USE OF ACETYL-SALICYLIC ACID FOR CARDIOVASCULAR PREVENTION IN PRIMARY CARE PATIENTS WITH DIABETES MELLITUS

Sircas A¹, Navarro R¹, Xavier F², Ruiz R², Rejas J², Fernández J²
¹Badalona Servicios Asistenciales, SA, Badalona, Barcelona, Spain; ²Pifer Spain, Alcobendas/Madrid, Spain

OBJECTIVE: Use of acetyl salicylic acid (ASA) for primary prevention (PP) and secondary prevention (SP) of cardiovascular disease (CVD) in adult diabetic patients is highly recommended. This study was conducted in order to determine the use of ASA and to assess the achievement of therapeutic targets in diabetic patients.

METHODS: This is a retrospective and observational study. Sample consisted of patients >18 years with diabetes mellitus followed in four primary care centers. Measurements included demographics, use of ASA and/or anticoagulant drugs, co-morbidities, clinical parameters and proportion of patient at therapeutic target (TT). Descriptive statistics, chi-square test and logistic regression model were used for significance.

RESULTS: A total of 4140 diabetic patients were analyzed, 79.1% (95% confidence interval: 77.7%–80.5%) in PP and 20.9% (18.2%–23.7%) in SP. Mean age was 64.1 (13.8) years, and 49.3% of patient were men (PP: 46.3; SP: 60.7; p = 0.000). ASA were prescribed on a routine basis in 29.2% (27.8%–30.6%); 20.8% (19.4%–22.2%) in PP and 60.8% (57.6%–64.0%) in SP. Proportion of patient at TT was 48.0% for hypertensives and 59.8% for hypercholesterolemics, being these the most frequent antecedents observed in SP. Older patients [OR = 1.01 (1.00–1.02); p = 0.011], number of cardiovascular-risk factors [OR = 1.14 (1.03–1.27); p = 0.013], LDL-c TT [OR = 1.42 (1.06–1.88); p = 0.017], and a poor metabolic control of glycated hemoglobin [OR = 1.51 (1.22–1.89); p = 0.000] were covariates associated to the use of ASS in PP. CONCLUSIONS: Treatment with ASA is underused for PP in patients with diabetes mellitus in Primary Care. Achievement of TT should be improved.

PREDICTORS OF DIABETES MEDICATION UTILIZATION AND HEALTH CARE COSTS IN U.S. PATIENTS WITH TYPE-2 DIABETES: RESULTS FROM A NATIONAL SURVEY STUDY

Shenolikar R, Balkrishnan R
Ohio State University College of Pharmacy, Columbus, OH, USA

OBJECTIVE: This study determined the predictors of antidiabetes medication adherence and health care costs in adults with Type-2 diabetes mellitus in the United States. METHODS: The 2000 Medical Expenditure Panel survey was used for the analyses. The population for analyses was identified using ICD-9 CM codes for Type-2 diabetes. The predictor variables were demographics variables, self-reported health status (EuroQol score), and health services utilization variables. The dependent variables in this analysis were diabetes medication possession (number of diabetes medication refills) and annual health care costs. Multivariate weighted analysis was performed to identify significant predictors of medication utilization and health care costs.

RESULTS: There were 11.7 million patients with reported Type-2 diabetes in the United States in 2000, based on survey extrapolation. On an average, there were ten diabetes drug refills reported by patients. The average annual health care costs for these patients were $7466, while the mean EuroQol summary score was 48%. Increase in the health status summary score (EuroQol) by 10% was associated with a slight (1%) decrease in diabetes drug refills (p < 0.05). An additional diabetes related emergency visit or an inpatient visit was associated with a nearly 50% increase compared to the average diabetes medication util-