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PCV20
PREVALENCE OF SEVERE TREATMENT RESISTANT HYPERTENSION AND ELIGIBILITY FOR CATHETER-BASED RENAL DENERVATION IN AUSTRALIA – A PRELIMINARY ANALYSIS

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OBJECTIVES: Catheter-based renal denervation (RDN) has emerged as a new therapy option for patients with treatment resistant hypertension (TR-HTN). However, inconsistency in the definition and prevalence estimates of TR-HTN has the potential to cause confusion with regards to: (1) identifying patients who may be eligible for RDN; (2) therapeutic options *before* consideration for RDN; and (3) estimates of potential budget impact. The objective of this analysis is to provide an evidence-based estimate of the prevalence of severe TR-HTN to determine the RDN eligible patient population in Australia. **METHODS:** Based on published consensus guidelines criteria, severe treatment HTN was defined as SBP $\geq$ 160 mm Hg despite receiving 3 or more anti-HTN drugs including a diuretic. Published prevalence of Australians with treated HTN was combined with evidence extracted from the literature regarding HTN severity, medication usage and clinical trial exclusion rate to estimate the number of RDN eligible patients in Australia. **RESULTS:** In the most recent published national assessment, the gross prevalence of HTN in Australia was estimated as 34%, with a treatment rate of 53%. The current analysis estimated the prevalence of severe TR-HTN amongst treated HTN to be 3.5%. When exclusion criteria for RDN were applied, the eligible population was estimated at 1.1% of those receiving treatment for HTN. **CONCLUSIONS:** RDN eligible patients represent a small and discrete subset of all patients receiving HTN treatment and, when the consequences in this high risk population are considered, would represent a moderate impact on government health budgets. In addition, applying standardised and clinically based RDN selection criteria may lead to increased scrutiny and improved clinical management in the broader pool of HTN patients – some of whom may achieve a sufficient reduction in SBP without the need for RDN.

PCV21
THE RELATIONSHIP BETWEEN MASKED HYPERTENSION AND OBESITY

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OBJECTIVES: Masked hypertension is associated with an increased risk for cardiovascular conditions. The aim of the study was to evaluate the relationship obesity parameters, including body weight, waist circumference, body mass index. **METHODS:** The study group consisted of 118 consecutive patients with masked hypertension and 115 healthy control subjects. After a complete medical history and laboratory examination, patients' height, weight, waist circumference heart rate, and office blood pressure were recorded. All subjects underwent ambulatory blood pressure monitoring. Masked hypertension is defined as normal office blood pressure measurement and high ambulatory blood pressure level. **RESULTS:** Baseline characteristics in patients and controls were similar. Waist circumference (93.5±12.4 vs. 87.5±8.5, P<0.001), weight (79.7±11.4 vs. 68.3±9.9, P<0.001), body mass index (29.9±3.7 vs. 25.1±4.6, P<0.001) in masked hypertensive subjects was significantly higher than controls. **CONCLUSIONS:** This study demonstrated that anthropometric indices such as waist circumference, body mass index were higher in masked hypertensive patients. It can be suggested that predefining obesity might be helpful in early detection of masked hypertension.

PCV22
BODY MASS INDEX (BMI) AS A PREDICTOR OF OUTCOME AFTER CORONARY ARTERY BYPASS GRAFTING: AN ASIAN PERSPECTIVE

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OBJECTIVES: There is considerable literature from developed nations on the effect of body mass index (BMI) on outcomes following cardiac surgery. Increased BMI is associated with an increased postoperative morbidity. World health organization (WHO) has suggested modified scale for Asians to categorize BMI. We have studied the effect of BMI on our population, using modified scale, as predictor of outcome after coronary artery bypass grafting (CABG). **METHODS:** 1019 charts of first time isolated elective CABG patients was retrospectively reviewed from January 2006 to December 2008. We excluded patients undergoing urgent, emergency and off pump procedures. Data was analyzed on SPSS17. Logistic regression was applied to explore whether increased BMI is a predictor of in- hospital complications after CABG. **RESULTS:** Retrospective analysis of 1019 first time isolated elective CABG patients was performed. Out of them, 163(16.0%) patients had normal BMI (18.5 to 22.9 (kg/m2) while 856(84.0%) had increased BMI ($\geq$ 23.0 (kg/m2). Operative profile shows that (888 (87.%)) patients had three vessels coronary artery disease and (970 (95.2%)) got IMA grafts. Their 30-days mortality was 0.8%. The data showed patients with higher BMI tended to have increased postoperative complications. However multivariate analysis revealed age (adj OR: 1.04; 95%C.I: 1.02, 1.06), hospital stay (adj OR: 1.07; 95% C.I: 1.04, 1.10), perfusion time (adj OR: 1.48; 95%C.I: 1.05, 2.10) and renal failure (adj OR: 1.63; 95% C.I: 1.02, 2.59) as significantly associated with in hospital complications, while increased BMI remained insignificant at P value of $\leq$0.05. Model was adequately fit at P=0.749 by Hosmer and Lemeshow test. **CONCLUSIONS:** This study concludes that increased BMI in itself is not a predictor of increased mortality and morbidity. Post-operative complications in first time isolated elective CABG patients is, in fact, associated with increasing age, hospital stay, perfusion time and renal failure.

PCV23
AWARENESS OF HYPERLIPIDEMIA AMONG UNIVERSITY STUDENTS AND STAFF MEMBER

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OBJECTIVES: To evaluate the awareness of hyperlipidemia among university students and university staff members and to identify respondent variables that affect hyperlipidemia knowledge level. **METHODS:** A survey was conducted to evaluate the awareness of hyperlipidemia among university students and faculty members. A validated questionnaire was used to assess knowledge of factors that are responsible for hyperlipidemia, knowledge of food that was responsible for hyperlipidemia and the knowledge regarding hyperlipidemia medicine. Respondents variables were associated with their knowledge level and were evaluated through SPSS version 20. **RESULTS:** Of the 205 respondents, 91 (44.2%) were male and 114 (55.8%) were females with a mean age of 26.8 years (SD 0.6). One hundred and thirty (63.6%) of respondents were students whereas 75 (36.4%) respondents were university staff members. Almost half (49.5%) of respondents BMI was normal (18.5-22.5) followed by pre-obese (25.7%) and obese (12.1%). One hundred and forty three (69.4%) of respondents had adequate knowledge of factors responsible for hyperlipidemia, 190 (92.2%) had adequate knowledge of food responsible for hyperlipidemia, however only 7 (3.4%) respondents had adequate knowledge of hyperlipidemia medicine (HMG CoA reductase inhibitors). Respondent gender (*p* 0.004), education level (*p* 0.016) and occupation (*p* 0.001) had a statistically significant association with factors responsible for hyperlipidemia. Respondent's race (*p* 0.012) had a significant association with knowledge of food responsible for hyperlipidemia. Similarly, patient gender (*p* 0.046) and occupation (*p* 0.041) had significant association with knowledge of hyperlipidemia medicine. **CONCLUSIONS:** Awareness of hyperlipidemia was adequate among university students and staff members however awareness of hyperlipidemia medicine was inadequate. Regular seminars and workshops can help create awareness among different aspect of hyperlipidemia.

CARDIOVASCULAR DISORDERS – Cost Studies

PCV25
BUDGET IMPACT OF LEFT ATRIAL APPENDAGE OCCULUSION IN PATIENTS WITH ATRIAL FIBRILLATION CONTRAINDICATED TO ANTICOAGULATION

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OBJECTIVES: Stroke is a leading public health problem in terms of mortality and economic burden in Korea. Anticoagulants are the mainstay for ischemic stroke prevention in atrial fibrillation (AF), but many patients have contraindications to these drugs. A number of catheter-based left atrial appendage occlusion (LAAO) devices devised to eliminate the major cause of thromboembolism in AF patients have been commercialized in Europe but are not yet available in Korea. The purpose of this study is to perform a budget impact analysis of LAAO in patients with AF contraindicated to anticoagulation. Such analysis could help decision makers assign greater priority to stroke prevention in Korea. **METHODS:** A budget impact model (BIM) was developed based on the number of ischemic strokes and deaths prevented by LAAO. LAAO was compared to no stroke prevention since AF patients contraindicated to anticoagulation have no other alternatives. Sensitivity analyses on clinical and cost inputs were performed. **RESULTS:** LAAO demonstrated a benefit in terms of ischemic strokes and mortality avoided. The BIM was most sensitive to the patients' baseline stroke risk factors, the treatment effect of LAAO, the cost of stroke management and the cost of the LAAO procedure. For instance, in high stroke risk patients with CHADS$_2$VASc score $\geq$ 6 one stroke can be avoided within five years by LAAO performed in just three patients. LAAO can become cost saving after three years post LAAO procedure assuming that the cost of LAAO procedure is approximately 15,000,000, the total cost of stroke defined as direct and indirect cost in the first year is approximately 31,000,000 and the total cost in each subsequent year is approximately 12,500,000. **CONCLUSIONS:** This analysis highlights that LAAO can be a cost saving stroke prevention therapy in anticoagulation intolerant AF patients in medium to long term post LAAO procedure.

PCV26
MEDICAL COSTS OF CARDIOVASCULAR DISEASES IN TAIWAN

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OBJECTIVES: To examine the medical costs during the first and the 2nd year following the onset of cardiovascular diseases, i.e. myocardial infarction (MI), angina, stroke, coronary heart failure (CHF), or peripheral arterial disease (PAD). **METHODS:** The National Health Insurance Research Database (NHIRD), a nationwide population-based claims database, was used in the study. Patients who hospitalized with the principal diagnosis code of 410 for MI, 413 for angina, 430-434 for stroke, or 428 for CHF, or who had outpatient visits with the principal diagnosis of 443.9 for PAD during 2005-2009 were identified as study subjects. The initial date of the hospitalization/outpatient visit with the diagnosis code associated with each disease was defined as the index date. Patients who had outpatient visits or hospitalization with diagnoses of MI, angina, stroke, CHF and PAD within five years before the index date were excluded, except for patients who had outpatient visits within two weeks prior to the index date. Patients who withdrew from the health insurance program during the first and the 2nd year after the index date were also excluded. The generalized linear model was used to estimate medical costs associated with cardiovascular diseases within 1st year and 2nd year after the index date. All costs were inflated to 2011 dollars by using the medical care component of the Consumer Price Index. **RESULTS:** The 1st year average total medical costs associated with MI, angina, stroke, CHF, and PAD were NT$293,995, NT$60,305, NT$141,086,