PCV13

ADHERENCE AND PERSISTENCE WITH STATIN THERAPY: PHARMACOUTILIZATION ANALYSIS FROM ADMINISTRATIVE DATABASES OF 5 ITALIAN LOCAL HEALTH UNITS (LHU)

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OBJECTIVES: To describe the statins prescriptive patterns in primary or secondary prevention patients, to quantify treatment adherence and persistence and to produce data useful to administrators for better health care planning. METHODS: Five pharmacoutilization administrative retrospective studies were conducted in five different Italian Local Healthcare Units, using the same methodology and statistical plan. Two databases (Pharmacy Claims and Hospital Discharges) were queried to select subjects with at least one statin prescription during the study period or an hospitalization for ischemic cerebro-cardiovascular causes. Record linkage was carried out using personal tax code as primary key (replaced with an anonymous code to ensure compliance with privacy rules). Subjects were classified in primary or secondary prevention (absence or presence of cerebro-cardiovascular events and/or at least two antidiabetes prescriptions) and in occasional or not-occasional users (time between the first and last prescription was ≥28 days or ≥28 days). A statin table was assumed as treatment unit. Adherence was quantified as MPR (Medication Possetion Ratio): ratio of tablets dispensed during the follow-up and the follow-up duration. Persistence was estimated using “Life Table” and Kaplan-Meier methods. A multiple linear regression model was built to describe persistence predictors. RESULTS: Data characteristics of the 5 samples are essentially superimposable. Occasional users vary from 24% to 75% mainly in younger classes, females and primary prevention. MPR ranges from 39% to 75% and seems better in males and secondary prevention. Sex, age, type of cardiovascular prevention, follow-up duration and statin switch absence seem the major adherence predictors. CONCLUSIONS: Adherence and persistence levels with statin therapy are far from optimal values, resulting in failure to maximize therapy effectiveness and health care resources investment.

PCV14

QUANTIFICATION METHODS OF ITALIAN PREVALENT POPULATION SUFFERING FROM ATRIAL FIBRILLATION USING PUBLISHED EPIDEMIOLOGICAL DATA

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OBJECTIVES: Atrial fibrillation (AF) is the most common arrhythmia whose prevalence increases significantly with age. Few epidemiological studies give prevalence stratified by age classes. In order to evaluate disease burden it is crucial to estimate AF prevalence by specific age and quantify subjects with AF over Italian population. METHODS: Published epidemiological studies in which prevalence by age is reported were searched. Italian studies were privileged and International literature considered only if quoted in Italian guidelines. For each selected study prevalence was estimated by best fitting a logistic function for increasing age classes. Age-specific prevalence was then calculated for each year of age and related to Italian population age distribution to estimate the number of AF cases. RESULTS: Quoted in AF Italian Guidelines, CASTEL, Framingham and ATRIA studies give prevalence stratified by increasing age classes. For each study the logistic function was best fitted and provided similar fitting parameters. Reported prevalence for Framingham study are 0.5% for 50–55 years, 1.8% for 60–69 years, 4.8% for 70–79 years, 8.8% for 80–89 years while those estimated by the fitting are 0.8%, 2.1%, 4.6% and 8.6% respectively. Projecting the estimated prevalence over the entire Italian population (58.6 millions), 761,438 AF cases (CI 95% 540,022–1,058,308) are estimated to be distributed within age ranges as follows: 27,818 in <50 years, 62,652 in 50–59 years, 137,256 in 60–69 years, 244,149 in 70–79 years, 214,033 in 80–89 years and 74,680 in ≥90 years. With the same approach very similar projections are obtained with ATRIA study (763,438 CI 95% 479,101–1,194,111), while for CASTEL study higher estimates (831,285 CI 95% 540,022–1,058,308) are estimated to be distributed within age ranges as 540,022–1,058,308. With the same approach very similar projections are obtained with CASTEL study (831,285 CI 95% 540,022–1,058,308) are estimated to be distributed within age ranges as follows: 27,818 in <50 years, 62,652 in 50–59 years, 137,256 in 60–69 years, 244,149 in 70–79 years, 214,033 in 80–89 years and 74,680 in ≥90 years. With the same approach very similar projections are obtained with ATRIA study (763,438 CI 95% 479,101–1,194,111), while for CASTEL study higher estimates (831,285 CI 95% 540,022–1,058,308) are estimated to be distributed within age ranges as 540,022–1,058,308. CONCLUSIONS: This quantification method allows an estimate of AF prevalent cases for the entire population, for specific ages or age classes and may represent the basis for further estimates.

PCV15

PRASUGREL AND CLOPIDOGREL PERSISTENCE AND DISCONTINUATION AMONG LOWER BLEEDING RISK PATIENTS UNDERGOING PERCUTANEOUS CORONARY INTERVENTION FOR ACUTE CORONARY SYNDROMES

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OBJECTIVES: TRITON-TIMI 38 demonstrated reduced thrombotic events associated with increased bleeding in patients taking prasugrel compared with clopidogrel. Treatment discontinuation has previously been reported for the overall trial population but not for the lower bleeding risk (LBR) group of patients characterized by age ≤75 years, weight ≤260 kg, and no prior TIA/stroke. The objective of this analysis was to compare persistence, discontinuation rates, and reasons for discontinuation among LBR patients receiving prasugrel versus clopidogrel. METHODS: A total of 10,727 of 13,680 patients from TRITON-TIMI 38 were identified to be in the LBR population (prasugrel: N = 5,390, clopidogrel: N = 5,377). Patients were followed for up to 15 months. Persistence was measured as the time from randomization to the first gap of ≥14 days in which the patient was not known to be taking study drug and comparison made between treatment arms using a Cox proportional hazards model. CONCLUSIONS: Early adherence and persistence levels with prasugrel were far higher than with clopidogrel. The lower bleeding risk group showed a marked and significant difference in persistence rate between the two drugs (25.6% vs. 28.3%, respectively, p = 0.219).

PCV16

CONFORMATION OF BLEEDING QUANTITY MEASURED AFTER HEART OPERATIONS UNDER THE EFFECTS OF CERTAIN HARMFUL HABITS AND OPERATIVE DATA

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OBJECTIVES: To quantify treatment adherence and persistence and to produce data useful to administrators for better health care planning. METHODS: Five pharmacoutilization administrative retrospective studies were conducted in five different Italian Local Healthcare Units, using the same methodology and statistical plan. Two databases (Pharmacy Claims and Hospital Discharges) were queried to select subjects with at least one statin prescription during the study period or an hospitalization for ischemic cerebro-cardiovascular causes. Record linkage was carried out using personal tax code as primary key (replaced with an anonymous code to ensure compliance with privacy rules). Subjects were classified in primary or secondary prevention (absence or presence of cerebro-cardiovascular events and/or at least two antidiabetes prescriptions) and in occasional or not-occasional users (time between the first and last prescription was ≥28 days or ≥28 days). A statin table was assumed as treatment unit. Adherence was quantified as MPR (Medication Possetion Ratio): ratio of tablets dispensed during the follow-up and the follow-up duration. Persistence was estimated using “Life Table” and Kaplan-Meier methods. A multiple linear regression model was built to describe persistence predictors. RESULTS: Data characteristics of the 5 samples are essentially superimposable. Occasional users vary from 24% to 75% mainly in younger classes, females and primary prevention. MPR ranges from 39% to 75% and seems better in males and secondary prevention. Sex, age, type of cardiovascular prevention, follow-up duration and statin switch absence seem the major adherence predictors. CONCLUSIONS: Adherence and persistence levels with statin therapy are far from optimal values, resulting in failure to maximize therapy effectiveness and health care resources investment.

PCV17

PREVALENCE OF PERIPHERAL ARTERIAL DISEASE IN SUBJECTS AT MODERATE CARDIOVASCULAR RISK—GREEK RESULTS OF THE PANDORA STUDY

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OBJECTIVES: Peripheral Arterial Disease (PAD) is a form of atherosclerotic disease conferring a cardiovascular (CV) risk equivalent to that of coronary heart disease. Based on its association with a high risk of cardiovascular events and certain operative data influence the bleeding quantity after heart operation. METHODS: Retrospective analysis was made on the University of Pécs Cardiotherapy Clinic among patients went through heart operation. RESULTS: Significant difference was found between the total bleeding and the alcohol consumption habits (p = 0.001). CONCLUSIONS: Peripheral bleeding is influenced by many factors: antecedents of patients, perioperative medication, operative data, and surgical technique. Based on the result of studies certain harmful habits and other operative data influence the postoperative bleeding in patients went through open heart operation.