

in both developed and emerging settings. As Mexico's economy continues to grow, the value of investments in health innovation from both a public health and economic perspective will rise.

#### PCV36 EVALUATION OF HOME MEDICATION REVIEW IN COMMUNITY OUT REACH PROGRAM

Naik V<sup>1</sup>, Nagappa AN<sup>2</sup>, Prabhu N<sup>1</sup>, Reddy K<sup>1</sup>

<sup>1</sup>Manipal University, Manipal, India, <sup>2</sup>Manipal University, MCOPS, Manipal, India

**OBJECTIVES:** To Establish the value of WHO-FIP Pharmaceutical Care in chronic conditions like diabetes, Hypertension and Obesity in a community out reach program. The Pharmaceutical Care program is new concept proposed in 2005, to aid the patient in improving his knowledge in the area of Drug, Disease and Life style by pharmacist. **METHODS:** The patients are approached at their homes by a panel of health care professionals led by pharmacists. The pharmacist after interacting with the patients make the documentation regarding patient current status of knowledge, regarding disease, drugs and life style along with his/her condition of health and the life style. The care plan is made by taking into above facts and patients are explained the correct way of using the medicine, the correct life style habits and idea about diet and physical activity. The patients were again approached after a fortnight at their homes and measurements of Blood pressure, Body Mass Index along with Random blood sugar were carried out. All these values are recorded in a Pharmaceutical care card, which was issued to individual patients. The patients were usually followed upto 3 months in which minimum 6 visits have been carried out. **RESULTS:** The patients are able to assess the progress of their condition by following the advice of a health care professional. **CONCLUSIONS:** It is expected that patient will under go a cycle of knowledge attitude and practice model. For assessing the value of the program, the pre and post evaluation by EQ 5D questionnaire and clinical parameters will be applied.

#### PCV37 EVOLUCIÓN EN EL URUGUAY DE TAZAS DE UTILIZACIÓN DE CATETERISMO CARDÍACO DIAGNÓSTICO PARA A CARDIOPATÍA CONGÉNITA EN MENORES DE 18 AÑOS (1995-2012)

Lombide I, Morales M, Fernandez G, Saona G, Perna A, Gambogi R, Gamboa R

Fondo Nacional de Recursos, Montevideo, Uruguay

**OBJECTIVOS:** Como resultado del advenimiento del ecocardiograma doppler color (EDC) a fines de los 90, muchas cardiopatías congénitas (CC) son tratadas sin Cateterismo cardíaco Diagnóstico (CCD). En el Uruguay el Fondo Nacional de Recursos financia CCD desde 1981, estando normatizada su autorización desde el 2008. Se cuenta con un registro único nacional de CCD. **Objetivos:** Conocer la evolución de la tasa de utilización de CCD en población pediátrica, períodos: 1°:1995 - 1999, 2°:2003 - 2007, 3°: 2008 - 2012. **METODOLOGÍAS:** Estudio descriptivo de solicitudes de CCD para CC en menores de 18 años. Las variables analizadas son: año de solicitud, edad, sexo, procedencia, cobertura asistencial, estado de autorización, y población nacional discriminada por edad en forma anual. Para analizar la evolución temporal de las tasas de solicitudes ajustada por edad y sexo se utilizó una regresión Binomial Negativa. **RESULTADOS:** Se observó un descenso significativo de la tasa de solicitudes en el devenir de los períodos analizados (RR= 0,93 IC95%= 0,91 - 0,95). Analizada la tendencia temporal y tomando como referencia el primer período se observa un descenso significativo en las tasas de solicitudes del segundo y tercer período (RR= 0,55 IC95%= 0,43 - 0,70 y RR = 0,37 IC95%= 0,29 - 0,47). Al tomar como referencia el segundo período, se observa un descenso significativo en el tercer período (RR = 0,67 IC95%= 0,52 - 0,85). **CONCLUSIONES:** El mayor descenso del número de CCD observado en el tercer período podría atribuirse a la introducción de normativas para autorizar la cobertura financiera de CCD por parte del FNR sumado al protagonismo del EDC. La utilización de la normativa resultó una herramienta útil para disminuir el uso de procedimientos innecesarios, optimizando la utilización de recursos.

#### PCV38 DESIGUALDAD EN SALUD RELATIVA AL INGRESO EN CHILE: ANÁLISIS DE DESCOMPOSICIÓN DEL ÍNDICE DE CONCENTRACIÓN EN HIPERTENSIÓN, DIABETES Y DEPRESIÓN

Cabieses B<sup>1</sup>, Espinoza MA<sup>2</sup>

<sup>1</sup>Universidad del Desarrollo, Santiago, Chile, <sup>2</sup>Pontificia Universidad Católica de Chile, Santiago, Chile

**OBJECTIVOS:** Existe una clara asociación positiva entre ingreso per cápita y salud. Sin embargo, esta asociación no es tan clara cuando el Producto Interno Bruto per cápita (PIBpc) supera de los US\$18,000. Esta pérdida de asociación es en buena parte explicada por las grandes diferencias de resultados en salud entre subgrupos de la población, donde uno de sus determinantes más claramente establecidos es el ingreso económico. Chile es un país en vías de desarrollo que pretende llegar el año 2018 a un PIBpc > US\$18,000. Toda evaluación de políticas en salud no debe estar circunscrita a promedios poblacionales sino a la distribución de dichos resultados en la población. El objetivo de este estudio fue estudiar la desigualdad en salud relativa al ingreso en Chile para tres enfermedades de alta prevalencia: hipertensión, diabetes y depresión. **METODOLOGÍAS:** A partir de la encuesta CASEN del 2009 (n=246 924), se estimó el índice de concentración de Erreygers (IC<sub>Erreygers</sub>) para cada una de estas enfermedades y se realizó su descomposición basado en una regresión probit para estudiar factores asociados legítimos (edad, sexo, estado marital, número de miembros del hogar, etnia, rural/urbano) e ilegítimos (ingreso, ocupación, educación, calidad de vivienda, previsión de salud). **RESULTADOS:** El IC<sub>Erreygers</sub> estimado para hipertensión, diabetes y depresión fue de 0,0030; 0,0037 y -0,0012, respectivamente. La descomposición de IC<sub>Erreygers</sub> indica que la mayor parte de la desigualdad está explicada por la edad en todos los casos (legítimo). Ingreso y ocupación le siguieron de manera consistente en los tres problemas de salud estudiados (ilegítimos). **CONCLUSIONES:** La desigualdad en salud relativa al ingreso en hipertensión, diabetes y depresión en Chile muestra estar fundamentalmente explicada por factores legítimos como la edad. Sin embargo, factores ilegítimos

como ingreso, tipo de ocupación y nivel educacional siguen explicando en algún grado la desigualdad observada en salud en esta población.

#### PCV39 EXPLORING GENDER DIFFERENCES IN POPULATION-BASED PREVALENCES OF CARDIOVASCULAR DISEASES IN CHILE AFTER THE HEALTH CARE REFORM OF 2005

Dressler C<sup>1</sup>, Cabieses B<sup>2</sup>

<sup>1</sup>University of York, York, UK, <sup>2</sup>Universidad del Desarrollo, Santiago, Chile

**OBJECTIVES:** Cardiovascular diseases (CVDs) are the biggest killer worldwide. Since 2002 the Cardiovascular Health Program exists in Chile and more people with CVDs are treated over time. Few focused evaluations of the equity-centered health care reform of 2005 in Chile have been conducted and none of them with a gender focus. We aimed at analysing the existence of gender differences in the prevalence of CVDs in Chile after this reform. **METHODS:** Secondary analysis of the cross-sectional Chilean Health Survey 2009-2010 (downloaded after approval from the Ministry of Health in Chile; n=5293 adult participants). We explored the relationship between CVDs (hypertension and myocardial infarction) and gender (male/female), crude and adjusted by potential confounders (individual health-risk factors, demographics, socioeconomic status, health care provision). Odds Ratios (OR) were estimated by weighted logistic regressions in Stata 12.0. **RESULTS:** The crude prevalence of hypertension was 28.13% (95%CI [26.11-30.24]) and myocardial infarcts 3.19% (95%CI [2.47-4.12]). More than half of the population were overweight/obese (39.20%/22.92%) and any alcohol consumption in the past month was high (58.42%). Around 40.19% currently smoke. Regression models indicated that gender was a significant risk factor for hypertension (OR 1.58, 95% CI: 1.23-2.03) as well as having public health care insurance (OR 1.45, 95% CI: 1.01-2.10). However, gender was not a significant predictor of myocardial infarcts, whereas age (OR 1.05, 95% CI: 1.03-1.06) and body mass index (OR 1.05, 95% CI: 1.02-1.09) were significant to this condition. **CONCLUSIONS:** This is the first study on gender patterns of CVDs after health care reform of 2005 in Chile. It uses a national representative survey and it controls for relevant confounders. Results suggest that men were less likely to report hypertension than women. This raises the hypothesis of whether men are being underdiagnosed and whether current CVD programmes in Chile need to attract men that are not defining themselves as sick.

#### PCV40 TREATMENT PATTERNS OF ATRIAL FIBRILLATION (AF) IN LATIN AMERICA

Leyva-Bravo V<sup>1</sup>, Soriano MA<sup>1</sup>, González-Rojas GL<sup>1</sup>, Nieto WJ<sup>2</sup>, Novo FA<sup>3</sup>, Guerrero ML<sup>4</sup>

<sup>1</sup>IMS Health, Mexico City, Mexico, <sup>2</sup>Sanatorio de la Trinidad San Isidro, Buenos Aires, Argentina,

<sup>3</sup>Hospital Alemán, Buenos Aires, Argentina, <sup>4</sup>Servicio Médico de la Dirección Ejecutiva de La Magistratura (D.E.M.) Tribunal Supremo de Justicia, Caracas, Venezuela

**OBJECTIVES:** Atrial Fibrillation (AF) is the most common chronic arrhythmia occurring worldwide in the presence of other cardiovascular disease. The objective of the current study is to determine real-life treatment patterns for patients with AF in Latin America. **METHODS:** We conducted 59 face-to-face interviews with cardiologists in four Latin American countries--Argentina, Brazil, Chile and Venezuela-- to assess medical treatment. Information from 240 patients from private and public institutions was evaluated using CHADS2 scores to identify patients' risk and to determine treatment. **RESULTS:** Patients with AF undergo a 3-step process to define their treatment course: 1) AF evaluation and diagnosis; 2) AF classification: paroxysmal, persistent, and permanent; 3) Clinical treatment focused on stroke prevention based on symptom relief, optimal treatment of concomitant cardiovascular disease, rate control and correction of rhythm disturbance. Overall in all four countries, analysis shows that the majority of patients with AF were diagnosed right before or at the time of first stroke. The most common type of AF was permanent, except in Chile which was paroxysmal. The preferred antiarrhythmic was amiodarone; the primary vitamin K antagonist used was warfarin in Brazil and Venezuela and acenocumarol in Argentina and Chile. **CONCLUSIONS:** Results from the study suggest that there are no significant differences among countries and that the majority treat patients following international clinical guidelines. Although the individual health care systems need to be considered in terms of relationship of treatment patterns with resource use, it is reassuring to note that international standards of care are being embraced in major emerging markets.

#### INDIVIDUAL'S HEALTH - Clinical Outcomes Studies

##### PIH1 ANÁLISE COMPARATIVA DOS ANTICONCEPCIONAIS ORAIS COM DIFERENTES CONCENTRAÇÕES DE ETINILESTRADIOL EM RELAÇÃO AOS PERFS DE EFICÁCIA E DE ADESÃO

Freitas MG, Silva AS, Elias FTS

Brazilian Ministry of Health, Brasília, Brazil

**OBJETIVOS:** Analisar as evidências científicas disponíveis sobre anticoncepcional oral com apresentação farmacêutica Etinilestradiol (EE) 20mcg + Levonorgestrel (LVG) 100mcg, em comparação com a preparação EE 30mcg + LVG 150mcg. **MÉTODOS:** Foi realizada ampla busca nas bases de dados Medline (via Pubmed), Cochrane Library, Rebrats e CRD. **RESULTADOS:** Dos 53 estudos encontrados na estratégia de busca, apenas uma RS disponível na base de dados The Cochrane Library foi selecionada por apresentar resultados comparados dos mesmos princípios ativos nas dosagens relacionadas à pergunta do estudo. Na RS foram incluídos 21 ECRs, comparando contraceptivos orais combinados com doses de estrogênio maiores ou menores/iguais a 20 µg. Não houve diferenças significativas em termos de eficácia contraceptiva entre os 13 diferentes anticoncepcionais. Encontrou-se risco elevado de distúrbios de sangramento para os ACO de baixa dose de estrogênio (amenorréia ou sangramento irregular, infrequente ou prolongado; sangramento frequente e spotting). Mulheres em uso de EE 20 µg e desogestrel 150 µg foram mais suscetíveis a sofrer sangramento irregular (OR 1.56; 95% IC 1.10 a 2.20) e a ter maior duração do sangramento irregular durante o terceiro ciclo (diferença média de 0.7 dias; 95% IC 0.30 a 1.10) que mulheres em