Abstracts

reports of prosthetic heart valve thromboses while on enoxaparin, the medication is no longer recommended for this indication. The objective of this research was to examine the relationship between the use of enoxaparin for TBX in patients with mechanical heart valves and negative health outcomes. METHODS: Data were retrospectively obtained from a hospital-based anticoagulation clinic database between January 1998 and July 2002. RESULTS: Twenty patients (13 mitral valve replacement [MVR], 6 aortic valve replacement [AVR], and 1 combination [MVR/AVR]) representing 36 encounters were identified. Eighteen patients had multiple co-morbid conditions that further increased their risk for thrombus formation including: atrial fibrillation, congestive heart failure, previous stroke, and cancer. All patients received enoxaparin 1 mg/kg every 12 hours. Enoxaparin was used for TBX as bridging therapy associated with sub-optimal COA. Reasons for a sub-optimal anticoagulation with warfarin included non-adherence to warfarin therapy and/or a low vitamin K diet, or a suboptimal dose of warfarin. In 35 of 36 patient encounters, no evidence of thromboembolic events occurred during bridging therapy with enoxaparin. One patient developed left hemianopsia and blurred vision approximately 3–4 hours after beginning enoxaparin therapy. Prior to beginning enoxaparin therapy, the patient’s INR was 1.39; the duration of sub-therapeutic COA in this patient is unknown. It could not be determined if this event was due to an inadequate level of anticoagulation provided by enoxaparin or inadequate anticoagulation with warfarin prior to receiving enoxaparin. CONCLUSION: Enoxaparin was an effective agent for thromboprophylaxis in patients with mechanical heart valves requiring bridging therapy for sub-therapeutic chronic oral anticoagulation in this population. Further research is required to confirm these findings.

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RACIAL VARIATION IN THE UTILIZATION OF ANTIHYPERTENSIVE MEDICATIONS: AN ANALYSIS OF 1998 MEDICAL EXPENDITURE PANEL SURVEY (MEPS) DATA

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OBJECTIVES: Prior studies have shown that wide variations in the management of hypertension among different racial groups exist. The objective of our study is to explore the racial variations in the utilization of different classes of antihypertensive medications after adjusting for confounding factors. METHODS: We identified 2692 individuals diagnosed with hypertension from 1998 MEPS Household Component by their ICD-9 code. The use of antihypertensive medications were classified into six categories and one no treatment category. Logistic regressions were used to adjust for demographics, socioeconomic status, insurance, and coexisting diseases. Odds ratios, confidence intervals (CI), and significance levels were reported. RESULTS: Compared with Caucasian people, African-American and Hispanic individuals with hypertension were at significantly higher risk of receiving no antihypertensive medication therapy (OR: 1.39, CI: 1.13–1.71), and (OR: 1.41, CI: 1.10–1.80), respectively, even after controlling for potential confounders. Within different classes of antihypertensive medications, African Americans had significantly lower use of Beta-blockers or ACE inhibitors as monotherapy (OR: 0.41, CI: 0.27–0.61) and (OR: 0.50, CI: 0.34–0.75) respectively. This finding is consistent with hypertension treatment guidelines recommended by the Fifth Joint National Committee on the Detection, Evaluation, and Treatment of High Blood Pressure. Individuals with coexisting diseases, including diabetes (OR: 1.51, CI: 1.24–1.85), congestive heart failure (OR: 5.11, CI: 3.06–8.53), angina (OR: 2.65, CI: 1.57–4.50), and renal diseases (OR: 2.74, CI: 1.17–6.44) had substantially higher rates of receiving combination therapy. CONCLUSIONS: Substantial racial variations in the utilization of antihypertensive medications can not simply be explained by demographic and socioeconomic differences across different racial groups. Efforts should be made to improve the medication treatment rate of hypertension among African Americans and Hispanics.

PCV15

WITHDRAWN