MEDICATION ADHERENCE AND PERSISTENCE OF CLOPIDOGREL IN ACUTE CORONARY SYNDROME PATIENTS WITH AND WITHOUT DIABETES MELLITUS
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OBJECTIVES: The recent ACC/AHA guidelines recommend the use of clopidogrel for at least 1 year in ACS-PCI patients who are not at high risk of bleeding. However, use of clopidogrel may not meet this guidance due to compliance issues. In this study, 1-year compliance of clopidogrel by ACS patients with or without diabetes mellitus (DM) was studied. METHODS: A total of N = 12,502 ACS patients, aged 18-64 years and hospitalized with a primary diagnosis of ACS between January 1, 2005 and December 31, 2006, were identified with complete 1-year follow-up eligibility and use information in the MarketScan claims database. Patients were categorized into two cohorts: DM (N = 3040) and non-DM (N = 9462). Adherence was measured by the medication possession ratio (MPR). Persistence was reported using the time from index hospitalization to the first gap of >30 days between exhausting the supplied medication and filling the next prescription. Adherence and persistence between cohorts was compared using propensity score-adjusted bootstrapping method. RESULTS: A total of 72.1% (2193/3040) DM patients and 76.1% (7199/9462, p < 0.01) non-DM patients had at least 1 outpatient fill for clopidogrel during the year after the index hospitalization. Among the clopidogrel users (64.9% PCI, 30.3% medical management, 4.3% CABG), the average MPR was 0.78 for DM patients and 0.80 for non-DM patients (p = 0.189). Significantly lower persistence was observed for DM patients vs. non-DM patients (275.7 ± 274.7 days, p = 0.012). ACS patients undergoing PCI had significantly higher persistence compared to medical management patients (280.7 ± 231.4 days, p < 0.001 for DM; 285.7 ± 254.6 days, p < 0.001 for non-DM). CONCLUSIONS: Approximately three-fourths of patients in this study had used clopidogrel after being hospitalized for ACS. ACS patients with prior diabetic history were less likely to be persistent with medication than non-diabetic patients. This finding might have clinical consequences since DM patients typically have higher risk of cardiac events.

AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM: USAGE IN CROATIA DURING A SEVEN-YEAR PERIOD
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OBJECTIVES: In the contemporary world, particularly in developing countries, cardiovascular (CV) diseases are a major health care problem. Agents acting on the renin-angiotensin system (RAS) have an important place in the management of these diseases. METHODS: The data concerning drugs usage prescribed by GPs during the period from 2001 to 2007 were collected from the Croatian Health Insurance Institute. Annual volumes of drugs are presented in defined daily doses (DDD)/1000 inhabitants/day (DDD/1000). Financial expenditure data are presented in Euros (€). An average cost per DDD was calculated for this group of drugs. RESULTS: Agents acting on the RAS for the seven-year period remained the most prescribed CV drug group with the largest cost share. The use of the whole group increased 115% (from 56.07 to 120.51 DDD/1000 inhabitants/day, p < 0.001) while the related expenses increased 33.5%. The consumption and cost shares of ACE inhibitors (plains and combined) decreased (from 98% to 88% and from 96% to 90%, respectively). The use of the combinations of ACE inhibitors and diuretics increased from 10.07 to 41.90 DDD/1000 and angiotensin receptor blockers and diuretics from 0.6 to 6.42 DDD/1000. The average cost per DDD for the investigated group dropped from 0.33 to 0.24 €/DDD. CONCLUSIONS: During the investigated period the usage of the group of agents acting on the RAS increased considerably. The related growth of financial expenditure increased at a slower rate. The average cost per DDD gradually decreased mainly as the result of the introduction of generics and the implementation of restrictive measures on the Croatian drug market.

REAL-WORLD PRACTICE PATTERNS OF ACUTE CORONARY SYNDROME (ACS) PATIENTS WITH AND WITHOUT DIABETES MELLITUS (DM)
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OBJECTIVES: This study compared the real-world practice patterns for ACS patients with and without DM in a large privately insured population. METHODS: A retrospective, non-interventional study was conducted using the MarketScan claims database. Patients with and without DM in a large privately insured population. RESULTS: A total of 72.1% (2193/3040) DM patients and 76.1% (7197/9462, p < 0.01) non-DM patients had at least 1 outpatient fill for clopidogrel during the year after the index hospitalization. Among the clopidogrel users (64.9% PCI, 30.3% medical management, 4.3% CABG), the average MPR was 0.78 for DM patients and 0.80 for non-DM patients (p = 0.189). Significantly lower persistence was observed for DM patients vs. non-DM patients (275.7 ± 274.7 days, p = 0.012). ACS patients undergoing PCI had significantly higher persistence compared to medical management patients (280.7 ± 231.4 days, p < 0.001 for DM; 285.7 ± 254.6 days, p < 0.001 for non-DM). CONCLUSIONS: Approximately three-fourths of patients in this study had used clopidogrel after being hospitalized for ACS. ACS patients with prior diabetic history were less likely to be persistent with medication than non-diabetic patients. This finding might have clinical consequences since DM patients typically have higher risk of cardiac events.

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