fenofibrate (4%), diltiazem hydrochloride (3%), niacin (2%), verapamil hydrochloride (1%), fluvastatin (1%), gemfibrozil glucuronide (1%), niacinamide (1%), ketocanozole (1%), and clarithromycin (1%). The proportion of patients prescribed with CIs that potentially interact with statins was generally higher in patients with ≤5 CMs.

CONCLUSIONS: The majority of statin users in this study were taking CIs. Statin users with ≥5 CMs were more likely to be female and ≥65 years old. Use of CIs that potentially interact with statins is not uncommon and more prevalent in those using ≥5 CIs.

PCV135
LOW LIPOPROTEIN CHOLESTEROL GOAL ATTAINMENT IN DYSLIPIDEMIC PATIENTS WITH EXISTING STATIN THERAPY: A CHART EXTRACTION-BASED APPROACH

Ivanova J1, Freis CJ2, Bae J3, Boykin SM4, McCraken R5, Molife C1, Waldman T6, Frois C7

OBJECTIVES: To evaluate the proportion of patients initiating statins achieving NCEP ATP III low-density lipoprotein cholesterol (LDL-C) goals. METHODS: Adults ≥18 years of age, initiating statins (atorvastatin, rosuvastatin, simvastatin, pravastatin, fluvastatin, or lovastatin) between January 1, 2009 through September 30, 2009 with no use of the index statin 3 months prior to initiation were identified via retrospective physician survey/chart extraction. LDL-C goal attainment was evaluated based on: 1) LDL-C lab values extracted from patients’ medical charts at 6 weeks, 12 weeks, 6 months, and 12 months after statin initiation, and 2) physician’s assessment. Secondary endpoints included the proportion of patients with HDL-C >40 mg/dL (male) and >50 mg/dL (female), and non-HDL-C goal within 12 months. Subgroup analyses were conducted among 4 different populations: patients with 1) prior CHD; 2) non-HDL-C goal within 12 months; 3) index statin, fluvastatin, or lovastatin; and 4) multiple (≥3) concomitant medications. RESULTS: A cohort of 869 patients was identified with mean age of 52 years, mean baseline LDL-C of 162 mg/dL, HDL-C of 40mg/dL, and non-HDL-C of 206 mg/dL. The proportions of patients achieving LDL-C goal based on lab values were 38%, 59%, 66% and 74% at 6 weeks, 12 weeks, 6 months, and 12 months, and were similar based on physician assessment. The proportion of patients with HDL-C >40 mg/dL (male) was 68%, >50 mg/dL (female) was 44%, and 68% of patients reached non-HDL-C goal. The proportions of patients achieving LDL-C goal in subgroup populations were: 22%, 41%, 52%, 63% in patients with prior CHD; 17%, 39%, 56%, 65% in patients with ≥5 CMs, 20%, 34%, 52%, 60% in patients with other CHD risk equivalents; and 26%, 48%, 60%, 70% in patients with multiple concomitant therapies. CONCLUSIONS: A low percentage of patients achieved LDL-C goal after 1 year, particularly in patients with diabetes and other CHD risk equivalents.

PCV136
FACTORS ASSOCIATED WITH FAILING TO ACHIEVE LOW DENSITY LIPOPROTEIN CHOLESTEROL GOAL WITH EXISTING STATIN THERAPY: A CHART EXTRACTION-BASED APPROACH

Zhao Z8, Ivanova J1, Freis CJ2, Bae J3, Boykin SM4, McCraken R5, Molife C1, Waldman T6, Frois C7

OBJECTIVES: Understand the factors associated with failing to achieve NCEP ATP III low-density lipoprotein cholesterol (LDL-C) goals. METHODS: Adults ≥18 years of age, initiating statins (atorvastatin, rosuvastatin, simvastatin, pravastatin, fluvastatin, or lovastatin) between January 1, 2009 through September 30, 2009 with no use of the index statin 3 months prior to initiation were identified via retrospective physician survey/chart extraction. Risk factors associated with underutilization of evidence-based therapies in ACS patients. Inclusion criteria were all patients hospitalized for ACS. Exclusion criteria were: patients without CHD, patients with CHD in whom LDL-C goal was achieved, patients with diabetes, patients with non-HDL-C goal within 12 months. RESULTS: A cohort of 869 patients was identified with mean age of 52 years, mean baseline LDL-C of 162 mg/dL, HDL-C of 40mg/dL, and non-HDL-C of 206 mg/dL. The logistic regression model indicated index statin, fluvastatin, or lovastatin was associated with failing to achieve LDL-C goals. CONCLUSIONS: The presence of dementia was associated with underutilization of evidence-based therapies in ACS patients. Influence of suboptimal treatments in ACS patients with dementia should be further evaluated.

PCV137
THE IMPACT OF DEMENTIA ON CARE PATTERNS AFTER DISCHARGE FOR ACUTE CORONARY SYNDROMES UNDER NATIONAL HEALTH INSURANCE SYSTEM

Ishii FY8, Haas FY7, Bai CH9, Cao CS2, Shen LZ7

OBJECTIVES: The prevalence of dementia is growing considerably in the recent years. Little is known about how dementia affects care patterns after discharge for acute coronary syndromes. This study was designed to assess differences between care patterns for ACS patients with and without dementia. METHODS: We conducted a retrospective cohort study of 87298 patients hospitalized for ACS (1835 with dementia) from January 1, 2006 to December 31, 2007, based on a nationwide population-based data under national health insurance. Primary outcomes were use of aspirin, beta-blocker, angiotensin-converting enzyme inhibitors (ACEI) or angiotensin receptor blocker (ARB), statin, and clopidogrel within 365 days after the first ACS event. Secondary outcomes were implementations of invasive procedures such as percutaneous transluminal coronary angioplasty (PTCA) and coronary artery bypass graft (CABG). RESULTS: The proportion of patients with dementia was less likely to receive aspirin (adjusted OR, 0.84; 95% CI, 0.74-0.95, p=0.001), beta-blocker (adjusted OR, 0.86; 95% CI, 0.70-0.95, p=0.001), and clopidogrel (adjusted OR, 0.84; 95% CI, 0.74-0.95, p=0.007) after the first ACS event compared with ACS patients without dementia. They were also less likely to underwent invasive procedures such as PTCA (adjusted OR, 0.57; 95% CI, 0.51-0.64, p<0.001), and revascularization (adjusted OR, 0.52, 95% CI, 0.47-0.59, p<0.001) during the first ACS event. Similar results were found in the age-matched cohort. CONCLUSIONS: The presence of dementia was associated with delays in the implementation of preventive healthcare interventions in ACS patients. Further studies are needed to determine the reasons for such delays.