given that HELP represents a last therapeutic option for these patients. The annual budget impact was $1.0 and $61.0 million (CAD) for HMZ and HTZ FH patients respectively. Costs were halved with biweekly treatment. The cost per CHD death avoided comparing HELP with Plasma Exchange (PE), current treatment, and with no intervention in HTZ FH was estimated to be $37.5 million and $18.7 million for weekly and biweekly treatment respectively. Although HELP costs twice as much as PE, it avoided 12 deaths versus PE and 22 deaths versus no intervention over a 10-year period. CONCLUSION: There is evidence of overall clinical benefit of LDL apheresis for HMZ and HTZ FH. The diffusion of LDL apheresis for refractory HTZ FH should factor affordability and potential capital and human resource constraints.

PCV76
LONGITUDINAL ASSESSMENT OF THE CLINICAL UTILITY OF POINT-OF-CARE MEASUREMENT DEVICES FOR DETERMINING THE INTERNATIONAL NORMALIZED RATIO
Shermock KM1, Lavallee DC2, Conner J1, Fink J1, Bragg L3
1The Johns Hopkins Hospital, Baltimore, MD, USA, 2University of Maryland School of Pharmacy, Baltimore, MD, USA, 3Berry Consultants, Noblesville, IN, USA

OBJECTIVE: Point-of-Care (POC) devices that measure the International Normalized Ratio (INR) may be associated with enough measurement error to influence warfarin dosing decisions. The purpose of this trial was to determine if there were differences between any of five FDA-approved POC testing devices in terms of the proportion of time patients spend in the target INR range (TR).

METHODS: In this longitudinal clinical trial, patients were randomized to one of five POC devices that measure the INR (International Normalized Ratio). Patients were followed over time according to usual anticoagulation clinic practice. Clinicians used measurements from the POC device to make all clinical decisions, including warfarin dose changes. At each visit, a venous blood sample was also collected to serve as an accepted standard measure to calculate time in the target range (TR). A Bayesian hierarchical model with a parametric variance component for estimating coagulation times observed in blood draws was used to estimate the mean proportion of time each patient’s INR was within his or her TR. The analysis assessed the probability that each device resulted in patients’ INR values within the TR over time, as measured by the accepted standard laboratory measure. RESULTS: A total of 287 patients were enrolled, completed ≥3 visits, and were monitored for an average of 87 days. There was significant differences in the time patients’ INR values were in the target range, based on POC device: Coaguchek S (52.2%), Coaguchek ProDM (51.5%), Hemochron Jr. (48.3%), ProTime (45.5%), and Rapidpoint (41.2%). The posterior probabilities that the Coaguchek S and Coaguchek ProDM were the superior devices were 0.58 and 0.31, respectively. CONCLUSION: Five FDA-approved POC INR devices resulted in significantly different time in the TR. This suggests that there are clinically significant differences amongst FDA-approved devices. Measurement of clinical outcomes may improve the regulatory approval process.

PCV77
ASSESSMENT OF CONTROL AND TREATMENT PATTERNS IN AN ELDERLY POPULATION WITH COMORBID DIABETES AND HYPERTENSION
Darah GN1, Prasla K2, Goodman M1, Plauschinat CA3, Plauschinat C4
1Promedica Physician Group, Sylvania, OH, USA, 2Novartis Pharmaceuticals Corporation, East Hanover, NJ, USA, 3Xcenda, Woodbury, MN, USA, 4Novartis Pharmaceuticals, East Hanover, NJ, USA

OBJECTIVE: Evaluate treatment patterns and levels of blood pressure (BP) and glycemic control in elderly patients with comorbid hypertension and type 2 diabetes. METHODS: Retrospective review of 2 consecutive years (August 1, 2005–July 31, 2007) of medical claims, pharmacy claims, and medical charts from a physician group, comprised of more than 200 physicians, located in the Ohio Valley region. Patients 65 years-of-age and older with an ICD-9 diagnosis code for both hypertension and type 2 diabetes were identified for inclusion between August 1, 2005–July 31, 2006, and evaluated from August 1, 2006–July 31, 2007. Administrative claims databases were utilized to analyze treatment patterns. Medical charts were reviewed to confirm diagnoses and collect clinical indicators of control, including BP and hemoglobin A1C measurements. RESULTS: This study included 505 patients with hypertension and type 2 diabetes. The mean age was 75.7 years, and 57% were females. Approximately 35% (n = 177) achieved BP goal of <130/80 mmHg, while 58% (n = 293) achieved glycemic control, defined as A1C <7%. Only 26% (n = 133) attained both goal BP and A1C levels. The most prescribed antihypertensives and antihyperglycemic classes were beta-blockers (50%) and sulfonylureas (44%), respectively. Forty-seven percent of the patients were on an angiotensin converting enzyme inhibitor, and 14% were on an angiotensin receptor blocker. Antihypertensive monotherapy was the least prevalent (21%) mode of therapy, followed by therapy with two agents (29%), and >3 agents (30%). In contrast, antihyperglycemic monotherapy was the most prevalent (55%) mode of therapy, followed by dual therapy (30%), and >3 agents (15%). CONCLUSION: Elderly patients with comorbid hypertension and type 2 diabetes did not achieve goal BP, and over 40% did not achieve goal A1C. Further opportunities to educate both health care providers and patients are necessary in order to prevent complications associated with the poor management of these two common conditions.

PCV78
INTERNATIONAL COMPARISON OF HEALTH CARE RESOURCES AND QUALITY OF LIFE IN ACUTE CORONARY SYNDROME PATIENTS IN 2007: RESULTS FROM THE ANTIPLEATELET TREATMENT OBSERVATIONAL STUDY (APTOR)
Bakhti A1, Iniguez A2, Ferrieres J1, Needs N1, Schmitt C1, Sartral M3, Zeymer U4
1Barnet & Chase Farm NHS Trust, Barnet, UK, 2Hospital Mexixeiro, Vigo, Spain, 3CHU Rangueil, 31059 Toulouse, France, 4Eli Lilly and Company Ltd, Windlesham, Surrey, UK

OBJECTIVE: To explore variation in practice and its impact on QoL in management of acute coronary syndromes (ACS), the commonest cardiac cause of hospital admission. METHODS: A prospective, international, observational study recruited ACS patients undergoing percutaneous coronary intervention (PCI), January–August 2007, capturing practice patterns, resource use and QoL. RESULTS: A total of 1525 ACS-PCI patients (Spain-