for age, sex, blood pressure (BP) stage and history of stroke, we found that the utilities of patients were lower than those of the younger groups, and statistically significantly differing if compared the extremes of youngest and oldest groups were considered (p = 0.03). Utility in males was higher than in females (p = 0.002). Patients with a history of stroke exhibited lower utility than patients without such history. Although not statistically significant (p = 0.73). Patients with more than 3 comorbidities had lower utilities than patients without comorbidity (p = 0.01). Statistically in significantly relatively higher BP was associated with lower utility at 0.734, for both patients with and without hypertension at 0.865, respectively (p = 0.422).

CONCLUSIONS: Utility was estimated at 0.72 in hypertensive patients in Vietnam. In contrast to EP staging and history of stroke, gender was found as a statistically significant predictor of utility. In addition, patients who experience more than 3 comorbidities or older than 70 had statistically significant lower utilities.

PCV90 DETERMINANTS OF UTILITy BASED ON THE EQ-5D IN CHRONIC HEART FAILURE PATIENTS AND THEIR CHANGE OVER TIME: RESULTS FROM THE SWEDISH HEART FAILURE REGISTRY

Berg J.1, Anatchkova M.D.2, Mejhert M.3, Dahlstrom U.4, Kahan T.4

1Mapi, Stockholm, Sweden, 2IVBAR, Stockholm, Sweden, 3Ersta Hospital, Stockholm, Sweden, Nobel L.

However, its ability to detect change has not been discussed. This study was aimed to improve prescribing patterns and patient adherence.

OBJECTIVES: To describe epidemiology, treatment patterns, resource use and associated costs of morbid obese patients in the list, waiting to receive surgical treatment for surgery among 8,539 person-years of elderly diabetic patients, 8,115 (94.68%, weighted percentage) were eligible for statin therapy according to the ADA's Standards of Medical Care in 2006, 2007, 2008, 2009, and 2010, 55.27%, 53.30%, 53.23%, 57.86%, and 60.70% of eligible diabetics used statins, respectively. Predictors of non-use of statin included: being non-Hispanic black (odds ratio [OR]: 0.69; 95% confidence interval [CI]: 0.56-0.84), living in non-metropolitan areas (OR: 1.16; 95% CI: 1.03-1.30), being overweight, with a body mass index of 18.5 or under (OR: 0.27; 95% CI: 0.13-0.54), having one or more comorbidities in addition to diabetes (OR: 0.81; 95% CI: 0.68-0.95), and having CVD risk factors (OR: 0.59; 95% CI: 0.51-0.72) in use at any CVD status. The 200 of eligible diabetic patients who satisfied ADA's criteria for statin use between 2006 and 2010. Still, approximately 40% of eligible individuals with diabetes were not taking statins in accordance to the Medicare Diabetes System guidelines. Diabetes healthcare providers should be aware of patient factors associated with statin non-use and provide interventions to improve prescribing patterns and patient adherence.

PCV94 PATIENTS IN THE WAITING LIST OF BARIATRIC SURGERY IN THE BRAZILIAN PUBLIC SECTOR: TREATMENT PATTERNS AND HEALTH OUTCOMES: A NON-INTERVENTIONAL SINGLE-SITE RETROSPECTIVE STUDY

Junqueira Junior SM1, Luque A2, Cabra HA3, Andrade PC4, Oliveira FM5, Brasil N6, Raseria F7

1Johnson & Johnson Medical Brasil, Sao Paulo, Brazil, 2Johnson & Johnson Medical, Mexico city, Mexico, 3Clinica Bararctica, Sao Paulo, Brazil

BACKGROUND: Obesity is a chronic condition and its clinical and economic consequences are very concerning. Obesity and its co-morbidities were associated with USD 2.1 billion annually costs in the Brazilian Public Health System. According to a National Survey there are 22 million people in Brazil with BMI ≥30kg/m2. Also there is 13.5 million diabetic people, many of them being obese OBJECTIVES: To describe epidemiology, treatment patterns, resource use and associated costs of morbid obese patients in the list, waiting to receive surgical treatment for surgery in order to quantify the clinical and economic burden of not providing surgical treatment to eligible patients METHODS: Non-interventional, single center, retrospective study among 300 patients who met eligibility criteria, having their registry data collected and outcomes followed-up for up to 12 months post-bariatric-surgery RESULTS: The mean time in the waiting list was 715.76 days. However, if the baseline was 46 (95% CI: 45.67-47.39), 49.7 (95% CI: 42.98-44.59, at surgery and 30.91 kg/m2 (95% CI: 30.39-31.55) at 12 months follow-up. 195(65%) of patients presented hypertension at baseline, which 92.8% presented improvement/resolution 12 months after surgery 150(23%) presented dyslipidemia, with a resolution of 55.43% at 12 months. Clear resolution of 94.3% after 12-months. 37 (12.3%) patients increased BMI during the wait list, these patients presented lower comorbidities resolution rates compared to patients who maintained or reduced their BMI in the wait list CONCLUSIONS: Analysis demonstrated high comorbidities resolution rates among 12 months of follow-up
up and significant reduction on medications consumption. Patients who increased BMI during the study presented lower rates of comorbidities resolution compared to patients who maintained or reduced their BMI in the wait list. Based on the outcomes presented, bariatric surgery is a procedure that can help the Brazilian health system to treat obesity and its co-morbidities.

PCV95 A CONSERVATIVE APPROACH TO ASSESS WARFARIN TIME-IN-THERAPEUTIC RANGES AMONG NONVALVULAR ATRIAL FIBRILLATION PATIENTS OF AN INTEGRATED HEALTHCARE DELIVERY SYSTEM SETTING IN THE U.S. Detartrant WJ, Evans M2, Hillson E1, Trocio J1, Bruno A1, Tan W3, Lingohr-Smith M1, Lin J1
1Department of Medicine, University of Nevada, Las Vegas, NV, USA; 2University of Nevada Las Vegas, Las Vegas, NV, USA; 3Ochsner Medical Center, New Orleans, LA, USA, 4Ochsner Health System, Danville, PA, USA.

OBJECTIVES: The efficacy of warfarin for reducing stroke risk is influenced by its time-in-therapeutic range (TTR, i.e. time spent in the normalized prothrombin time ratio, INR = 2–3). This study evaluated warfarin TTRs among nonvalvular atrial fibrillation (NVAF) patients treated in an integrated healthcare delivery system (IDHS) setting. METHODS: Patients with NVAF, warfarin therapy (IW) and 6-month follow-up were included. The main outcomes of interest were the percentage of patients with a target TTR (TTR < = 60%) and the percentage of patients with a TTR < = 75%, respectively. Among NVAF patients with low and high TTR, 45% and 73% of them spent time in the warfarin therapeutic range (INR between 2-3), respectively. CONCLUSIONS: Based on a conservative approach to evaluate the warfarin TTR, our results indicate that it still remains very challenging in a contemporary real-world setting to achieve consistently good levels for the majority of our NVAF patients.

PCV96 ANALYSIS OF KENTUCKY MEDICAID MANAGED CARE VERSUS FEE-FOR-SERVICE SYSTEMS: MEDICATION ADHERENCE IN PATIENTS WITH ESSENTIAL HYPERTENSION
Herren C, Brouwer E, Talbert J
University of Kentucky College of Pharmacy, Lexington, KY, USA.

OBJECTIVES: A key goal for managed care organizations is to improve patient health outcomes and reduce costs. One strategy involves increasing medication adherence among patients with chronic diseases. The Kentucky Department for Medicaid Services contracted with three managed care organizations in November 2011 to improve health outcomes. This study will include Medicaid and capitated managed care. The purpose of this study is to determine differences in medication adherence before and after the switch from fee-for-service to managed care in Kentucky with data collected from 2010 to 2012. METHODS: The retrospective cohort study sample will be drawn from a database of Kentucky Medicaid patient (age 18-64) medical and prescription claims between 2010 and 2012. The University of Kentucky Internal Review Board approved the study. The study will include descriptive statistics of the medication possession ratio (MPR) and control variables including patient demographics, type of hypertension, and comorbidities. Bivariate analyses will measure the effect of each variable on the MPR as a case of the switch. Multivariate analysis will be a difference-in-difference regression model, measuring the pre and post differences in MPR due to the introduction of managed care. RESULTS: Initial data collected indicate that average MPR decreased by about 13 percentage points, regardless of medication class, after Medicaid managed care in Kentucky took effect, with other factors held constant. A 13-percentage point decrease in MPR corresponds to about 45 fewer days of medication possession. CONCLUSIONS: Results are preliminary, but indicate a need to address the efficacy of Medicaid managed care on adherence to antihypertensives in Kentucky. Additional studies should be conducted with data from 2013 to ensure confounding due to transition issues is eliminated. Future studies will examine the effect of Medicaid managed care on adherence in hyperlipidemia, diabetes, asthma, and mental health disorders.

PCV97 THE 5 PRINCIPAL CAUSES OF DEATH IN MEXICO IN THE LAST 5 YEARS, IS THE PUBLIC HEALTH SYSTEM COVERING THESE NEEDS?
Lemus Y, Rivas R
National Institute of Public Health, Naucalpan de Juarez, Mexico

OBJECTIVES: The aim of this work is to demonstrate if the National Health Formulary (NHF) has included drugs related to the principal causes of death in the last 5 years (Diabetes Mellitus (DM), Ischemic Heart Diseases (IHD), Cerebrovascular Diseases (CD), Alcoholic Liver Diseases (ALD) and Chronic Obstructive Pulmonary Disease (COPD)), and if the number of the drugs added each year is in accordance with the number of deaths per disease each year. METHODS: A search in the National Institute of Statistics and Geography and the National System of Information on Health was done, from 2009 to 2013, related to the 5 principal causes of death in Mexico. Then, there was counted and analyzed the number of drug prescribed for each disease studied in the last 5 NHF editions. Finally, all data obtained was matched and analyzed to see if there any trend and relation between the number of deaths per disease and the number of drugs included in the NHF in the last 5 years. RESULTS: The NHF has drugs for every disease evaluated. In the period analyzed, the number of drugs for DM has increased from 18 to 24. In the case of IHD, the number has also grown from 20 to 52. For CD there has been also an addition from 13 to 60. The drugs for ALD have been added in the NHF from 1 to 12. For COPD the number has changed from 35 to 36 drugs. Comparing with the number of deaths, the IHD is the disease with the biggest increased of deaths (22%), then the DM with 19%, COPD 14%, ALD 4%, and CD 3%. CONCLUSIONS: Although there have been added new drugs prescribed for the diseases that caused the deaths of most population in the NHF, this quantity is not comparable with the growing of deaths observed in each disease.

PCV98 SOCIOECONOMIC FACTORS AND PRESCRIBED MEDICATIONS EXPENDITURES ASSOCIATED WITH ANTIHYPERTENSIVE TREATMENT IN PATIENTS WITH HYPERLIPIDEMIA: VALUE IN HEALTH 18
Althemy AU, Alfail A, Lai I
Northeastern University, Boston, MA, USA.

OBJECTIVES: As reported by the Centers for Disease Control and Prevention (CDC) more than half of adults with high blood cholesterol level did not receive any treatment. Untreated high blood cholesterol can lead to coronary heart diseases. The primary objective of this study is to describe and contrast the socioeconomic factors between treated and untreated patients with hyperlipidemia. Secondary objective is to compare prescribed medications expenditures between the two groups. METHODS: This study conducted cross-sectional secondary data analyses using 2012 Medical Expenditure Panel Survey subjects who subjects who were aged at least 18 years old, non-institutionalized adults diagnosed with high blood cholesterol. Series of statistical comparisons on socioeconomic factors, and prescribed medications expenditures and utilizations between patients with hyperlipidemia and their non-treated counterparts with lipid lowering agents. The Andersen Behavioral Model was applied to define the socioeconomic factors. SAS 9.3 statistical software was used for all analyses, including sample weights and standard error adjustments. RESULTS: Approximately 19 million patients had high blood cholesterol related events in 2012. The average age of treatment group was older than the average age of no-treatment group, 64 and 62 years respectively, (p<.001). 95% of hyperlipidemia patients with high income had treatment, on the contrary, 93% of hyperlipidemia patients with near poor income had treatment. The average total prescription expenditures for patients with treatment was higher than patients without treatment, $3032 and $2509 respectively, (p<.001). CONCLUSIONS: The study findings showed substantial number of hyperlipidemia patients without treatment. Also there were some socioeconomic differences between treatment group and no-treatment group. Further research is recommended to understand the effect of socioeconomic factors in hyperlipidemia therapy to make more effective policies and programs designed to improve treatment for one of the major chronic conditions in the United States.

PCV99 THE USE OF STATINS AMONG PRIOR- USERS AFTER HEMODIALYSIS
Shah V1, Liu Y2, Huang W1, Wen Y3, Tsai Y4
1National Taiwan University Hospital, Taipei, Taiwan; 2Chang Gung University, Taoyuan, Taiwan

OBJECTIVES: to analyze the use of statins in 90 days after hemodialysis among the prior users. METHODS: This retrospective cohort study used the 1997-2008 National Health Insurance Research Data to analyze the use of statins among prior-users. Patients aged 20 years or older who were treated for hyperlipidemia with prescribed statins in 90 days before hemodialysis were included. In these patients, the average medication days (MDD) from the last date of prescription plus medication period. We used Cox proportional hazard model to examine the potential factors attributable to the discontinuation of statin prescription. We also analyze the pattern of re-use of statins after one year. RESULTS: Among 8992 statin users, 2079 patients continued to use statins after hemodialysis. In 90 days after hemodialysis, the average medication days among the continued users was 65.8 days. Among the discontinued users, 65% stopped using statins in the 90 days before hemodialysis; 8.7% of them started using statins in the first 6 months and 19% started in the first year again. Analysis of the Cox proportional hazard model showed that being male(HR 1.0, 95% CI 1.05, 1.15) and no statin prescription in 90 days before hemodialysis(HR 1.78, 95% CI 1.68, 1.87) were attributable to the discontinuation of statins in 90 days after hemodialysis; those with coronary heart disease(HR 0.97, 95% CI 0.89, 0.98) and peripheral vascular disease(HR 0.87, 95% CI 0.79, 0.96) led to continue using statins. CONCLUSIONS: Most statin users stopped using statins after hemodialysis. In fact, most of them stopped using statins in the 90 days before hemodialysis. Subjects who were female and with medical history of cardiovascular diseases or peripheral vascular disease were more likely to continue using of statins after hemodialysis.

PCV100 AGENTS ACTING ON RENIN-ANGIOTENSIN SYSTEM USAGE IN CROATIA DURING THE FOURTEEN-YEAR PERIOD: IMPACT OF GENERICS
Balukic M, Ivkovic M, Mrucic V, Vitezic D, Mrsic Pelcic J, Rijacic JD, Rijak J, Rijeka, Croatia, 3University of Rijeka Medical School, Rijeka, Croatia, 4University Orthopaedic Clinic Lovran and University of Rijeka Medical School, Lovran, Croatia

OBJECTIVES: A search in the National Institute of Statistics and Geography and the National System of Information on Health was done, from 2009 to 2013, related to the 5 principal causes of death in Croatia. Then, there was counted and analyzed the number of drug prescribed for each disease studied in the last 5 NHF editions. Finally, all data obtained was matched and analyzed to see if there any trend and relation between the number of deaths per disease and the number of drugs included in the NHF in the last 5 years.