The objective of this study was to explore trends in high sensitivity C-reactive protein (hs-CRP) screening prior to statin use, as compared to current lipid screening practices. METHODS: The PharMetics Integrated Outcomes Database was used to obtain medical claims records for continuously enrolled adult (≥21 years) first-time statin users. Patients were followed for one year. Both hs-CRP and lipid tests were identified by CPT-4 procedure codes. Descriptive statistics were used to characterize the population and estimate unadjusted associations between patient characteristics and hs-CRP testing. Multivariable logistic regression was used to estimate the odds of testing, controlling for age, gender, diabetes, statin intensity, prescribing physician specialty, geographic region and health plan type. RESULTS: Between July 1, 1997 and March 31, 2003, 33,666 new statin users received lipid tests within 90 days prior to the index statin prescription. One thousand (3%) also received hs-CRP tests during this time. Over 80% of these individuals received the tests in 2004 or later. Those receiving hs-CRP tests were more likely to have a Medicare, Medicaid or other type of plan, as compared to private insurance (P < 0.05) and were less likely to reside in the South, Midwest or West, as compared to the Northeast (P < 0.01). Individuals who received hs-CRP tests had higher adjusted odds of receiving a high potency statin (OR = 1.31, P = 0.02). Those receiving hs-CRP tests were more likely to have a cardiologist as their statin-prescribing physician, rather than a family or general practitioner (OR = 1.31, P = 0.02).

CONCLUSIONS: Rates of hs-CRP testing are very low, but higher among those seeing an oncologist or having private insurance. Those who received a high potency statin had higher rates of testing, suggesting that those with higher cardiovascular risk may be more likely to receive an hs-CRP test.

THE UTILISATION AND EFFECTIVENESS OF ANTITHROMBOTIC AGENTS FOR PREVENTING DEEP VEIN THROMBOSIS AFTER TOTAL HIP REPLACEMENT—A CASE STUDY IN SOUTHERN TAIWAN
Yu-TT, Chen LC, Chen IH
Kaohsiung Medical University, Kaoshiung, Taiwan, 1Kaohsiung Medical University Hospital, Kaohsiung, Taiwan

OBJECTIVES: Antithrombotic therapy is effective in preventing thromboembolic diseases, and it has been recommended by several international guidelines to prevent deep vein or orthopedic surgeries under monitoring bleeding risks. To evaluate the current utilization and effectiveness of antithrombotic agents for preventing DVT after total hip replacement (THR). METHODS: This one-year retrospective cohort study was conducted at a medical center in Southern Taiwan from May 2008 to April 2009. Adult patients (above 18 years) who had undergone primary THR were identified by electronic medical records database. Their records were reviewed from surgery date to three months post-operation for collecting demographic details and DVT-related clinical symptoms as the surrogate of effectiveness. Descriptive statistics and time-to-event analysis were then conducted. RESULTS: Medical records of 82 patients (57.32% women) were reviewed. The average age was 59.15 ± 14.33 years and the mean body mass index was 25.20 ± 4.86 kg/m². Only 31 out of the 82 patients (37.80%) had ever received prophylactic antithrombotic agents after surgery and all of them used aspirin, but only 22 patients used aspirin for more than 10 days. Twelve patients presented DVT symptoms after surgery but only one is from prophylactic group. Independent relative risk of DVT for patients without prophylaxis is 8.23 (95% confidence interval: 1.48, 5.91). DVT symptoms mainly (91.6%) occurred within 15 days after THR and the median duration to symptoms presentation is 12 days. CONCLUSIONS: Antithrombotic therapy is not commonly used to prevent DVT after THR in this medical center. Aspirin alone seems effectively to reduce the risk of DVT-related symptoms. It is necessary to further investigate the effectiveness of prophylactic antithrombotic agents after THR from Taiwanese population-based database and explore the potential genetic factors influencing the effectiveness of antithrombotic therapy.