PCV76  
STANDARD COSTS AND RESOURCES ALLOCATION IN ATTAINMENT OF TARGET LIPID LEVELS AMONG EXPERIENCED STATIN USERS: RESULTS FROM THE STAR STUDY (STATINS TARGET ASSESSMENT IN REAL PRACTICE)  
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OBJECTIVES: The absolute Cardiovascular Disease (CVD) risk is a leading cause of death. Guidelines recommend treatment with lipid-modifying drugs for patients with an elevated CVD risk, since cholesterol target attainment allows a reduction of events. Our aim was to analyze the economic impact (drugs and hospitalization) of LDL target attainment. METHODS: A multicenter, retrospective observational study using administrative and laboratory databases (1.1 million health-assisted individuals) was conducted. The enrollment date for a given patient was the last date in which the patient reached its LDL therapeutic target, according to its CVD profile. Patients without statins prescriptions within the 18 months preceding the enrolment date were excluded. RESULTS: A total of 17,243 patients were enrolled (54.6% males, age 69.3±10.0). The annual standard cost for statins and cardiovascular hospitalizations to achieve the therapeutic target, obtained from a multivariable regression model, was €698. The standard annual requirements for welfare benefits, calculated on the basis of this approach, had a value of 14% lower (€2,914,807) than the current value of expenditure. This resource saving was attributable to a reduced spending in hospital admissions, likely due to a correct prevention. The standard requirements, however, showed a different items composition of expenditure, particularly, we observed an increase of the pharmaceutical expenditure by 13% (€1,022,825) compared to the current value. 42% of patients did not reach target (33% adherents, 29% non-adherents), 33% reached target (although non-adherent), consuming 28% of the total expenditure, suggesting an over-consumption of resources (27% used high dosages statins); this expenditure could be reallocated within the non-target groups, increasing the adherence and switching to other statins and/or dosages. CONCLUSIONS: The applicability of this approach and the cost-saving in the advancement of the medication system that rewards the care pathway not only in its individual parts (ie, drug treatments).

PCV77  
ANALYSIS OF HOSPITAL-SPECIFIC DRG PAYMENTS FOR STROKE ACCORDING TO THE US-MEDICARE PROSPECTIVE PAYMENT SYSTEM (IPPS). METHODS: The IPPS-9-DRG grouper was used to code each hospital discharge. Cost and Utilization Project (HCUP) statistics were generated and the variability of payments were implemented for each Medicare provider listed in the Federal registries. Several hospital features such as geographical area, share of low-income patients and comorbidities may provide clinical benefits by improving better compliance compared with other hospitals. The applicability of this approach and the cost-saving in the advancement of the medication system that rewards the care pathway not only in its individual parts (ie, drug treatments).

CONCLUSIONS: Target lipid levels among experienced statin users: results from the Star study (Statins Target Assessment in Real Practice).

PCV78  
COMPLIANCE WITH WARFARIN THERAPY BY AUSTRALIAN PATIENTS WITH ATRIAL FIBRILLATION  
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OBJECTIVES: To study warfarin compliance by Australian patients with Atrial Fib- 
brillation (AF). The index date was defined as self-reported missing more than 1 tablet per month) were compared to those who were compliant. RESULTS: Of the 393 patients, 35.6% (n=140) were unaware that non-compliance with anti-platelet therapy was associated with any risk, 50.9% (n=235) was aware of risk of adverse cardiac events or death, and 5.9% (n=23) were considered non-compliant with prescribed antiplatelet therapy after PCI. Non-compliant patients were predominantly male (91.3%) with an average age of 67±0.9 years, of whom 43.5% were not aware that non-compliance was associated with any risk compared to 35.9% (p=0.03) of compliant patients. Patients who were aware of the cardiac risks of non-compliance were more likely to adhere to their anti-platelet regimen (48.2% vs. 28.1%; p=0.03). More patients received their information on cardiovascular health from health talks (60.3%) and printed media (41.4%). However, patients were not significantly different in either the overall cohort or the subgroup stratified by comorbidity. CONCLUSIONS: There is a significant problem with non-compliance in warfarin therapy. Improving the communication and education of patients regarding the importance of compliance could lead to improved adherence and reduced risk of adverse outcomes.

PCV79  
CARDIOVASCULAR DISORDERS - Patient-Reported Outcomes & Patient Preference Studies  
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OBJECTIVES: To calculate US hospital-specific DRG payments for in-patient stays with a primary diagnosis of stroke and assess its variability according to Medicare inpatient payments were implemented for each Medicare provider listed in the Federal reg-

ISTER, based on their information found in the 2012 PPS Impact files. Weighted average tariffs across DRG, based on discharges reported in the Health care Cost and Utilization Project (HCUP) statistics were generated and the variability of DRG payments was measured through descriptive statistics. RESULTS: Distinct DRGs are assigned during inpatient stay for stroke and their average payments to Medicare providers ranging from $4,288 to $18,296. Overall weighted mean (median) payments for stroke were $7,193 ($6,728) across all DRGs and Medicare providers. DRG tariffs distributions by region as well as other hospital characteristics (size, urban versus rural location, teaching status) highlighted the disparities related to each of these factors and their relative impact. These findings were compared with HCUP aggregated statistics related to costs and hospital charges. CONCLUSIONS: Calculating hospital specific DRGs according to the US-Medicare prospective payment system enable to get reliable cost inputs for health-economic models and relevant for adaptation to US-local settings (regional or even hospital based).
PCV83

ADHERENCE TO ANTIHYPERTENSIVE AGENTS AFTER A RECENT ISCHEMIC STROKE AND RISK OF CARDIOVASCULAR OUTCOMES: A POPULATION BASED STUDY

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OBJECTIVES: Anti-hypertensive agents have been shown to reduce the risk of major cardiovascular events. However, there are no large effectiveness studies which have assessed adherence to antihypertensive medications and major cardiovascular outcomes in high risk individuals who have recently suffered an ischemic stroke. To evaluate the relationship between antihypertensive (AH) drug adherence and cardiovascular (CV) outcomes among patients with a recent ischemic stroke and to assess the validity of our approach. METHODS: A cohort of 14,227 patients with an ischemic stroke was assembled from individuals 65 years and older who were treated with AH agents from 1999-2007 in the province of Quebec, Canada. A nested case-control design was used to evaluate the occurrence of non-fatal major CV outcomes, and mortality. Each case was matched to 15 controls by age and cohort entry time. Medication possession ratio was used for AH agents adherence level. Adjusted conditional logistic regression models were used to estimate the rate ratio of CV events. The validity of the approach was assessed by evaluating the impact of adherence to CV protective and non-CV protective drugs.

RESULTS: Mean age was 75 years, 54% were male, 38% had coronary artery disease, 23% had diabetes, 47% dyslipidemia, and 14% atrial fibrillation or flutter. High adherence to AH therapy decreased the risk of non-fatal vascular events compared to lower level (Rate ratio: 0.77 (0.70-0.86). Male gender and CV disease were risk factors for non-fatal vascular events. We observed a paradoxical relation between adherence to several drugs and mortality risk. CONCLUSIONS: Adherence to AH agents is associated with a reduction of risk of non-fatal CV outcomes.

PCV84

MISDIAGNOSIS AND MISTREATMENT OF ACE-INHIBITOR INDUCED COUGH: DECREASES THERAPY COMPLIANCE

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OBJECTIVES: A common adverse effect of angiotensin-converting enzyme inhibitors (ACEi) is a persistent dry cough. Physicians and pharmacists who fail to recognize this adverse drug effect may not reduce treatment pressures, and may lead to the development of more serious conditions as Congestive Heart Failure and Coronary Heart Disease.

RESULTS: Persistence obtained with first pro-1264 and a persistence of 9.34%, n=1471 Atenolol and a persistence of 90.00% (29.2% vs. 21.8%, p=0.002), presenteeism (28.2% vs. 24.3%, p=0.001) compared with employed patients who do not use those strategies. Among all respondents, non-adherent cost-cutting was associated with lower adherence to AH therapy, lower medication persistence (P<0.001), and lower health status. These patients should be identified and guided to improve adherence to their prescription medications to facilitate better health outcomes.

CONCLUSIONS: Over a third of hypertensive patients cut costs using strategies that interfere with medication adherence. These patients suffer greater health-related impairments and have lower health status. These patients should be identified and guided to improve adherence to their prescription medications to facilitate better health outcomes.

PCV87

FACTORS RELATED TO NON-ADHERENCE AND SATISFACTION FOR HYPERTENSION MEDICATIONS: RESULTS FROM A NOVEL PATIENT REGISTRY

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OBJECTIVES: To determine loss of health status, work productivity impairment, and activity impairment associated with non-adherent cost-cutting in Russian hypertensive patients. METHODS: The study employed data from the 2011 Russia National Health and Wellness Survey (NHWS; n=10,039), a survey of demographics, health-related attitudes and behaviors, and health outcomes. Non-adherent cost-cutting behaviors included taking less medication than prescribed, cutting tablets in half, buying fewer tablets, not buying prescriptions recommended by the physician, buying a less expensive alternative instead, or buying prescriptions less often. Adherent behaviors included asking physician/pharmacist for cheaper alternatives, or using a discount card. Health status was assessed using the SF-12v2, and work and activity impairment using the Work and Activity Impairment questionnaire (WPAI). Regression models quantified the burden associated with non-adherent cost-cutting on health status and WPAI metrics, controlling for demographics, health history, insurance status, and comorbidities. RESULTS: Out of 1,710 hypertensive patients taking prescribed medication for hyper- tension, 37.5% reported using non-adherent cost-cutting behaviors, 28.2% reported using adherent cost-cutting behaviors only, and 34% reported no cost-cutting behaviors. After controlling for covariates, employed patients using non-adherent strategies reported greater absenteeism (9.3% vs. 3.7%, p<0.001), presenteeism (29.2% vs. 21.8%, p<0.001) and overall work productivity loss (33.8% vs. 24.3%, p<0.001) compared with employed patients who do not use those strategies. Among all respondents, non-adherent cost-cutting was associated with lower adjusted health status (MCS: 42.0 vs. 44.4, p<0.001, PCS: 40.3 vs. 41.3, p=0.014) and greater adjusted activity impairment (38.5% vs. 31.2%, p<0.001) Related to the adherence and treatment satisfaction among patients with hypertension. Using a novel patient registry, we assessed factors associated with satisfaction and non-adherence to hypertension medications. METHODS: We analyzed data from MediGuard.org, a free medication monitoring service covering over 2.6 million members in the US, UK, France, Germany, Spain, and Australia. As part of site operations, the service sends a quarterly member survey to solicit feedback on their medications using the Treatment Satisfaction Questionnaire for Medication (TSQM) and Medication Adherence Report