OBJECTIVES: In order to investigate real-world values data, blood pressure, LDL-c, and income in Japan from various perspectives and to assess the degree to which health condition in Japan is reflected in database, we conducted a comparative assessment using three databases: Minicare database, a large database containing health care checkup results from employment-based health insurance recently developed by the company and available on a nationwide basis; and the NHLS, a retrospective, cross sectional study using the Japanese health care checkup data base developed by MinaCare Co. Ltd. was designed to investigate the distribution of subjects with SBP ≥140 mmHg and LDL-c ≥150 mg/dL. The sample size was 2,325,515, consistent with the specific Health Checkups and Specific Health Guidance (MHLW-SH) and National Health and Nutrition Survey (MHLW-H&N).

RESULTS: There were 232,515 subjects with health care checkup results in 2011 MinaCare database. The proportion of patients with SBP ≥140 mmHg and LDL-c ≥150 mg/dL was higher in the 55-60 year age range, the proportions were 19.0% (males), and 12.2% (females) for SBP, 27.2% and 42.7% for LDL-c, and 13.5% and 5.4% for HC, respectively. The MinaCare database was mostly comparable to NHLS-SH and MHLW-H&N databases. However, some notable differences were observed for MHLW-H&N compared to MinaCare and MHLW-SH in values of BP and lipid parameters.

CONCLUSIONS: Analysis of MinaCare database indicated that substantial proportions of subjects have SBP and LDL-c levels that are not well controlled in accordance with the Japanese guidelines. The results were generally consistent to the national databases. In light of the characteristics of MinaCare database such as the low selection bias, large sample size, wide age distribution, and high flexibility in the analysis of subject-level data, the database is highly valuable in studying the health status of the population insured by the employment-based health insurance.

PC2V15 COMPARISON OF ATRIAL FIBRILLATION DECISION SUPPORT TOOLS AND GUIDELINES USED TO GUIDE ANTICOAGULATION THERAPY FOR PATIENTS WITH NO NONVALVULAR ATRIAL FIBRILLATION

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OBJECTIVES: College of Cardiology, the European Society of Cardiology guidelines, and published decision support tools by LaHaye and Casciano offer recommendations to guide oral anticoagulant (OAC) treatment in patients with atrial fibrillation (AF). The aim of our study is to compare the predictive values of the net clinical benefit when OAC use is concordant/discordant with each of the aids. METHODS: A cohort study using the 2006-2013 Lifelink claims data was used to compare the net clinical benefit (NCF) of OAC treatment. NCF is the difference in event rates of composite endpoints (in-hospital stroke and major bleed events per 10,000 person years) between patients who are concordant and those who are discordant with the guideline/tool recommendations. Cox proportional hazard models were used to assess the relative risk (RR) of any of the composite outcomes selected. However, the benefit vanished when OAC use/non-use consistent with any of the tools led to net clinical benefit. RESULTS: There is considerable variability in OAC treatment between the Delta and quality scores, generalized linear mixed models were fit to assess the relative risk of any of the composite outcomes selected. However, the benefit vanished when OAC use/non-use consistent with any of the tools led to net clinical benefit. CONCLUSIONS: These results suggest that OAC use/non-use consistent with any of the tools led to net clinical benefit but the rank order depended on the composite outcomes selected. However, the benefit vanished when OAC use/non-use consistent with any of the tools led to net clinical benefit. Larger studies are needed before any of OAC decision aid can be recommended to routinely guide OAC treatment decisions.

PC2V16 COMPARISON OF THE GUIDELINES AND DECISION TOOL RECOMMENDATIONS FOR ORAL ANTICOAGULANT USE AMONG PATIENTS WITH ATRIAL FIBRILLATION

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OBJECTIVES: Published atrial fibrillation (AF) guidelines and decision tools offer oral anticoagulant (OAC) recommendations however they do not provide a comparison of stroke and bleed risk differently. The aims of our study is to (i)empirically compare the treatment recommendations by the American College of Chest Physicians guidelines, the European Society of Cardiology guidelines, and two published decision tools published by Casciano and LaHaye and (ii) to compare the concordance of OAC use with their recommendations. METHODS: A cross sectional study using the 2006-2013 Lifelink claims data was used to compare the treatment recommendations of these AF-OAC decision aids. CHADS2VASc and HAS-BLED algorithms were used to stratify 11,315 AF subjects into 9 stroke and bleed risk groups to study the variation in treatment recommendations. The concordance of actual OAC use with each of the decision aids and treatment recommendations was compared to the guideline recommendations. The European guidelines recommended OAC most often (84.9%) and a conservative treatment recommendations by each of these decision aids before implementing these results to one of these treatments in clinical decisions.

PC2V17 USE OF PRODUCT LIFE CYCLE (PLC) TO UNDERSTAND ADVERTISING STRATEGIES USED BY PHARMACEUTICAL COMPANIES: A PILOT STUDY

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OBJECTIVES: Pharmaceutical companies utilize various promotional strategies to advertise a drug during its patent life. Study purpose was to understand these strategies using the example of drug advertising using the framework of Product Life Cycle (PLC). During different stages of PLC, this study assessed drug ads for the following: (1) type of characters appearing in the ad, (2) source of information (SOF), and (3) unique inoculation of drug. Researchers of the AMI, Heart Failure (HF) and Pneumonia, capturing data including readmissions within 30 days, diagnosis, treatment, gender, age, education, race, medical insurance, health care provider, community providers etc... The model could be operationalized in a hospital setting to identify high-risk individuals who may benefit from interventions upon discharge.

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