however. Hamad General, in HMC, was the major consumer of cardiovascular drugs. The class with the most significant (and highest utilization) in HG was the statins (p-value 0.04). Among statins, atorvastatin was increasingly the most used. An identical pattern of expenditures to that of utilization was observed for all drug classes. Apart from all combination therapies, the combining of angiotensin-receptor-blockers with diuretics was the only one increasing in use. **CONCLUSIONS:** Utilization and expenditures of cardiovascular drugs have steadily increased over the past 5 years in Qatar. Reasons for increasing trends in utilization can include fast growing population, in addition to newer clinical trial evidences as well as updated guidelines.

PCV31
ANALYSIS OF CONSUMPTION OF ANTIHYPERTENSIVE DRUGS IN SERBIA IN THE PERIOD FROM 2006 TO 2010 YEAR
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OBJECTIVES: Drugs of first choice in the treatment of hypertension are: β-blockers, tiazide diuretics, ACE inhibitors, angiotensin receptor inhibitors and Ca channel blockers. The aim of this study was to analyze the consumption of antihypertensive drugs in Serbia in the period from 2006 to 2010 year. **METHODS:** The data about the use of drugs were taken from the Agency for Drugs and Medical Devices of the Serbia. **RESULTS:** The use of diuretics during the observed period in Serbia is quite small and it ranged from 5 to 6% of the total consumption of all drugs from the C group. Consumption of β-blockers was around 12% during all 5 years. Consumption of calcium channel blockers was less than 14% of the total consumption of all drugs from group C in the first 3 years of the observed period. However, consumption of such drugs in the last 2 years growing over 17% of the total consumption of all drugs from the C group. Total consumption of drugs acting on the renin-angiotensin system (C09) in Serbia in opserved period was over 40 % of the total consumption of all drugs from the C group. The highest percentage in this group belonged to the ACE inhibitors. Consumption of angiotensin receptor inhibitors is small and it is only a few percent of the total consumption of all drugs from C09 group. However, consumption of drugs in this subgroup recorded steady growth in recent years. **CONCLUSIONS:** In Serbia in the observed period, ACE inhibitors are the most frequently used drugs within the group of drugs which is used for treatment of hypertension. This research was supported by Provincial Secretariat for Science and Technological Development, Autonomous Province of Vojvodina project No 114-451-2458/2011 and by Ministry of Science, Republic of Serbia, project no 41012.

PCV32
TRENDS IN PREVALENCE, AWARENESS, TREATMENT, AND CONTROL OF HYPERLIPIDEMIA AMONG THE UNITED STATES ADULTS: 2001-2010
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OBJECTIVES: Hyperlipidemia is a major risk factor for cardiovascular diseases, and treatment and control of hyperlipidemia reduces risk. The objective of this study was to examine trends in the prevalence of hyperlipidemia, awareness, treatment, and control among United States adults. **METHODS:** We used data of 13,112 United States adults (age ≥20 years) who participated in the National Health and Nutrition Examination Survey (NHANES) from 2001 to 2010 (this is a cross-sectional health examination survey of the US population) and who had a diagnosis for hyperlipidemia or reported using cholesterol-lowering medications and who participated in the National Health and Nutrition and had a total cholesterol determination. **RESULTS**: The prevalence of hyperlipidemia ranged from 55.58% to 53.83% and changed little over the study period. For all adults, the age-adjusted mean total cholesterol concentration decreased from 225.75±2.87 to 215.55±3.39 (p<0.01). Significant decreases were observed among African American population. Among participants who had a total cholesterol concentration > 200 mg/dL or who reported using cholesterol-lowering medications, 28.9% were aware that they had hyperlipidemia, 26.2% were on treatment, and 12.0 had a total cholesterol concentration < 200 mg/dL after age adjustment. Lifestyle proved to play a major role is control of hyperlipidemia. The smokers were 3-4% (p<0.001) less in the control group as compared to non-smokers. The people who engaged in vigorous intensity activity were 2-3% (p<0.001) more in the control group than the ones who engaged in moderate intensity activity. Insurance played an important role in treatment. Percent of population with insurance receiving treatment was about 50% (p<0.001) more than the percent of population without insurance. **CONCLUSIONS:** Although the increases in awareness and treatment of hyperlipidemia are encouraging, control remains poor. The lower percentage of controlled blood cholesterol stresses the need for better prevention and treatment programs for hyperlipidemia.

PCV33
HIGH-RISK VASCULAR DISEASE IN JAPAN: EVIDENCE ON INCIDENCE, PATIENT CHARACTERISTICS, AND TREATMENT RATES FROM A LARGE JAPANESE CLAIMS DATABASE
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OBJECTIVES: To document incidence, patient characteristics, and treatments of high-risk vascular disease (HRVD, defined as history of acute coronary syndrome

[hACS], cerebrovascular disease [CVD], peripheral artery disease [PAD], or coronary artery disease w/diabetes [CADD]) in an employed Japanese population. **METHODS:** A retrospective analysis was conducted using the Japan Medical Data Center (JMDC) database, which comprises multiple employer-sourced insurance societies in Japan, with inpatient, outpatient, and pharmacy claims of ~800,000 lives from 2006–2011. HRVD incidence was estimated based on diagnoses for CVD, PAD, CADD, and hACS (defined as another ACS claim >30–≤365 days after an ACS-related hospitalization) occurring between January 1, 2008 to December 31, 2009. Population denominators for this period were provided by JMDC. A subcohort with insurance coverage for ≥12 months before and ≥24 months after first/index HRVD claim during January 1, 2008 to December 31, 2009 were analyzed on demographics, comorbidities, and treatments. **RESULTS:** HRVD incidence was 2,238 per 100,000 population. By subtype (non-mutually exclusive), incidence was 73 hACS, 1,289 CVD, 897 PAD, and 591 CADD per 100,000; 22% had ≥2 HRVD subtypes. hACS and CADD incidence per 100,000 was markedly higher in males (111 and 730, respectively) versus females (35 and 409). In total, 10,400 patients met the inclusion criteria for analyses of patient characteristics, comorbidities, treatments. Mean [SD] age at index was 52.8 [10.9] years and 57% were male. Comorbid hypertension and dyslipidemia were common (24% and 17%, respectively). Pre-index use of antihypertensives and lipid-altering drugs was 22% and 15%, respectively. During 24 months post-index, use of these agents increased to 53% and 42%. Post-index use of antiplatelets (including prescription aspirin), anticoagulants, and NSAIDs was 30%, 15%, and 66%, respectively, with substantially higher use in hACS patients. **CONCLUSIONS:** HRVD was not rare in the employed Japanese population analyzed, and a high proportion of cases involved multiple HRVDs. Pharmacotherapy after HRVD diagnosis appeared suboptimal, particularly for non-hACS patients.

PCV34
EVALUATION OF PHARMACOLOGICAL MANAGEMENT FOR TYPE-2 DIABETES POST-MYOCARDIAL INFARCTION
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OBJECTIVES: Previous research suggests elderly patients with type-2 diabetes mellitus (T2DM) are likely discharged without anti-hyperglycemic medication after an admission for myocardial infarction (MI). Our study aimed to evaluate anti-hyperglycemic medication use post-MI in a commercially insured population. **METHODS:** We assembled a nation-wide population-based cohort of patients with T2DM continuously enrolled by a private insurer between January 2007 and December 2009. T2DM was defined based on diagnosis codes (Chronic Condition Data Warehouse definition) and pharmacy claims for an anti-hyperglycemic drug. We identified patients who experienced MI (ICD-9 code 410.xx) during our study period and evaluated anti-hyperglycemic treatment before and after the cardiac event. We described medication utilization and investigated changes in medication use from pre- to post-MI. Logistic regression and resulting odds ratios (OR) with associated 95% confidence intervals (CI) were used to evaluate factors predicting treatment post-MI. **RESULTS:** We identified 25,136 diabetic patients that experienced MI. Prior to MI, over 30% of the patients had a prescription for an anti-hyperglycemic drug, with approximately 12% receiving multiple drug regimens. The majority of the patients were treated with metformin (42%), followed by a sulfonylurea agent. Post-MI, 34% were treated; of the 75% with a prescription within 30 days, 35% received metformin. The median time from discharge until the first prescription fill was 25 days (interquartile range=62). About 29% of those treated pre-MI, did not receive medication post-MI; about 1 in 8 patients initiated anti-hyperglycemic medication within 30 days post-MI. Demographic characteristics and pre-MI treatment predicted treatment after MI. Older patients were less likely to fill a prescription post-MI (adjusted OR=0.974; 95% CI: 0.972-0.977). **CONCLUSIONS:** Many T2DM patients experiencing an MI are not discharged on previously prescribed anti-hyperglycemic medications. Assessment of short and long-term outcomes in patients not receiving anti-hyperglycemic medications post-MI, particularly in the elderly, warrants further investigation.

PCV35
ATRIAL FIBRILLATION PREVALENCE ASSOCIATED WITH GEOGRAPHIC VARIATION AND AGE IN THE UNITED STATES VETERAN POPULATION
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OBJECTIVES: To examine geographic variation associated with atrial fibrillation (AF) prevalence in the U.S. veteran population as well as the distribution of AF, stratified by age. **METHODS:** This study analyzed a patient sample in the Veterans Health Administration (VHA) Medical SAS datasets (October 1, 2005 - May 31, 2012). All patients diagnosed with AF in 2011 were identified using International Classification of Disease 9th Revision Clinical Modification (ICD-9-CM) diagnosis code 427.31. AF prevalence, stratified by U.S. state and age group, was determined. Descriptive statistical analyses were performed using SAS v9.3 software. **RESULTS:** A total of 1,255,349 veteran patients were diagnosed with AF in 2011. Prevalence results showed an increase as patient age rose (age 18-25: 0.02%, 16-34: 0.05%, 35-54: 0.39%, 55-64: 2.0%, 65+: 6.06%). Prevalence also varied by state. AF was most prevalent in Vermont (5.05%), Connecticut (4.75%), Massachusetts (4.64%) and Utah (4.62%). AF had low prevalence in Hawaii (1.99%), Colorado (1.96%), Guam (1.69%) and Washington D.C. (1.62%). All states throughout the United States showed disease prevalence above 1.5%, but none had a rate greater than 5.5%. Only Vermont was observed with prevalence slightly greater than 5.0%. **CONCLUSIONS:** U.S. veterans living in Utah and in the Northeastern U.S. region (including Vermont, Massachusetts, and Connecticut)