OBJECTIVE: The aim of this study was to analyze the outpatient cardiovascular drug utilization in the city of Nis. The prevalence of cardiovascular disease is high in Serbia. Analysis of cardiovascular drugs utilization in a population is the basis for the assessment of cardiovascular pharmacotherapy. METHODS: Using the ATC/DDD methodology, we analyzed the utilization of cardiovascular drugs dispensed on prescription in Nis region in 2003–2004. A retrospective study on cardiovascular drugs utilization according to ATC classification, was conducted on the basis of data received from Central City Pharmacy Nis. RESULTS: Results were presented in DDD/1000 inhabitants/day. The most frequently prescribed drug in 2003–2004 was Enalapril (32.16; 41.71 DDD/1000 inhabitants/day). Besides, consumption of other ACE inhibitors was small (2.94; 6.48 DDD/1000 inhabitants/day). The next most commonly used drugs were selective beta blockers (atenolol-8.48 DDD/1000 inhabitants/day; metoprolol 5.85 DDD/1000 inhabitants/day) in 2003. The use of amlodipin had a significant increase in 2004 (10.21 DDD/1000 inhabitants/day; 6.41 DDD/1000 inhabitants/day). Marginal use of diuretics was detected (4.48 DDD/1000 inhabitants/day). CONCLUSION: The present analysis for 2003–2004 pointed to therapeutic irrationalities which could be overcome with education concerning cardiovascular drugs consumption in Nis region (south-east Serbia).

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HEALTH CARE UTILIZATION OF ANTIHYPERTENSIVE MEDICATION WITHIN THE SLOVAK REPUBLIC

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OBJECTIVES: To analyse the utilisation of antihypertensive drugs within Slovakia between 2000 and 2004 and to assess the economic consequences of antihypertensive medications.

METHODS: For 2000–2004, the data about consumption of drugs for cardiovascular disease were collected, in accordance with the Anatomic Therapeutic Chemical classification (ATC: C01, C10) and Defined Daily Dose (DDD) measurement unit. This analysis focused on the situation in antihypertensive medication in more detail. Data of wholesalers, who are legally obliged provide this information to the SULK, was used for the analysis.

RESULTS: A significant increase in the medication of cardiovascular disease (in 2000 (290.27), in 2002 (376.30) and in 2004 (388.06) in term of DDD/1000/day) can be seen from this analysis. The results show that the consumption (in term of DDD/1000/day) of ß-blockers was (in 2000 (32.04), in 2002 (41.91) and in 2004 (42.78)), ACE inhibitors (in 2000 (57.01), in 2002 (81.86) and in 2004 (88.79)), Ca-blockers (in 2000 (39.72), in 2002 (55.42) and in 2004 (63.25)), diuretics (in 2000 (28.20), in 2002 (32.82) and in 2004 (34.23)), peripheral vasodilators (in 2000 (20.89), in 2002 (22.12) and in 2004 (19.63)), vasoprotective (in 2000 (33.89), in 2002 (41.67) and in 2004 (34.23)), lipid reducing agents (in 2000 (12.79), in 2002 (22.18) and in 2004 (31.50)). In financial terms, the consumption of ß-blockers in 2000 ($7,024,000), and 2004 ($10,515,000), ACE inhibitors in 2000 ($18,714,000) and 2004 ($32,290,000), Ca-blockers in 2000 ($16,971,000) and 2004 ($19,454,000), diuretics in 2000 ($1,609,000) and 2004 ($2,478,000) can be seen from this study.

CONCLUSIONS: Inseparable components of the Slovak drug policy must be viewed realistically with regard to the antihypertensive drugs’ consumption. Adherence to principles of antihypertensive treatment’s guidelines lead to fundamental short and long term financial savings within health care systems.

PCV66

PATIENTS ON ARBS (AND VALSARTAN AS A REPRESENTATIVE) EXPERIENCE HIGHER PERSISTENCE AND COMPLIANCE (ADHERENCE) WITH THERAPY COMPARED TO OTHER ANTIHYPERTENSIVE CLASSES IN A GERMAN SICKNESS FUND POPULATION

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OBJECTIVES: To investigate if there are differences in the persistence and compliance to therapy depending on the antihypertensive drug class prescribed first (index drug).

METHODS: Prescription claims data were analysed for the 2000 to 2003 time period. Index prescriptions were determined for: ACE-inhibitors (ACEi), angiotensin receptor blockers (ARB), beta blockers (BETA), calcium channel blockers (CCB), and diuretics (DIU). Patients regarded as newly diagnosed (i.e., without any antihypertensive medication 180 days before the index time point) with a follow-up of at least 360 days were included in the study. Persistence rates (percentage of beneficiaries on continuous therapy with the index drug at 180 and 360 days) were calculated for each drug class. Compliance was determined in terms of the medication possession ratio (MPR) for 180 and 360 days (dispensed supply in defined daily dose (DDD) within 180 and 360 days).
Factors determining compliance in patients with high cardiovascular risk in daily clinical practice

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Lack of compliance is a major factor responsible for the differences between clinical trial results and real effectiveness in daily medical practice, contributing to an insufficient control of the cardiovascular risk factors (CVRF). Knowledge of the factors contributing to lack of compliance is limited, and in Spain data are scarce. OBJECTIVES: 1) To indirectly determine the level of compliance among patients with hypertension and/or dyslipidemia; 2) To determine factors associated with compliance.

Patients and METHODS: A total of 9001 hypertensive and/or dyslipidemic patients from four primary care centres in Catalonia were enrolled in Disease Management Programmes during the previous four years. Compliance was estimated by the relationship between the amount of dispensed and prescribed pills. 1) The levels of compliance of dyslipidemic patients without hypertension (DL-non HT), hypertensive patients without dyslipidemia (HT+DL) and hypertensives without dyslipidemia (HT-non DL) were compared. 2) An stepwise, multivariate, descriptive; multiple regression model was designed in order to explain compliance. RESULTS: 1) Compliance was 79% in DL-non HT, significantly lower than in HT+DL (81.2%, p < 0.0001) and in HT-non DL (82.4%, p < 0.0001). There were also statistically significant differences between these last two groups (p = 0.0014). 2) Explanatory variables of a better compliance in the multivariate analysis were a) patient related factors: labour inactivity (p < 0.0001); b) management related factors: specific doctor (p < 0.0001) and intensity of follow-up (p = 0.04) and c) drug related factors: the drug group (p < 0.0001); the drug price (the more price the more compliance (p = 0.0062) and the number of active principles used (the more number the more compliance, p = 0.019). CONCLUSIONS: 1) Dyslipidemic patients show a worse compliance than hypertensive patients, and dyslipidemia worsened global compliance in hypertensive patients. 2) Patient characteristics, doctor attitude, follow-up intensity, drug group and simplicity of treatment are related to compliance in daily medical practice.