THE USE OF STATINS IN SECONDARY CARE: EVIDENCE FROM ACTUAL PRACTICE DATA

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OBJECTIVE: To perform a pharmacoepidemiologic analysis on the utilization and cost of statins in secondary care practice in non-experimental setting. METHODS: The Ravenna Local Health Unit administrative database (approximately 350,000 subjects) was used to perform a registry of Acute Myocardial Infarction (AMI) since 1996. The registry was made by the linkages among patients’ baseline characteristics, hospital admissions and drug prescriptions. A 6-month follow-up study included all subjects discharged alive from the hospital after AMI during the period 1996–2000. Patients with previous AMI since 1991 and those not in the province’s databases for the entire follow-up were excluded. Drug prescriptions data were processed for statins (ATC Code C10A), ACE-inhibitors (C09A even if associated with C09B), beta-blockers (C07), other antihypertensives (C02, C03, C08, C09C and C09D), as well as for aspirin (B01AC06), antidiabetic drugs (A10A and A10B), cardiac drugs (C01) and other antiaggregants (B01AA and B01AB, B01AC05). Drug cost was evaluated at NHS purchase prices. RESULTS: A total of 2265 subjects were enrolled (446 in 1996, 440 in 1997, 443 in 1998, 443 in 1999, and 493 in 2000). The percentage of patients prescribed for statins increased each year (from 22.6% in 1996 to 43.8% in 2000) as well as the percentage of those prescribed for aspirin (from 48.0% in 1996 to 80.5% in 2000) and beta-blockers (from 27.4% in 1996 to 41.0% in 2000). Overall cost for statins accounted to €105.05 in 1996 to €208.81 in 2000 and increased over each year. CONCLUSIONS: Evidence from secondary care practice in the province of Ravenna highlights a trend for more frequent use of statins, aspirin and beta-blockers after discharge for AMI.