PCV3 TRENDS IN ANTIHYPERTENSIVE MEDICATION USE IN US OFFICE-BASED PRACTICES: ARE ELDERLY PATIENTS TREATED DIFFERENTLY? Gua A,1 Yue Y2, Argulian E3
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OBJECTIVES: 1) To investigate recent trends in antihypertensive medication prescription among US adults with hypertension in office-based practices; 2) To determine if there are differences in the classes of antihypertensive agents prescribed for the elderly population as compared with younger patients. METHODS: The latest available National Ambulatory Medical Care Survey (NAMCS) (2003–2010) were analyzed. All encounters with ICD-9 codes for essential hypertension (eg, 401.0, 401.1, or 401.9) and patients aged ≥18 years were included. Multivariable logistic regression analyses determined the adjusted associations between age (<60 years, ≥60 years) and the prescription use of antihypertensive classes, as well as prescribing year. All statistical analyses were computed with the Taylor series linear approximation. RESULTS: Approximately 674 million weighted office visits were included in the analysis. Overall, the prescription of antihypertensive medication increased from 69.1% in 2003 to 2007.8% in 2009 to 2010 (P trend <0.01) and there were differences in the classes of antihypertensive agents prescribed for elderly patients compared to younger patients. Conclusions: Prescribing rates for diuretics, β-blockers, and calcium-channel blockers (CCBs) were significantly higher among patients aged ≥60 years compared to their younger counterparts, while rates for ARBs and angiotensin-converting enzymes (ACEIs) were relatively comparable between the two groups. The increase in use of β-blockers in older patients persisted after excluding patients with congestive heart failure and ischemic heart disease. CONCLUSIONS: In office-based practices, antihypertensive medication prescription among US adults with hypertension increased significantly in recent years which was accompanied by some improvement in hypertension control. The prescribing patterns differed amongst younger and older patients but continuous use of β-blockers without other compelling indications raises concerns.

PCV32 COMPARISON OF DIFFERENT METABOLIC SYNDROME CRITERIA AND INDIVIDUAL RISK FACTORS IN THE RISK PREDICTION OF CARDIOVASCULAR AND CHRONIC DISEASES Bhoushni A, Peterson M
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OBJECTIVES: (1) To compare risks posed by the metabolic syndrome (MetS) diagnosed with four different criteria and cardiovascular risk factors in the development of diabetes, cardiovascular disorders, and other chronic diseases in order to determine if modification should be made to existing MetS definitions and standards of diagnosis of high risk patients. METHODS: A combination of NHANES 2009–2010 and 2010–2011 databases assessed 18,184 adults 20 years or older. This was the third publication of a study based on NHANES data harmonized with the 2009 World Health Organization definition, criteria from National Cholesterol Education Program Adult Treatment Panel III (NCEP-ATP III), International Diabetes Federation (IDF) and European Group for Study of Insulin Resistance (EGIR). Individual cardiovascular risk factors (CVRF) including smoking, alcoholism, albuminuria, elevated C-reactive protein levels and heredity of diabetes and cardiovascular disorders. Risk prediction was carried out for chronic disorders such as diabetes, cardiovascular disorders (CVDs), stroke (strokes), chronic kidney disease, and cardiovascular disorders. The risk of self-reported risk was calculated using Poisson regression was calculated for each criteria and individual risk factors. RESULTS: MetS failed to predict risk for cardiovascular disorders. However, albuminuria (OR=2.38; 95% CI=1.16, IDF=5.67) except European criteria (OR=0.67) predicted risk for emphysema. MetS (OR=5.43; IDF=2.63; NCEP=4); MetS (RR=1.49) and heredity (RR=3.74) were associated with risk for liver conditions. No MetS criteria and individual risk factors showed an association with risk for AIDS. CONCLUSIONS: Overall European MetS criteria emerged as the strongest risk predictor for chronic conditions. The risks of individual risk factors depict significant chronic disease predicting ability. Recommendations may be made to policy makers to alter or make additions to the current MetS definition.

PCV33 HYPERKALEMIA IS HIGHLY PRESENT IN PATIENTS WITH CARDIORENAL COMORBIDITIES COMPARED TO PATIENTS WITHOUT THESE COMORBIDITIES Lattes P, Hunting NC,2 Leavitt K,2 Glavich K3
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OBJECTIVES: To investigate the prevalence of hyperkalemia in patients with chronic kidney disease (CKD) or heart failure (HF). METHODS: De-identified medical records (2007–2012) from a US population aged ≥18 years with ≥2 potassium (K+) readings were evaluated. Exclusion criteria: ≥1 K+ value between the years 2007–2010 and 10 million antihypertensive medications that were approved by the US Food and Drug Administration, the UK Medicines and Healthcare Products Regulatory Agency, the Australian Therapeutic Goods Administration, Health Canada, and the Saudi Food and Drug Authority as of [2014]. METHODS: Antihypertensive medications were collected from the websites of the agencies. Hypertension prevalence by country was collected from the WHO website. Descriptive analysis was conducted in the study. Spearman correlation was used to estimate the correlation between the number of approvals and hypertension prevalence. SAS version 9.3 was used in the analysis. RESULTS: The prevalence

PCV34 VENOUS THROMBOEMBOLISM PREVALENCE IN FRENCH AND US HOSPITALS: COMPARISON ON THE BASIS OF THE NATIONAL DATA BASES Allerst F1, Quantin C2, Benzenine M3
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OBJECTIVES: To describe the national prevalence of deep vein thrombosis (DVT) and pulmonary embolism (PE), among patients hospitalized in private and public French hospitals and to compare it to those described in US Hospitals. METHODS: The data are from the national PMSI MCO databases inspired by the US Medicare system. Data are encoded using ICD10. The codes used for VTE are 1801 to 1809 for DVT and codes 1260, 1269 for PE. The analyses identify all VTE, DVT without PE (DVT) and PE with or without previous associated/DVT. The study data cover the period 2007 to 2010. The French data are compared to those issued in the Morbidity Mortality Weekly Report of the Centre for Disease Control and Prevention. RESULTS: Data from the national databases reveal that over the period 2005 to 2011 the incidence of hospital stays came to 860 343 (1.09%) for VTE, with 428 261 (0.54%) for DVT without PE and 432 082 (0.548%) for PE. The mean number of VTE hospitalized per year over the period was 122 906, including 61 180 for DVT and 61 726 for PE. Out of the French hospital population the prevalence of VTE between 2008 and 2010 varies from 247 hospitalizations for 100 000 vs. 239 in the USA for the VTE, of 124 vs. 118 for the DVT without EP and of 123 vs. 121 for the PE which is very similar. These incidence of VTE occurred in France for 43.4% in men vs. 45.8% in the USA and 56.6% vs. 57.8% in women. French VTE incidence is high and similar to those described in the USA. These results point out an alarming situation that questions the quality of prevention and/or its effectiveness. VTE prevention policies must be strengthened in hospitals for the sake of patients and healthcare savings alike.

PCV35 THE PREVALENCE AND ODDS-RATIOS OF SELF-REPORTED DIAGNOSIS OF HYPERTENSION AMONG US ADULTS BY RACIAL/ETHNIC SUBGROUPS, EXAMINING THE JOINT EFFECT OF MULTIPLE RISK FACTORS: NATIONAL HEALTH INTERVIEW SURVEY, 2004 - 2013 Objective: To describe the national prevalence of deep vein thrombosis (DVT) and pulmonary embolism (PE), among patients hospitalized in private and public French hospitals and to compare it to those described in US Hospitals. METHODS: The statistics are from the national PMSI MCO databases inspired by the US Medicare system. Data are encoded using ICD10. The codes used for VTE are 1801 to 1809 for DVT and codes 1260, 1269 for PE. The analyses identify all VTE, DVT without PE (DVT) and PE with or without previous associated/DVT. The study data cover the period 2007 to 2010. The French data are compared to those issued in the Morbidity Mortality Weekly Report of the Centre for Disease Control and Prevention. RESULTS: Data from the national databases reveal that over the period 2005 to 2011 the incidence of hospital stays came to 860 343 (1.09%) for VTE, with 428 261 (0.54%) for DVT without PE and 432 082 (0.548%) for PE. The mean number of VTE hospitalized per year over the period was 122 906, including 61 180 for DVT and 61 726 for PE. Out of the French hospital population the prevalence of VTE between 2008 and 2010 varies from 247 hospitalizations for 100 000 vs. 239 in the USA for the VTE, of 124 vs. 118 for the DVT without EP and of 123 vs. 121 for the PE which is very similar. These incidence of VTE occurred in France for 43.4% in men vs. 45.8% in the USA and 56.6% vs. 57.8% in women. French VTE incidence is high and similar to those described in the USA. These results point out an alarming situation that questions the quality of prevention and/or its effectiveness. VTE prevention policies must be strengthened in hospitals for the sake of patients and healthcare savings alike.

PCV36 GEOGRAPHIC DIFFERENCES IN AVAILABILITY OF ANTIHYPERTENSIVE MEDICATIONS: A COMPARISON OF AUSTRALIA, CANADA, SAUDI ARABIA, UK, AND THE US Almutairi H1, Alzareya A1,2,3, Seoane-Vazquez F1,3, Mekry R2
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OBJECTIVES: To test the hypothesis that geographic regions have different availability of antihypertensive medications that are approved by the US Food and Drug Administration, the UK Medicines and Healthcare Products Regulatory Agency, the Australian Therapeutic Goods Administration, Health Canada, and the Saudi Food and Drug Authority as of [2014]. METHODS: Antihypertensive medications were collected from the websites of the agencies. Hypertension prevalence by country was collected from the WHO website. Descriptive analysis was conducted in the study. Spearman correlation was used to estimate the correlation between the number of approvals and hypertension prevalence. SAS version 9.3 was used in the analysis. RESULTS: The prevalence