aggressive payer policies encouraging VKA prescribing are expected across the EU, together with extended pricing and reimbursement negotiations following each NOAC label expansion, in order to manage healthcare budgets.

PCV153

REAL-WORLD IDENTIFICATION OF EUROPEAN PATIENTS WITH STATIN-ASSOCIATED SYMPTOMS: CLINICAL PRACTICE COMPARED WITH CLINICAL GUIDELINES

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OBJECTIVES: To establish whether identification of patients with statin-associated symptoms (SAS), particularly muscle-related symptoms (MRS) in real-world practice is aligned with the latest clinical consensus. METHODS: A web-based survey was conducted in France, Germany, Italy, the Netherlands, Poland, Spain, Sweden, and the UK in February–March 2014. Sixty clinicians per country answered questions about clinical criteria used to identify patients with SAS. These criteria from real-world practice were compared with those recommended in the 2015 European Atherosclerosis Society Consensus Panel Statement (EASCS) to explore their alignment. RESULTS: Overall, 319 clinicians (76% cardiologists) completed the survey. Almost all clinicians (average 98%; range across countries [RAC] 97–100%) saw and considered MRS in patients receiving statins to indicate SAS. Across countries, an average of 93% (RAC 92–98%) of respondents reported detecting MRS in all patients newly prescribed statins; an average of 52% reported testing in patients who displayed MRS. On average, 77% of clinicians (RAC 68–85%) were trying to confirm a diagnosis of two muscle symptoms (MRS) (RAC 57–73%) tried ≥3 MRS. Most clinicians (average 74%; RAC 63–85%) reported rechallenging patients with the same statin to confirm whether MRS were SAS. Of those who did not rechallenge patients (25%), nearly 41% (RAC 37%) reported other treatments such as other MRS resolved, and an average of 38% (RAC 32–45%) reported using a combination of rechallenging, discontinuing, and lowering the dose of statin to confirm SAS. Of the reported criteria used for determining SAS, CK testing upon MRS and trial of ≤3 statins continued in combination with the latest EASCS, although routine CK testing and statin rechallenge are not fully consistent. CONCLUSIONS: This survey suggests that the clinical criteria used to identify patients with SAS across eight European countries are broadly consistent with the current clinical consensus in Europe.

PCV154

MANAGING PATIENTS WITH STATIN-ASSOCIATED SYMPTOMS: DOES REAL-WORLD CLINICAL PRACTICE ALIGN WITH CLINICAL GUIDELINES AND HTA RECOMMENDATIONS IN EUROPE?

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OBJECTIVES: To compare the management of statin-treated patients with hypercholesterolemia and statin-associated symptoms (SAS) in real-world practice across eight European countries with the latest European Atherosclerosis Society Consensus Panel Statement (EASCS) and decisions of national health technol-o gy assessment bodies. METHODS: A web-based survey was conducted in France, Germany, Italy, the Netherlands, Poland, Spain, Sweden, and the UK in February–March 2014. Sixty clinicians (specialists and general/family physicians, 2:1 ratio) per country answered questions about the management of patients with SAS. Target population searches were performed (June 2015) to identify HTA decisions before and after the survey for comparison with survey outcomes. RESULTS: Overall, 319 clinicians (76% cardiologists) completed the survey. An average of 58% of clinicians (range across countries 40–65%) reported using a lower dose of statin in patients who were unable to tolerate statins at the label-recommended dose, a practice which is recommended by the EASCS. On average, 52% of patients known to have SAS continued to receive a low-dose statin, usually with other lipid-lowering therapies (LITs). Of the remaining 48%, 37% received alternative LIT only and an average of 11% of patients with SAS received no statin or alternative LIT. Ezetimibe was the most common first choice of non-statin LIT for patients with SAS, either without concomitant statins (average across countries 74% clinicians) or in combination with a low-dose statin as recommended by the EASCS (average across countries 79% clinicians). Ezetimibe is recommended by most national and regional HTA agencies in the surveyed countries (average across countries 55%, 93% in Sweden). Patients’ concerns about the limitations of the supporting evidence - CONCLUSIONS: This survey identified potential treatment gaps in the management of patients with SAS: in some cases patients receive no LIT, leaving them without treatment for hypercholesterolemia.

PCV155

EFFECTIVENESS OF THE ST2 FOR PROGNOSTIC ASSESSMENT IN PATIENTS WITH ACUTE CORONARY SYNDROMES AND NO STEMI: A SYSTEMATIC REVIEW AND META-ANALYSIS

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OBJECTIVES: ST2 reflects activity of the cardioprotective signal and it is a prognostic biomarker for the diagnosis and treatment of the ST2 for determining the effectiveness of the ST2 to be assessed by means of association with prognosis/risk ratio (RR) or odds ratio (OR), accuracy of forecasting of the prognosis, stratification of risk, correlation with the comparative test and relevance with clinical symptoms. The ST2 was from the death of 1.01–4.50 patients in 1.054–2.4. On the other hand, RR of hospitalization of BNP was 1.15–2.0, the RR or OR of death arising from NT pro-BNP was 0.19–1.24. The sensitivity/specificity of NT pro-BNP values were 0.68 and 0.74. The correlation coefficient of risk (Neat Restructuring Improvement, NR) on the death rate were reported to be significant at 9.4 and 9.9 in the 2 studies, but 1 study reported that stratification of risk of the death rate was 0.049 and stratification of risk of hospitalization rate was 0.197. CONCLUSIONS: The ST2 is effective in determining the prognosis of patients with heart failure.

PCV156

THE EFFECT OF A TELEPHONE CONSULTING INTERVENTION BY PHARMACIST ON PATIENTS’ BELIEFS ABOUT MEDICINES AND BLOOD PRESSURE CONTROL

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OBJECTIVES: Pharmacists, working as part of the multidisciplinary team, have a relevant role in improving clinical outcomes through providing educational inter-vention, medicine management intervention, or a combination of both. The purpose of this study was to determine the effectiveness of the intervention administered bi-monthly by pharmacist on patients’ beliefs about antihypertensive medicines and blood pressure control. METHODS: Subjects were selected on a time-limited basis to their attending general practitioners. Study protocol was developed in the framework of the Multidisciplinary Health Care Team (GIP) for Diagnosis and Therapy of Arterial Hypertension of Cardarelli Hospital of Naples, located in the South of Italy. Participants were randomly assigned to either control group (usual care) or intervention group (educational intervention). RESULTS: A total of 164 patients (80 in the control group, CG, and 84 in the intervention group, IG) were recruited. At the end of follow-up, the reduction in SBP and DBP was statistically significant in IG (p<0.001) and there were also significant differences between IG and CG for both Necessity and Concern score (t=5.74, p<0.001; t=7.86, p<0.001 respectively). Patients were divided into four attitudinal groups based on their BMQ results and data showed that at t=12 83.3% of IG patients was “Accepting” and 15.5% was “Prohibiting”. None “ Skeptical” patients were found in the IG and only 2.2% was “Indifferent”. CONCLUSIONS: Telephone-administered pharmacist intervention can improve BP control modifying patients beliefs and concerns about treatments, as well as involving patients as participants in the management of their health.

PCV157

FACTORS ASSOCIATED WITH THE DURATION OF ANTICOAGULATION THERAPY FOLLOWING ACUTE VTE IN ENGLAND IN GENERAL PRACTICE: AN OBSERVATIONAL STUDY USING CPRD-HES DATABASES

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INTRODUCTION: It is well-known that stroke is one of the primary causes of death in heart failure. The aim is to assess the effectiveness of the ST2 for determining the effectiveness of the ST2 for detecting the prognosis of patient with heart failure. METHODS: We used tools of Scottish Intercollegiate Guidelines Network (SIGN) and Agency for Healthcare Research and Quality (AHRQ) The effectiveness of the ST2 was assessed by means of association with prognosis/risk ratio (RR) or odds ratio (OR), accuracy of forecasting of the prognosis, stratification of risk, correlation with the comparative test and relevance with clinical symptoms. The ST2 was from the death of 1.01–4.50 patients in 1.054–2.4. On the other hand, RR of hospitalization of BNP was 1.15–2.0, the RR or OR of death arising from NT pro-BNP was 0.19–1.24. The sensitivity/specificity of NT pro-BNP values were 0.68 and 0.74. The correlation coefficient of risk (Neat Restructuring Improvement, NR) on the death rate were reported to be significant at 9.4 and 9.9 in the 2 studies, but 1 study reported that stratification of risk of the death rate was 0.049 and stratification of risk of hospitalization rate was 0.197. CONCLUSIONS: The ST2 is effective in determining the prognosis of patients with heart failure.

PCV158

WHAT FACTORS INFLUENCE SURVIVAL IN STROKE: TURKEY CASE

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OBJECTIVES: It is well-known that stroke is one of the primary causes of death with low survival rates in Turkey. This study investigates how many months