trolled trials (RCTs) evaluating Dabigatran for the treatment of AF. We included studies in which Dabigatran was compared to a RCT in humans; (2) an investigation of patients with nonvalvular atrial fibrillation; (3) an evaluation of dabigatran compared with warfarin or each other; and (4) a report of results of stroke or systemic emboli and major bleeding. A systematic literature search for dabigatran trials was undertaken for the databases PubMed and Cochrane, and the Google Scholar, with no language or publication year study size, interventions, year and total bleeding events. For meta-analysis, random effects and fixed effects models were used to obtain cumulative statistics. RESULTS: Two RCTs with a total of 12,268 patients were identified. The pooled event rate for dabigatran for total bleeding events was 31.9% (95% CI 31%-33%). The pooled risk ratio for dabigatran for total bleeding events was 35% (95% 9% 3%-%6%-%37%). The cumulative relative risk for total bleeding events with dabigatran versus warfarin was 0.68 (95% CI 0.89-0.83). CONCLUSIONS: Meta-analysis shows dabigatran has a slightly lower rate of total bleeding events compared to Warfarin.

PCV23 COST AND OUTCOMES OF ANTIHYPERTENSIVE TREATMENTS IN ASIAN INDIAN PATIENTS

Dubé M.P., 1National Institute of Pharmaceutical Education and Research (NIPER), S.A.S. Nagar, India, Montréal, Montréal, QC, Canada

OBJECTIVES: The objective of the study was to determine costs and clinical outcomes of antihypertensive treatments patients taking amlopidine or telmisartan. METHODS: This long year prospective observational study was carried out at cardiology OPD of a private tertiary health care hospital. The patients over 20 years of age, either sex, with clinically diagnosed hypertension (INC VII) receiving either extended release amlodipine besylate (80 mg) or amlopidine with or without telmisartan for a period of at least 8 weeks after baseline assessment. An attempt made to understand the direct costs involved. The primary outcome measured was difference in SBP and DBP after 8 weeks of treatment vs. baseline BP. Only the direct costs were included. RESULTS: Of 250 patients studied, 120 belonged to the amlopidine and 130 to the telmisartan group. 150 had a family history of hypertension. The average age was 51.2±9.5 years. The average reduction in SBP was 9.45±7.3 and 10.3±6.9 mmHg. However, was 17.92±10.2mmHg and 18.48±13.6 mmHg. The average DBP reduction found in patients. The average reduction in SBP was amlodipine and telmisartan group not differ in between amlodipine and telmisartan group. The prevalence of CAD was more in male patients, and the prevalence of diabetes was more in female patients. The average reduction in SBP was amlopidine and telmisartan group was 17.92±10.2mmHg and 18.48±13.6 mmHg. The average DBP reduction found in amlopidine and telmisartan group were 9.45±7.3 and 10.3±6.9 mmHg. However, at the end of the minimal follow up period, there was no statistically significant difference found in reduction of DBP. BP control was significantly different in diabetic and non-diabetic patients. The average cost of drugs per mmHg reduction of BP was INR937 and INR122 in amlopidine and telmisartan arms, respectively, in non-diabetic patients. CONCLUSIONS: Despite its limitations, the results offer indicative evidence using the real-time Asian Indian patients.

PCV25 EVALUATION OF ADHERENCE TO TREATMENT GUIDELINES AND REHOSPITALIZATIONS IN PATIENTS WITH CHRONIC HEART FAILURE: THAILAND

Tiwari P., 2Fortis Heart & Multispeciality Hospital, SAS Nagar, India, A106

OBJECTIVES: The use of diuretics were uneven. It is two to three times lower in comparison with the consumption of diuretics in Norway and Finland. This research was supported by Provincial Secretariat for Science and Technological Development, Autonomous Province of Quebec, Canada, and the National Research Fund of a laboratory prepared by the patient and a higher TTR. The use of this device may improve the stability of patients taking warfarin, but the clinical significance of this finding is arguable.

PCV27 USE OF DIURETICS IN SERBIA FROM 2008 TO 2012

Dumas S., 3Faculty of Medicine, University of Novi Sad, Serbia; and Montenegro, Faculty of Medicine, University of Novi Sad, Serbia, Novi Sad, Serbia and Montenegro

OBJECTIVES: Diuretics are drugs of first choice in the treatment of hypertension. The use of diuretics in Serbia was studied in the period from 2008 to 2012 year. METHODS: The data about the use of drugs were taken from the Agency for Drugs and Medical Devices of the Serbia. RESULTS: The use of diuretics in Serbia in 2012 was higher compared to the use of diuretics in 2010. Conclusions: The most frequently used diuretic in 2010-2012 in Serbia was spironolactone. The average proportion of the INR stabilization was between 78% and 90%.

PCV28 BURDEN OF MAJOR ADVERSE CARDIAC EVENTS (MACE) IN PATIENTS WITH CORONARY ARTERY DISEASE (CAD) OR PERIPHERAL ARTERIAL DISEASE (PAD)

A106

OBJECTIVES: Patients with a history of a cardiovascular (CV) disease are at high risk of developing secondary major adverse cardiac events (MACs), including death, non-fatal myocardial infarction (MI), stroke, symptomatic pulmonary embolism, CV and all-cause mortality, hospitalization, and treatment. The objective of the study was to assess the burden of MACE in patients with coronary artery disease (CAD) and peripheral arterial disease (PAD) in Europe, Asia, Latin America and Canada. METHODS: A comprehensive search was conducted in PubMed, EMBASE, Cochrane and other relevant sites. 460 full-text articles, published between 2003 and 2013, were reviewed. RESULTS: MACE was more prevalent in CAD/PAD patients compared to matched controls (≥ 2-fold higher). Proportions of CAD patients who have had MI, stroke, or bleeding were 1.4%-3.0%, 1.24% and 0.81%, respectively. For PAD patients, these proportions were 1.3%-13.7%, 0.4%-5.2% and 1.3%, respectively. Compared to individuals with no CV disease, MACE incidence in CAD or PAD patients was increased at least by twofold, ranging from 18.1%-32.3% for all-cause death, 12.1%-18.9% for CV death, 8.2%-17.3% for MI and 6.8%-11.3% for stroke. In patients with CAD, evidence of MACE was reported within 30 days of primary percutaneous coronary intervention and increased over time. The main risk factors for MACE in CAD/PAD patients included increased oxidative stress in coronary and peripheral arteries, diabetes, and chronic kidney disease. Limited information was found on the economic and humanitarian burden of MACE in CAD/PAD patients. Available data showed that MACE occurrence increased hospitalization rates and associated costs, in addition to worsening patients' quality of life.

PCV29 RATES OF ACUTE CORONARY EVENTS AND ALL CAUSE MORTALITY IN PATIENTS WITH STABLE CORONARY ARTERY DISEASE (CAD) AFTER MYOCARDIAL INFARCTION AND ADDITIONAL CARDIOVASCULAR RISK FACTORS


OBJECTIVES: Warfarin, a widely prescribed oral anticoagulant, is well known to have a narrow therapeutic index. Many studies confirmed that adherence helps to achieve a stabilization of the INR, but little data is available on the impact of the use of a pillbox. The objective of this study is to evaluate the association between the use of new warfarin-users and time in therapeutic range (TTR). METHODS: This study was based on a prospective cohort of new warfarin-users which aims to assess the genetic, clinical and environmental risk factors associated with the effectiveness and safety of warfarin. Demographic and clinical data were collected among a subset of 720 patients who began the treatment between May 1st, 2010 and Aug. 31st, 2012 at one of 18 hospitals in Quebec, Canada. Patients were followed-up each three months up to a year after the initiation of warfarin. Our outcome was the TTR and it was tested using a mixed linear model to allow for repeated measures. RESULTS: Mean age was 70.0±11.6, 69.1% were men, 79% had atrial fibrillation as a primary indication for warfarin, 67.9% had hypertension and 61.1% had dyslipidemia. Of these patients, 47.2%, 53.1%, 56.1% and 60.4% used a pillbox at 3, 6, 9 and 12 months, respectively. The proportion of patients who used their pillbox (approximate rate of pillbox users) had a higher TTR than non-users (3.7%, p<0.03). These results were adjusted for the INR target, age, number of concomitant drugs and patient-reported dose of warfarin as these covariates were significantly associated with the outcome. CONCLUSIONS: The use of a pillbox associated in a subset fraction of pillbox prepared by the patient and the higher TTR. The use of this device may improve the stability of patients taking warfarin, but the clinical significance of this finding is arguable.

PCV26 THE USE OF PILBOX AND TIME IN THERAPEUTIC RANGE AMONG NEW USERS OF WARFARIN: A PROSPECTIVE COHORT STUDY

Dumas S., 3, Roulault Mailoux P 1, Rouhaci N 1, Laboume H 1, Tardif JC 2, Talajic M 2, Dubé MP 3, Perreault S 3

OBJECTIVES: Warfarin, a widely prescribed oral anticoagulant, is well known to have a narrow therapeutic index. Many studies confirmed that adherence helps to achieve a stabilization of the INR, but little data is available on the impact of the use of a pillbox. The objective of this study is to evaluate the association between the use of new warfarin-users and time in therapeutic range (TTR). METHODS: This study was based on a prospective cohort of new warfarin-users which aims to assess the genetic, clinical and environmental risk factors associated with the effectiveness and safety of warfarin. Demographic and clinical data were collected among a subset of 720 patients who began the treatment between May 1st, 2010 and Aug. 31st, 2012 at one of 18 hospitals in Quebec, Canada. Patients were followed-up each three months up to a year after the initiation of warfarin. Our outcome was the TTR and it was tested using a mixed linear model to allow for repeated measures. RESULTS: Mean age was 70.0±11.6, 69.1% were men, 79% had atrial fibrillation as a primary indication for warfarin, 67.9% had hypertension and 61.1% had dyslipidemia. Of these patients, 47.2%, 53.1%, 56.1% and 60.4% used a pillbox at 3, 6, 9 and 12 months, respectively. The proportion of patients who used their pillbox (approximate rate of pillbox users) had a higher TTR than non-users (3.7%, p<0.03). These results were adjusted for the INR target, age, number of concomitant drugs and patient-reported dose of warfarin as these covariates were significantly associated with the outcome. CONCLUSIONS: The use of a pillbox associated in a subset fraction of pillbox prepared by the patient and the higher TTR. The use of this device may improve the stability of patients taking warfarin, but the clinical significance of this finding is arguable.