COMPLICATIONS

The IMPACT OF NATIONAL MASS SCREENING PROGRAM ON HEALTH SERVICE UTILIZATIONS AND MEDICAL EXPENSES: IN THE CASE OF HYPERTENSION

PCV140

OBJECTIVE: To study attempts to impact the national mass screening program on health service utilizations and medical expenses.

METHODS: Main data consists of the subjects (12,449,964) eligible for 2002 screening program provided by the National Health Insurance who were born in even year. To analyze the effect of screening in the case of hypertension, we excluded people who had any medical records of hypertension before 2002. After extracting and random sampling 5% (564,443), we extracted the subjects’ medical payments for hypertension complications in 2007. The independent variable of interest at hospital discharge and 12 months were as follows: attendance, the direct costs of hypertension complications. We compared the results obtained using instrumental variable methods with those from conventional logistic and linear regression models. RESULTS: Conventional logistic and multiple regression models suggest that the effect of using medical services is significantly higher in no-screen group and the average medical cost of hypertension complications reduced by 5% in screen group at 10% significant level. However, the results estimated using instrumental variable methods show different results. The screen group has significantly lower possibility to use medical service (p<0.05), but the lower average costs in screen group is not significant any more. CONCLUSIONS: The different results demonstrate that conventional regression approaches may have limitations in making causal inference using non-experimental data. This study shows that whether one gets medical screen or not affects the possibility of hypertension complications occurring, however it doesn’t significantly relate to average costs.

PCV141

CURRENT MANAGEMENT PATHWAY OF PATIENTS WITH ACUTE CORONARY SYNDROME UNDERGOING PERCUTANEOUS CORONARY INTERVENTION IN GREECE. RESULTS FROM APTORII STUDY

OBJECTIVES: To describe current management of acute coronary syndrome (ACS) patients undergoing percutaneous coronary intervention (PCI) on 12 months in Greece.

METHODS: APTORII: prospective observational study on ACS patients undergoing PCI from September 2008 - April 2009, capturing current practices over 12 months.

RESULTS: Twenty-two sites enrolled 158 eligible patients: 351 patients had unstable angina or non-ST elevation myocardial infarction (UA/NSTEMI) and 207 ST-elevation myocardial infarction (STEMI). Among UA/NSTEMI patients, 78% received the first antithrombotic loading dose (LD) in 1 day. From start of ACS symptoms to PCI was ≤ 3 days in 76% UA/NSTEMI and ≤ 1 day in 67% STEMI patients. Follow-up data were available for 540 (96.8%) patients. Percentage of patients on antithromboses and other medications after PCI were significant, which underscores the importance of preventing it. Further, it is known that as the population ages the prevalence of events increases.

OBJECTIVE: The objective was to analyze prescribing patterns of DBG and RIV on the GMS scheme in Ireland in 2010. METHODS: A retrospective analysis of the Primary Care System (PCMS) prescribing database was performed. Analysis was performed using SAS (v9.1, SAS Institute Inc. Cary, US). RESULTS: 1098 patients had received DBG. Of these, 37% received it for longer than the maximum licensed duration of 35 days. Indeed, 15.94% received it for longer than 3 months and 7.56% for longer than 6 months. 1948 patients had received RIV. Of these, 25.77% had received it for longer than the maximum licensed duration of 35 days. Indeed, 2.1% had received it for longer than 3 months and 0.36% for longer than 6 months. CONCLUSIONS: This indicates that DBG and RIV may have been prescribed for unlicensed indications (for which positive reimbursement decisions have not yet been issued). Such indications include stroke prevention in AF and VTE treatment. There are efficacy, safety and budget impact concerns surrounding unlicensed prescribing. Also, should their licenses be extended in the future, prescribing for such indications may increase regardless of reimbursement decisions. There exists a need to introduce a policy in which drugs are only reimbursed for those indications which have received positive reimbursement decisions.

PCV143

IMPLEMENTATION OF EVIDENCE-BASED NATIONAL GUIDANCE ON VENOUS THROMBO-EMBOLISM PROPHYLAXIS FOR HOSPITAL INPATIENTS IN ENGLAND

OBJECTIVES: To examine current levels of compliance with national guidance. The added value of documenting individual VTE risk assessments to guide the need for prophylaxis. A390

METHODS: We reviewed studies that reported the proportion of treated patients with poor INR control ranged from 5% to 35% (maximum 5). Studies were identified by literature review that reported 1) AF patients in relation to stroke risk. Given the limitations of vitamin K antagonists [e.g., warfarin], ODAC is often underused, and less effective AP is prescribed instead or patients remain untreated. The objectives were: 1) To determine the type of antithrombotic therapy used by AF patients as stratified by stroke risk (using CHADS2 scores) in developed countries. 2) To assess quality of treatment with OA in time by therapeutic range (TTR) of international normalized ratios (INR). METHODS: Studies were identified by literature review that reported that 1) AF patients and treatment level categorized by CHADS2 score and 2) TTR for AF patients. RESULTS: In line with guidelines for AF treatment, as CHADS2 scores increased, the percentage of patients receiving OA/PT increased and of patients receiving AP alone, or no treatment, decreased. A large number of moderate to high risk patients (based on CHADS2 scores), however, were treated with AP alone with 37.6% (range: 20.4-41.6%; 95% CI: 37.6-40.9%) treated with AP alone (means: 4.4-10.6%; range: 0.0-26.3%). Thus, up to 48% were treated inappropriately. The reported proportion of treated patients with poor INR control ranged from 30-92% and varied according to TTR benchmark (<50% to >75% TTR). CONCLUSIONS: A large proportion of AF patients at moderate to high risk for stroke are suboptimally treated. Among those who do receive OA treatment, many are poorly controlled and therefore receive little benefit. Using the CHADS2-VASc score, a more recent risk assessment tool, would result in even higher numbers of patients who are treated suboptimally. To prevent avoidable strokes among AF patients, there is a need for safe and effective treatments that require less complex management (INR monitoring), therefore likely promoting higher compliance and persistence.

PCV144

STROKE PREVENTION IN PATIENTS WITH ATRIAL FIBRILLATION: INAPPROPRIATE ANTICOAGULATION AND POOR INR CONTROL

OBJECTIVE: Current guidelines recommend antithrombotic therapy (oral anticoagulant [OA] or antiplatelet therapy [APT]) to prevent stroke in atrial fibrillation patients, while 78% UA/NSTEMI and 89% STEMI patients received the first antithrombotic loading dose (LD) in 1 day. From start of ACS symptoms to PCI was ≤ 3 days in 76% UA/NSTEMI and ≤ 1 day in 67% STEMI patients. Follow-up data were available for 540 (96.8%) patients. Percentage of patients on antithromboses and other medications after PCI were significant, which underscores the importance of preventing it. Further, it is known that as the population ages the prevalence of events increases.