A retrospective multicentric study was performed from a one-year (2005) registry of patients from five primary care centres in Spain. Inclusion criteria were as follows: mild to moderate HT as per JNC-VII, British Hipertensión-Society; and DL as per NCEP-ATP III. Compliance was estimated by the relationship between the amount of dispensed and prescribed pills. Demographic variables, comorbidities, clinical parameters and sanitary resources were registered. A bivariant analysis and a multiple lineal regression analysis were done to correct the model. **RESULTS:** Compliance was estimated from the total sample of 15,606 patients (HT: 41.7%; DL: 23.1%; HT/DL: 35.2%), in 85.9% (CI = 85.4–86.4%), 81.6% (CI = 81.0–82.2%) and 84.9% (CI = 84.3–85.5%) respectively (p = 0.000; Scheffé). Explanatory variables of a better compliance in the multivariate analysis were (beta = 0.832; t = 59.1; p = 0.000): a) direct relationship: age, labour inactivity, drug price, and b) indirect relationship: glycemia, triglycerides, LDL and number of active principles used (p = 0.000). **CONCLUSION:** Dyslipidemic patients show a worse compliance than hypertensive patients, and dyslipidemia worsened global compliance in hypertensive patients. Certain clinical parameters of control, the age of the patient and the drug group are related to compliance in daily medical practice.

PCV84

COMPLIANCE IMPROVEMENTS AND HDL CHOLESTEROL LEVELS IN HYPERTENSIVE PATIENTS IN SPAIN

Sicras A[1], F Bobadilla J[2], García M[3]
[1]Badalona Servicios Asistenciales, Barcelona, Spain, [2]Pfizer Spain, Madrid, Spain, [3]Euroclin Institute, Madrid, Spain

OBJECTIVES: Therapeutic compliance (TC) is related to risk control in the hypertensive patient. Nevertheless there is no much information on how the improvement of TC impacts on cardiovascular risk factors (CVRF), particularly on lipid parameters, in the Spanish hypertensive patients. To analyze the relationship among TC improvement (estimated by the relationship between amount of drug dispensed and amount of drug prescribed), and the variations in LDL-cholesterol (LDLc) and HDL-cholesterol (HDL-c) levels. **METHODS:** Hypertensive patients from five Spanish primary care centres, who had registered values of LDLc and HDLc, between 2004 and 2005, were retrospectively studied. Changes in TC, LDLc and HDLc were calculated between mentioned years. Correlation between: a) changes in TC and HDL, and b) changes in TC and HDL, were calculated using the Spearman's Rho test. **RESULTS:** Of the 6960 hypertensive patients, 5094 had registered HDL-c levels in 2004 and 2005. An increase in TC of 3.8% (DE:17.7%) was demonstrated. An inverse and statistically significant relationship between LDLc and TC (p = 0.003) was demonstrated. No relationship was found between TC improvement and HDLc (p = 0.9456) **CONCLUSIONS:** In the Spanish hypertensive population, CT improvements are associated to a decrease in LDLc levels, with no impact on HDL. Available treatments are not effective enough to improve HDLc levels in the Spanish hypertensive patient.

PCV85

COMPLIANCE AND PERSISTENCE OF FIXED DOSE VERSUS FREE DOSE COMBINATION THERAPY WITH VALSARTAN AND HCTZ FOR PATIENTS WITH HYPERTENSION

Jackson KC[1], Brixner D[2], Oderda GM[3], Oberg B[1], Sheng X[1], Keskinaslan A[4]
[1]University of Utah Health Sciences Center, Salt Lake City, UT, USA, [2]The University of Utah College of Pharmacy, Salt Lake City, UT, USA, [3]University of Utah, Salt Lake City, UT, USA, [4]Novartis Pharma, AG, Basel, Switzerland

OBJECTIVE: Blood pressure control can be difficult to achieve in hypertension, often requiring combination pharmacotherapy. A variety of approaches are available, including fixed dose combinations (FDC) versus individual components (IC). The purpose of this analysis was to assess combination valsartan and hydrocholorthiazide (HCTZ) therapy in previously antihypertensive naïve patients. **METHODS:** A national database of insured patients ages 18 & older with hypertension were evaluated for combination valsartan and HCTZ use initiated within 180 days of each other. Patients had at least two claims for this combination of pharmacotherapy within one year of their first prescription. Eligibility included continuous enrollment 110 days prior to first prescription and 365 days following dual therapy. Eligible patients were antihypertensive naïve 110 days prior to study drug initiation. Combination pharmacotherapy persistency at 365 days was calculated and sensitivity analysis was performed for the length of refill gaps. **RESULTS:** There were 2,022,578 unique patients age18 years or older identified with hypertension ICD-9 codes (401.0, 401.1, 401.9, 402.1 & 402.9). After applying study criteria there were 8711 eligible patients; 8150 FDC and 561 IC. In assessing ongoing persistence, patients could not have a refill gap in excess of 120% of previous prescription day's supply. FDC persistency was 54% (4362/8150) compared to 19% (109/561) for IC at 365 days (p < 0.0001). Using a more stringent threshold (80% days supply), FDC was 44% (3623/8150) vs. IC 16% (91/561) p < 0.0001. Increasing the threshold (160% days supply) the FDC was 59% (4821/8150) vs. IC 21% (119/561) p < 0.0001. **CONCLUSIONS:** Use of FDC is more common (93.5%) than individual components for this previously naïve antihypertensive population. The fixed dose combination therapy group was shown to have significantly better persistence at 365 days vs. the individual components group, which proved to be quite robust following a sensitivity analysis.

PCV86

CHARACTERIZATION OF HYPERTENSIVE PATIENTS WHO MIGHT BENEFIT FROM A COMBINATION OF TWO DRUGS IN ONE PILL FOR REDUCTION OF CARDIOVASCULAR RISK

Sturkenboom MC[1], Van der Hoeven Borgman M[2], Van Kints A[2], Moller RA[3], Fitzgerald K[4], Rosa K[5], Cramer JA[6]
[1]Erasmus University Medical Center, Soest, The Netherlands, [2]Erasmus University Medical Center, Rotterdam, The Netherlands, [3]Pfizer, New York, NY, USA, [4]Mapi Values, Boston, MA, USA, [5]Mapi Values USA LLC, Boston, MA, USA, [6]Yale University School of Medicine, West Haven, CT, USA

Reduction of cardiovascular risk frequently requires the co-administration of multiple antihypertensive (AH) and lipid lowering (LL) drugs. Fixed combinations of two drugs could improve daily compliance by simplifying the treatment regimen. **OBJECTIVE:** To assess which antihypertensive patients might benefit from a combination of AH and LL drugs. **METHODS:** Hypertensive patients (>=30 years plus >=3 cardiovascular risk factors or events (CVD), experienced or new users of antihypertensive drugs between June 2003-June 2004)were selected from the IPCI database in The Netherlands. A written questionnaire was administered in October 2005 regarding reasons for non-compliance, likelihood of missing a dose if two pills would be combined in one, and self-reported medication-taking. Percentage of days covered (PDC) with AH medication was calculated from the prescription records. **RESULTS:** A total of 729 out of 1473 patients responded, 101 were new users of antihypertensive drugs, 349 had CVD. Respondents (75% male, median age 63 years) used on average 3 drugs, and 40% used LL drugs at start of follow-up. Side effects, lack of efficacy, and forgetting