OBJECTIVES: Clinical trials comparing rivaroxaban or dabigatran to warfarin showed significant differences in the primary efficacy and safety outcomes, favoring dabigatran over warfarin. While the marked differences in efficacy outcomes are generally expected, the differences in safety outcomes are less well understood. The availability of marketing data regarding bleeding rates for these new oral anticoagulants (NOACs) is lacking. Our goal was to evaluate bleeding related outcomes with NOACs using a disproportionality analysis of spontaneous adverse event reports. METHODS: We collected spontaneous adverse event reports for rivaroxaban, dabigatran, and warfarin from the databases from 1/1/2012 to 2012 comparing in-patient discharge abstracts of events in reports of rivaroxaban, dabigatran, and warfarin related to fatal and non-fatal bleeding. Reports were included if the anticoagulant was the primary suspected agent for the event. Reporting odds ratio (ROR) and proportional reporting

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ADHERENCE AND STRUCTURE OF ANTHYPHERTENSIVE DRUGS CONSUMPTION IN UKRAINE

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OBJECTIVES: Arterial hypertension (AH) largely determines the high mortality rate and disability of working age persons from coronary heart diseases. In Ukraine in 2012 according to official statistics 12.1 million patients with AH were registered. It is 32.2% of the adult population. The purpose of the study - assessment structure and volume of antihypertensive drugs (AHD) consumption during 2008–2013 in Ukraine. METHODS: Analysis of AHDs consumption was performed using ATC/DDD methodology and data of drugs supply in informational-search system “Pharmaceuticals” of company MORION during 2008–2013. Consumption of AHDs was determined in the indicator: DDSs / 1000 inhabitants / day (DIHs). AHDs of the first line (ace inhibitors, angiotensin II receptor blockers and the second line: a-blockers, central antirenergic drugs, peripheral vasodilators) were analyzed. RESULTS: Volume of AHDs consumption increased from 66,644 DIDs in 2008 to 96,433 DIDs in 2013. About 6.08% - 9.6% of inhabitants take one DDD per day. Recalculation volumes of AHDs consumption for a total aggregate of patients with AH showed that only 23% - 36% of patients receive treatment. This testifies to the low adherence of patients to treatment. A comparison the volumes of AHDs consumption has shown that the consumption of AHDs in Ukraine is less, but stroke mortality is higher than in the developed countries. Consumption of AHDs of the first line accounts for a large share which increased from 83.7% in 2008 to 89.3% in 2013. Consumption of AHDs of the second line decreased from 16.3% in 2008 to 10.7% in 2013. Conclusions: Consumption in Ukraine indicates compliance of antihypertensive therapy to current clinical guidelines. The consumption of AHDs in Ukraine is less than in other countries, so Ukraine is urgent problem to find mechanisms for increasing the adherence of patients to hypertension treatment.

PCV29

OUTCOMES, HEALTH COSTS AND USE OF STATINS IN 6,226 PATIENTS ADMIRED IN 2011 FOR AN ACUTE CORONARY SYNDROME (ACS) OCCURRING IN A LARGE COMMUNITY SETTING OF 2,989,512 SUBJECTS

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OBJECTIVES: Testing in a community setting how patients discharged alive after an ACS are treated with statins. Specifically, the rate of prescription, the dosages and 1-year adherence have been evaluated. METHODS: From the ARNO Observatory, we carried out a record linkage analysis of discharge records for ACS and prescription data from 7 Objective Projects of 7 Local Health Districts. Patients were followed from Northern to Southern Italy. The accrual period lasted from January 1 to December 31, 2011. RESULTS: Of the 2,989,512 subjects, 6,226 (2.1%) were hospitalized for ACS over the 12 months of observation, 58% of patients were aged more than 70 years, females accounted for 36% of the cases, diabetes was reported in 31%. In-hospital all-cause death was 4.6%. Of the patients discharged alive, 69.9% received a statin treatment at the time of discharge. High dosage of statins were used in 70.4% of cases, whereas there is no association between the dosage prescribed and the adherence to treatment was observed in 71.7% of patients. Over the 1-year follow-up, 63.3% of the patients needed to be readmitted (50.4% for cardiovascular causes). The average yearly cost per patient for the total ACS population was calculated. 1,962 drug classes and 1,452 SOC codes (198€ diagnostic and outpatient visits, 1,007€) CONCLUSIONS: In a community setting, the rate of prescription of statins after an ACS seems to be at least suboptimal. However, the dosages of prescribed statins suggest that the use of intensive statin treatment increased over the last few years. Prescription continuity over time was not adequately followed. Patients with ACS have high direct healthcare costs, rehos-

PCV30

PHYSICIAN’S ADHERENCE TO TREATMENT GUIDELINES IN DEEP VEIN THROMBOSIS AT AN INDIAN TERTIARY HEALTHCARE FACILITY

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OBJECTIVES: Despite the availability of effective prophylactic and therapeutic options, VTE continues to be under diagnosed and undertreated. The incidence of DVT in India, however, is comparable to that in the Western countries. This study aimed to assess the adherence of treatment guidelines in the prophylaxis of DVT and evaluated the risk factors associated with DVT. METHODS: The prospective study was carried out in an Indian tertiary healthcare setting where the patients were enrolled in the study as per the defined inclusion and exclusion criteria. The results are based on findings from a total of 230 patients. The patients were classified into four different categories based on the risk of DVT: low, moderate, high and very high. The statistical analysis was carried out using the Chi-square test. The P value less than 0.05 was considered as statistically significant. RESULTS: The patients were classified into four different categories for the purpose of the study. Of the total patients, 72 female and 72 male patients. The average age of the patients was found to be 62 ± 10.9 yrs. The average age of female patients was found to be statistically significantly higher than that of male patients (P < 0.05). From the risk assessment, 7 patients (6.6%) were at low risk, 92 patients (80.6%) were at moderate risk, 2 patients (1.9%) were at high risk and 7 patients (6.1%) were at very high risk. CONCLUSIONS: The results of this study have shown that the adherence to ACCP guidelines in DVT prophylaxis in this study population was high (92.2%). Further, an association between surgery (major surgery, orthopaedical surgery), age and DVT risk appears to be existent.