OBJECTIVES: To estimate the cumulative incidence and hospital cost for venous and pulmonary thromboembolism events in France. To estimate the cumulative incidence and hospital cost for venous and pulmonary thromboembolism events in France. To estimate the cumulative incidence and hospital cost for venous and pulmonary thromboembolism events in France. To estimate the cumulative incidence and hospital cost for venous and pulmonary thromboembolism events in France.
The association between the nature and timing of dental visits and C-reactive protein levels
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OBJECTIVES: To evaluate the association between dental visits and chronic obstructive pulmonary disease (COPD). Approximately 20,000 dental patients were enrolled in a longitudinal dental care program. METHODS: Using data from the US-based 1999-2000, 2001-2002, and 2003-2004 National Health and Nutrition Examination Surveys, we examined the relationship between time since and reason for most recent dental visit and COPD status. RESULTS: Women were older than men (52.6±10.6 vs. 49.6±11.3 years) and participants were more likely to be female if they were pregnant at the time of the survey, did not take part in the examination component of the survey, or were missing covariates for a logistic regression model: age, sex, race, BMI, income, smoking status, cholesterol-lowering medication use, and history of asthma, cancer, rheumatoid arthritis, chronic bronchitis, or recent illness. A dichotomous elevated CRP measure was used, defined as CRP >30 mg/dL. Time since last dental visit was categorized as <6 months, 6-12 months, 1 year to <2 years, and >2 years ago; respondents who reported never visiting a dentist were placed in the 2-year category. RESULTS: A greater proportion of the normal (<0.30 mg/dL) CRP group last visited a dentist <6 months ago (P=0.046), and last visited the dentist for a “preventive” visit (P<0.001), while a greater proportion of the elevated CRP group last visited the dentist for a “symptom-driven” visit (P<0.001). Regression model results demonstrated that preventive visits are associated with a reduced likelihood of elevated CRP status (OR=0.722, P=0.0120), regardless of the time since last visit. CONCLUSIONS: Given the apparent association between risk of elevated CRP and reason for the last dental visit, medical and dental providers should consider interventions specifically around appropriate dental care.

Warfarin use in atrial fibrillation has been established for preventing cardiovas-
cular disease (CVD). C-reactive protein (CRP), an inflammatory marker, has been implicated as a risk factor for CVD, and dental disease can affect CRP levels. Our study examined the relationship between the timing and nature of dental visits and CRP.

METHODS: Using data from the US-based 1999-2000, 2001-2002, and 2003-2004 National Health and Nutrition Examination Surveys, we examined the relationship between time since and reason for most recent dental visit and CRP status. Participants were excluded if they were pregnant at the time of the survey, or were missing covariates for a logistic regression model: age, sex, race, BMI, income, smoking status, cholesterol-lowering medication use, and history of asthma, cancer, rheumatoid arthritis, chronic bronchitis, or recent illness. A dichotomous elevated CRP measure was used, defined as CRP >30 mg/dL. Time since last dental visit was categorized as <6 months, 6-12 months, 1 year to <2 years, and >2 years ago; respondents who reported never visiting a dentist were placed in the 2-year category. RESULTS: A greater proportion of the normal (<0.30 mg/dL) CRP group last visited a dentist <6 months ago (P=0.046), and last visited the dentist for a “preventive” visit (P<0.001), while a greater proportion of the elevated CRP group last visited the dentist for a “symptom-driven” visit (P<0.001). Regression model results demonstrated that preventive visits are associated with a reduced likelihood of elevated CRP status (OR=0.722, P=0.0120), regardless of the time since last visit. CONCLUSIONS: Given the apparent association between risk of elevated CRP and reason for the last dental visit, medical and dental providers should consider interventions specifically around appropriate dental care.

Statins are widely used for the primary and secondary prevention of cardiovascular diseases (CVDs). Studies have shown that statins may induce diabetes in non-diabetic CVD patients, as class effect. This systematic literature review aims to explore the risk of developing diabetes in CVD patients receiving statins.

METHODS: Randomized controlled trials (RCTs), which used any statin as an intervention for non-diabetic CVD patients, were identified from August 2010 to June 2014 in databases such as Embase, PubMed, and Cochrane. The timeframe of the searches was selected post the study conducted by Mills et al. in 2011. This review will also include relevant studies from the Mills et al. study until August 2010. Two researchers will independently review studies as per the Cochrane methodology for systematic reviews. The primary outcome is the incidence of diabetes. Subgroup analyses will also be performed to assess whether statin type, age, ethnicity or patient groups contribute to the intensity of the risk of developing diabetes.

RESULTS: In total, 528 potentially relevant studies were retrieved from the search. A total of 167 patients with atrial fibrillation had been included for the analysis. Reasons for exclusion were mainly because the articles were not relevant to the topic of interest or they did not provide enough information about the subjects. A total of 46 studies were included in the analysis. The results showed that the incidence of diabetes in patients receiving statins was not significantly higher compared to the control group. However, a subgroup analysis based on statin type showed that the incidence of diabetes was significantly higher in patients receiving simvastatin compared to other statins.

CONCLUSIONS: This systematic literature review is an update of the findings of a previous study and will hopefully throw more light on the association between statin use and the risk of diabetes in CVD patients, with special emphasis on subgroups.

A retrospective study of mortality in risk patients with high dose statin usage and no statin usage
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OBJECTIVES: The aim of this retrospective cohort study was to calculate hazard rates for CV/CVD-related death in patients starting an and to generate data for health-economic analyses. METHODS: Anonymously retrospective electronic medical records were extracted from a 10% sample of the Swedish population >18 years in primary care and merged with hospital records, prescribing data, and data from the National Health and Welfare. RESULTS: Patients started statin therapy as diabetic (DM), Clinically-evident Cardiovascular Disease (CeCVD), Acute Coronary Syndrome (ACS), Heart Failure (HF) and Ischemic Stroke (IS) patients. CV/non-CV related death was investigated. The population was divided into high dose statin users (>40 mg simvastatin or equivalent) and non-statins users. Rosyten Parrm (RF) spline analysis was used to calculate hazard rates of both outcomes in each cohort to enable a smooth hazard function with good fit to data compared to ordinary Cox regression models. Hazard rates for RF spline were calculated and adjusted for confounders. The overall hazard rate was always higher for the no statin group. Independent of the time since last dental visit, medical and dental providers should consider interventions specifically around appropriate dental care.

Cardiovascular Disorders - Cost Studies

Budgetary impact analysis of reimbursement varenicline in the smoking cessation treatment of patients with cardiovascular diseases, chronic obstructive pulmonary disease or type-2 diabetes mellitus: a national health system perspective in Spain
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OBJECTIVES: Varenicline is indicated for smoking cessation. Around 60,000 people die every year in Spain because of tobacco related diseases, particularly cardiovascular diseases (CVD), chronic obstructive pulmonary disease (COPD) and type-2 diabetes mellitus (2DM). At present, varenicline is not reimbursed in the Spanish National Health System (NHS). The objective was to estimate the budgetary impact [B] for the NHS of the reimbursement of varenicline in smoking cessation in patients with CVD, COPD or 2DM. METHODS: B was estimated using the actual not-reimbursed scenario versus a reimbursed scenario using the Spanish NHI reimbursement design. B is estimated using data to estimate size of populations and a Markov modelling simulating until four quitting attempts to estimate smoking cessation rates with varenicline during a 5-year horizon. RESULTS: RF splines could be used to generate hazard rate functions for cost-effectiveness models. The death rate was lower in patients with high dose statin usage.

Cardiovascular Disorders - Cost Studies

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