guidelines for prevention and treatment has gained attention in many developed countries. The objective of our study was to investigate to what extent clinical practice guidelines consider cost-effectiveness and budget impact according to the \textit{most recent} economic evidence. \textbf{METHODS:} We carried out systematic literature reviews of economic evaluations on the five most important medications by means of expenditures in the The Netherlands in 2007 (cholesterol-lowering drugs, antihypertensives, proton pump inhibitors, long-acting bronchodilators/inhaled corticosteroids and antidepressants). Consequently, we compared the economic evidence to the recommendations of the relevant clinical practice guidelines. \textbf{RESULTS:} Eleven clinical practice guidelines were determined to be relevant for the medications under consideration. Although the recommendations of each of these guidelines are largely in agreement with the \textit{most recent} economic evidence, 9/11 guidelines hardly considered the cost-effectiveness of the medications. The guideline 'Cardiovascular Risk Management' (2006) considered budget impact to take accessibility and affordability constraints into account when considering cost-effectiveness. \textbf{CONCLUSIONS:} Limited or no attention to economic evidence does not necessarily lead to 'wrong' recommendations. However, the consideration of cost-effectiveness and budget impact in clinical practice guideline development is needed to increase clinician compliance, which in turn could ensure accessibility, affordability and quality of care in national health care systems. Furthermore, their consideration could harmonise national guidelines with reimbursement decisions. Engaging an economic expert in the guideline development process could contribute to the integration of the \textit{most recent} economic evidence in clinical practice guidelines.

\textbf{PHPI16} ANALYSIS OF ANTIICOAGULATION BRIDGING THERAPY IN ORTHOPEDIC PATIENTS: REAL WORLD \textit{P}ERFORMANCE A1, Foley K2, Rupnow MF3, Nash D4, Doris C

\textbf{OBJECTIVES:} We assessed the real-world antiocoagulation thromboprophylaxis patterns in patients undergoing major orthopedic surgery. \textbf{METHODS:} A retrospective study (January 1, 2005–December 31, 2007) was conducted using a large hospital database linked with outpatient claims. Patients’ demographics, and clinical and provider characteristics were compared using Chi-square testing and standardized difference. \textbf{RESULTS:} The linked database is comprised of 2280 enrollees, of whom 1769 met the eligibility criteria. A total of 1552 patients received antiocoagulant venous thromboembolism VTE prophylaxis; 264 of these patients received a combination of low molecular weight heparin and warfarin. Of these patients, 105 (40%) were switched between the two monotherapies, whereas 159 (60%) received bridge (overlapping) prophylaxis. VTE and major bleeding events were significantly lower for bridged patients. However, duration of bridging varied widely. \textbf{CONCLUSIONS:} Although there is a benefit with longer duration of therapy, duration of antiocoagulation bridging therapy varies widely and does not appear to be consistent with published guidelines.


\textbf{OBJECTIVES:} In the Hungarian emergency departments (EDs) it became necessary to hire nurses with wider competences but there is no a nationally unified policy and training for them. Our aim was to determine the knowledge about the physical examinations of nurses working at EDs with the different scope of practices (triage nurses, departmental heads of nurses, general nurses). \textbf{METHODS:} Twenty-three Hungarian emergency departments was examined, a questionnaire was completed by the departments’ nurses (n = 301) and physicians (n = 159). SPSS 16.0 software was used for statistical analysis, chi-square test was used to determine correlations. \textbf{RESULTS:} A total of 71.5% of nurses have learned in some way the physical examinations of patients whereas 60% of physicians have learned in some way the physical examinations, they admitted a low rate of usage in the everyday practice. In contrary, physicians would place the physical examinations among the tasks of nurses possessing adequate qualification, thus extension of the competences of nurses is necessary.