction (ICD-9: 410-411.89) and unstable angina (ICD-9: 411.1-411.83). Cerebrovascular dis-ease (CVD) was defined as stroke (APR-DRG:045/046) and Transient ischemic Attack (DRG:047). Confidence intervals around relative risks (RR) were calculated to com-pare proportions and LOS using a Wilcoxon non-parametrical test. RESULTS: In 2007 there were 10.5 million inhabitants including 450,000 diabetics. The incidence of fatal and non-fatal ACS in diabetics was 21% vs. 5% in the non-diabetics (RR: 1.28 [1.20-1.36]). The CVD incidence was 11.3 per 1000 inhabitants in diabetics and 2.1 per 1000 in non-diabetics (RR: 5.26 [5.05-5.42]). In diabetics LOS was 4 days longer (18.5 vs. 14.5 days;p<0.001), mortality during hospitalization slightly higher (9.4% vs. 7.8%, RR: 1.04 [0.94-1.24]) as well as recurrence (5.1% vs. 4.6%, RR: 1.1 [0.99-1.23]). CONCLUSIONS: Patients with diabetes do not only have a significantly higher risk of ACS and CVD, they also stay longer in the hospital, and in ACS there is a significa-cantly higher in-hospital mortality and recurrence.

CARDIOVASCULAR DISORDERS - Cost Studies

PCV20 BUDGET IMPACT ANALYSIS OF INTRODUCING OF PCMV-VEGF165 FOR TREATMENT OF CRITICAL LIMB ISCHEMIA FROM THE RUSSIAN HEALTH CARE SYSTEM PERSPECTIVE Yagudina R1, Kulikov A2, Kogon L3 1First Moscow State Medical University named after I. M. Sechenov, Moscow, Russia, 2First Moscow State Medical University named after I. M. Sechenov, Moscow, Russia, 3VGBI MCSEMP Mindrovasorozvitya RF, Moscow, Russia, Moscow, Russia

OBJECTIVES: Plasmid pCMV-VEGF165 is new injectable factor, activating therapeu-tic angiogenesis in the ischemic limb and facilitating reduction of amputation rate in CLI patients. Ischemic limb (CLI) affects particularly in patients who cannot undergo recon-structive arterial surgery. pCMV-VEGF165 was recently approved for use in Russia and not yet included in government reimbursement list, therefore suitable patients with CLI do not have general access to it. A budget impact analysis would provide evidence to assist budget holders in decision making processes. METHODS: A bud-get impact model was built to allow assessment of the budgetary impact to the Federal state budget from health care system perspective if pCMV-VEGF165 is introduced into state reimbursement system in 2-year time horizon. The scenarios were modelled in standard treatment of CLI with and without pCMV-VEGF165. A cohort of 26 812 patients with unreconstructable CLI was used as population according to epidemiology data in Russian Federation. As efficacy criteria was used amputation rates for both scenarios obtained from published sources. Direct costs were valued in the perspective of the Russian health care system and included diagnostics, patients routine management and pharmacotherapy. RESULTS: Access to all patients with unreconstructable CLI pCMV-VEGF165 was resulted in prevention of 13 674 ischemic limb amputation over a 2-year period and the budget impact of using to new treatment option with standard treatment in patients with unreconstructable CLI was 45 388 392. Sensitivity analysis performed suggested that cost of limb amputation is the most influential variable. CONCLUSIONS: Results of the present budget impact analysis suggest that introducing of pCMV-VEGF165 into the CLI therapeutic management would significantly decrease number of limb amputations, as well as spending in the Russian care budget.

PCV22 A SIMPLE RISK SCORE IDENTIFIES INDIVIDUALS, IN EUROPEAN SETTINGS, MORE LIKELY TO INCUR HIGHER MEDICAL COSTS Guda S, Alperin P, Schuetz CA Archdec, Inc., San Francisco, CA, USA

OBJECTIVES: To estimate the effectiveness of using a simple risk score comprising only non-biochemical parameters to identify individuals more likely to incur