tions highlighted that response-shift effects may be a result of the instruments used. Individualized (generic) QoL-instruments can be prone to response-shift effects due to their conceptualization addressing a broad range of life aspects. In contrast, disease-specific PRO measures focusing on specific aspects of disease are less affected by response-shift phenomena.

**CARDIOVASCULAR DISEASE—Patient Reported Outcomes**

**PCV78**

**MONITORING AND ASSESSING ADHERENCE TO STATINS THERAPY IN REAL PRACTICE USING ADMINISTRATIVE DATABASES**

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**OBJECTIVES:** According to international surveys, half of the subjects with indications for statin therapy are treated and half the treated subjects is still adherent after six month from starting therapy. Poor adherence to statin therapy is the main factor of cardiovascular prevention failure and health care costs increase. Unfortunately, tools to support stakeholders in monitoring current medical practice are unavailable. The aim of our work was to perform a population-based retrospective analysis to evaluate the characteristics of patients treated with statins and their adherence to treatment through the linkage of administrative databases of the LHS of Ferrara (approximately 350,000 beneficiaries). **METHODS:** All subjects aged >18 years receiving at least a prescription for statins between January 1st, 2004 and June 31st, 2005 were enrolled. In each subject we recorded age, sex, concurrent chronic therapy, previous hospital admissions and, starting from the first prescription, a treatment profile in the following 6 months. Adherent subjects were defined as having a PDD-standardized (mean daily dose/PDD) >0.8. The pharmacological patterns were compared among three periods lasting 6 months each. **RESULTS:** Treated subjects decreased from 20,445 and 20,221 of the first two periods to 17,756 of the third period mainly for reduction of newly treated subjects (from 5,108 and 4342 to 3,688). Newly treated in the third period were more frequently male, older and showed a higher prevalence of concurrent drug treatments and of previous cardiovascular hospitalizations. Adherent subjects increased from 29.7% and 31.9% in the first two periods to 45.4% in third period (OR 1.579–1.721, p < 0.0001). CONCLUSION: Poor adherence was associated with younger age, lower prevalence of concurrent drug treatments and of previous cardiovascular hospitalizations. Adequate systems are required to monitor and assess actual practice, to highlight and size critical areas, to account stakeholders for practice improvement through adherence to standard rather than for cost containment.

**PCV79**

**PERSISTENCE TO ANTILIPIDEMICS VARIES BY SEX, AGE, AND RACE/ETHNICITY: ANALYSIS OF A LARGE-SCALE RETROSPECTIVE CLAIMS DATABASE**

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**OBJECTIVES:** The National Cholesterol Education Program ATP III (ATPIII) guidelines notes that patient persistence to lipid-lowering therapy is suboptimal. Persistence is especially important because patients with hyperlipidemia typically require long-term treatment. ATPIII further notes that adherence appears to be unrelated to sex, age, ethnicity, or socioeconomic. Given that women and racial minorities are less likely to achieve ATPIII lipid goals, we sought to retrospectively examine the relationship between specific demographics and the likelihood of discontinuing antilipidemic medications. **METHODS:** Retrospective claims analysis of Florida Medicaid adults (age ≥18 years) who initiated antilipidemics during 1997–2006, and who had ≥1 year of data prior to, and ≥3 years of data following, their first antilipidemic claim. Premature discontinuation was defined as no antilipidemic claim for at least 6 months during the ≥3 year follow-up. Chi-square examined categorical variables and Cox proportional hazard examined demographic (sex, age, race/ethnicity) predictors of discontinuation. **RESULTS:** Of 75,726 patients initiating antilipidemics, most (68.8%; n = 52,083) were female and age ≥50 years (75.7%; n = 57,333); 42.7%, (n = 32,350) were White, 18.5% (n = 14,015) Black, 9.5% (n = 7,163) Hispanic, and 29.3% (n = 22,198) other races/ethnicities. Hispanics were 45%, other races/ethnicities 30%, and Blacks 7% more likely to discontinue treatment (all p < 0.0001) than Whites. Younger patients (≤50 years) were 18% more likely to discontinue treatment than older (>70 years) patients (p < 0.0001), and females were 8% more likely to discontinue treatment than males (p < 0.0001). **CONCLUSION:** Compared to ATPIII, which reports that antilipidemic persistence is unrelated to demographics, we found antilipidemic persistence to be significantly associated with patient sex, age, and race/ethnicity. However, our results are consistent with those of other recent retrospective studies that report a significant relationship between demographic and adherence to lipid-lowering therapy. Poor persistence may, in part, explain lower rates of achieving ATPIII lipid goals seen among women and racial/ethnic minorities.

**PCV80**

**PERSISTENCE AND ADHERENCE TO HYPOLIPEMIC THERAPY IN REAL PRACTICE: RESULTS OF A LARGE ADMINISTRATIVE DATABASE**

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**OBJECTIVES:** Chronic disease therapies have to be taken for long periods, usually indefinitely; hence the risk of discontinuation is often high. Low compliance/persistence may compromise the potential benefits of treatment. The purpose of this study was to investigate patients’ adherence and persistence to therapy with hypolipemic medications using a large administrative database. **METHODS:** We used the Regione Lombardia Health Service (RLHS) administrative databases, which contain information on a population of >9 millions individuals with universal health care and pharmaceutical coverage. The study population included individuals with at least one prescription of a hypolipemic agent during the year 2003 and who were enrolled in the RLHS in the year 2003. Persistence and adherence was evaluated with the medication possession ratio (MPR), calculated as the ratio between the number of pills dispensed during the study period and the number of days of observation. MPR was estimated for individuals who filled their first prescription in the year before 31 October 2003. **RESULTS:** Out of a population of 9,108,645 members, 560,737 (6.2%) received at least one prescription of a study drug. Frequency of use increased from 0.7% in subjects with age <40 years to 18.4% in subjects age 70–79 y.o. A total of 16.2% of subjects received one or two packs during the study period, the median number of packs prescribed was 14, and