trolled trials (RCTs) evaluating Dabigatran for the treatment of AF. We included studies as 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, Cochrane Library, and Google Scholar. Data were extracted for study design, 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 12,358 patients were included. The pooled event rate for dabigatran for total bleeding events was 31.9% (95% CI 31%-33%). The pooled response rate for Warfarin for total bleeding events was 35.1% (95% CI 34%-37%). The cumulative relative risk for total bleeding events with Dabigatran versus Warfarin was 0.90 (95% CI 0.89-0.93). 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

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OBJECTIVES: The objective of the study was to determine costs and clinical outcomes of antihypertensive treatments patients taking amlopidine or telmisartan.

METHODS: This year long prospective study was carried out at cardiology O/P of a private tertiary health care hospital. The patients over 20 years of age, either sex, with clinically diagnosed hypertension (NCI VII) receiving either amlopidine or telmisartan (20 mg OD) or amlopidine 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, weight, height, BMI, Baseline SBP and DBP and duration of hypertension did not differ in between amlopidine 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 34.5 ± 13.9 mmHg; and telmisartan 20.9 ± 13.7 mmHg.

CONCLUSIONS: The cost of treatment of hypertensive patients taking amlopidine or telmisartan was more in male patients; and, the prevalence of diabetes was more in female patients.

PCV25

EVALUATION OF ADHERENCE TO TREATMENT GUIDELINES AND RE-HOSPITALIZATION IN PATIENTS WITH CHRONIC HEART FAILURE: THAILAND

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OBJECTIVES: Current guidelines recommend a combination of ACEIs/ARBs, beta-blockers, diuretics: (20.0%). Twenty-five, 47 and 28 percent of patients were classified as low, medium and high GAI-3 scores respectively. Patients who used their own pillbox (approximately 75% of pillbox users) had the highest adherence rate (95.0%). The ability to explore the association between adherence to guidelines and re-hospitalization and re-adherence to guidelines is limited. 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, weight, height, BMI, Baseline SBP and DBP and duration of hypertension did not differ in between amlopidine 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 34.5 ± 13.9 mmHg; and telmisartan 20.9 ± 13.7 mmHg.

CONCLUSIONS: The cost of treatment of hypertensive patients taking amlopidine or telmisartan was more in male patients; and, the prevalence of diabetes was more in female patients.

PCV26

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

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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 sub-sample of 702 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, 60% 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, 52%, 53.1%, 56.1% and 60.4% used a pillbox at 3, 6, 9 and 12 months, respectively (p < 0.001). Patients who used their own pillbox (approximately 75% 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 prepared by the patient helps to improve the 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

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OBJECTIVES: Diuretics are drugs of first choice in the treatment of hypertension. The objective of the study was to evaluate the consumption of diuretics in Serbia from the period from 2008 to 2012. 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 diuretic consumption in Serbia from 2008 to 2012 was 56,34%. The use of spironolactone was the most frequently used diuretic from 2008-2010. In the observed period consumption of spironolactone ranged about 61% of the total consumption of all diuretics. On the other hand, in 2012 the consumption of diuretics in Serbia was 66.2%.

CONCLUSIONS: In Serbia, in the observed period, consumption of diuretics is two to three times higher 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 Kosovo and Metohija, Project No 114-451-245/2011 and by Ministry of Science, Republic of Serbia, project no 41012.

PCV28

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

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OBJECTIVES: Patients with a history of a cardiovascular (CV) disease are at high risk of developing second major adverse cardiac events (MACS), including death, non-fatal myocardial infarction (MI), stroke, symptomatic pulmonary embolism, CV and all-cause mortality, angina, peripheral arterial disease (PAD), events due to cardiovascular and peripheral arteries, diabetes, and chronic kidney disease. Limited information was found on the economic and humanistic burden of MACS in CAD/PAD patients. Available data showed that MACS occurrence increased hospitalization rates and associated costs, in addition to worsening patients’ quality of life. CONCLUSIONS: Although gaps in the literature were identified, this assessment showed that the risk of MACS in CAD/PAD patients imposes a considerable burden. Development of preventive measures is warranted.

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

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