initiation and 65% thereafter for AF and 53% and 59% respectively for VTE. There was a positive relationship between number of visits during initiation and the number of subsequent visits (correlation coefficient r = 0.29) and a negative relationship between number of visits and TTR during both initiation (r = -0.3) and maintenance (r = -0.35). CONCLUSIONS: Increasing number of anticoagulant visits was associated with reduced time in range suggesting that despite increased monitoring components fail to stay in range. In addition, patients who require frequent visits during the initiation phase continue to do so during maintenance, suggesting that this may be a useful predictor for patients who are likely to be poorly controlled despite high resource use in the longer term and may hence be candidates for alternative means of anticoagulation.

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DISCREPANCIES BETWEEN DEFINED DAILY DOSES AND ACTUAL PRESCRIPTION PATTERNS IN THE POLISH SETTING: THE ACE INHIBITORS EXAMPLE

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OBJECTIVES: To assess the prevalence and pattern of concomitant medication (CM) use in US adults on statin therapy.

METHODS: This observational cohort study was conducted at Heart Care Clinic, Ahmedabad, among patients presented with ACS. In this cross-sectional study, data base from the clinic was collected to access the data. The study included 403,182 statin users, mean age 58 (SD: 10.97) years, 55.6% male. Their average CHADS2 was 2.8 (SD 1.58). Consistency with guidelines and recommendations and is not differing among different strategies for ACS patients presented with and without diabetes.

RESULTS:

- Among 370 ACS patients, about 30% patients were diabetic.
- Typically, percentage of hypertensive patients was significantly higher among diabetic patients compared to non-diabetic (59.29% vs. 39.81%, p<0.0004).
- The difference in proportion of patients with medical management among diabetic and non-diabetic patient population was found to be highly significant (47.79% vs. 39.30%, p<0.0002).
- Key medications (ACEIs/ARBs, BBs, statins, and aspirin) were prescribed in 98.2, 85.0, 87.6%, and 95.6% of patients, while 57.3%, 81.9%, 87.6%, and 96.7% were non-diabetic (257) patients, respectively on discharge.

CONCLUSIONS: Diabetes is highly prevalent among ACS patient population and the worse prognosis in ACS patients from India may be attributed to clustering of several cardiovascular risk factors at presentation. The diagnosis was being managed in 98.2% of all patients through revascularization therapy (PTCA or CABG) compared to non-diabetics.

Utilization of evidence-based-medication for both diabetic and non-diabetic ACS is consistent with the guidelines and recommendations and is not differing among different patient populations. In this observational study, we assess the prevalence and pattern of concomitant medication (CM) use in US adults on statin therapy.

METHODS: A retrospective analysis was conducted using a large, US employer-based claims database. The study included adults ≥18 years old with ≥1 statin prescription between January 1, 2009 and December 31, 2009 with at least 6 months pre- and 3 months post-index (90-day study period) continuous enrollment. CM use was defined as a drug, excluding statins, that was prescribed and dispensed in the study period.

OBJECTIVES: To assess the prevalence and pattern of concomitant medication (CM) use in US adults on statin therapy.

RESULTS: The study included 334,033 patients (383,182 in AHF, mean age 67 years, 75% <65 years, and 52% male. Patients were prescribed an average of approximately 6 CMs during the study period. A total of 334,033 (83%) and 231,508 (57%) patients were prescribed ≥5 and ≥7 CMs. The proportion of patients prescribed ≥5 CMs was significantly higher in females (63% vs. 52, P<0.0001) and patients >65 years old (72% vs. 52, P<0.0001) compared to males and those <65 years old.

Commonly prescribed CMs that potentially interact with statins included