PCV10
THE EFFECT OF INTERACTIONS BETWEEN CLOPIDOGREL AND PROTON PUMP INHIBITORS ON ADVERSE CARDIOVASCULAR OUTCOMES IN COMMERCIALLY INSURED PATIENTS WITH ACUTE CORONARY SYNDROME

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OBJECTIVES: Following a FDA warning in November 2009, significant controversy exists regarding the outcomes of patients co-medicated with clopidogrel and omeprazole after acute coronary syndrome (ACS). This study examined the effect of proton pump inhibitors (PPI) – clopidogrel interactions on subsequent ACS emergency department and inpatient visits.

METHODS: This was a retrospective cohort study of administrative claims data for a large nationally dispersed group of commercially insured subjects between 2001 and 2008. Subjects age > 18 years with a diagnosis of ACS and at least one clopidogrel prescription within 90 days after the diagnosis were included. The clopidogrel plus PPI (C+PPI) group was defined as subjects with a minimum of 7 days overlap between the PPI and clopidogrel prescriptions. Subjects were followed from their first clopidogrel prescription until they experienced a re-hospitalization or ER visit due to ACS, disenrolled or reached the study end. C+PPI group was matched 1:1 with clopidogrel group using propensity scoring methods with calipers. Cox proportional hazards regression was used to estimate the relative risk of an adverse cardiovascular event.

RESULTS: Of the 10,101 patients taking clopidogrel, 16.98% (n=1,716) were prescribed a PPI. Propensity matching resulted in 1,697 patient pairs. The mean age was 61.50 years with a mean follow up of 259 days and 69.64% were males. 13.20% (n=224) had an ACS-related re-hospitalization or ER visit in the clopidogrel group versus 16.32% (n=277) in the PPI group (p<0.001). Death after stroke attack. We aimed to identify clinically useful factors associated with pneumonia, and to examine the effect of pneumonia on patient’s functional outcome at discharge and on in-hospital mortality after the attack.

METHODS: It is an evaluation of post-stroke pneumonia complication among ischemic stroke patients attending a hospital in Malaysia from November 1, 2008 to April 30, 2009. Data included demographic information, risk factors and characteristics. Functional outcome at discharge as measured by the Modified Barther Index (MBI) and in-hospital mortality were assessed. Poor outcome was defined as MBI <225 at 12 months and in-hospital mortality were assessed. Poor outcome was defined as MBI <225 at 12 months and in-hospital mortality were assessed.

RESULTS: Of the 1297 patients analyzed, 71% were male, 46% were 65 years and older, 40% were African American, and 26% were gastrointestinal medications. Overall, 43% of patients with AF were using an anticoagulant medication.

CONCLUSIONS: This self-reported national survey identified AF patients as having a high comorbidity burden, with conditions affecting a variety of organ systems. Medications used to treat a variety of conditions are also highly prevalent and should be taken into account in managing patients with AF.

PCV14
DIABETES AND DISEASE BURDEN AMONG PATIENTS WITH ATRIAL FIBRILLATION (AF)

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OBJECTIVES: Many agents used in treating AF have potential gastrointestinal (GI) tolerability issues. Treatment-related adverse GI events are a common reason for noncompliance to treatment. The current analysis describes the prevalence of dyspepsia in relation to anticoagulant use among AF patients. METHODS: Data were obtained from the 2009 National Health and Wellness Survey (N=75,000), an annual cross-sectional Internet-based survey of adults in the United States. In addition to demographics and medical use, patients with AF also reported on their comorbid conditions. Using demographic and patient characteristics, a CHADS2 score (an index of stroke risk) was calculated for each patient. RESULTS: A total of 1297 patients reported a diagnosis of AF. The mean age was 64.9 years (SD 12.2), and 65% were male. In addition to AF, these patients reported comorbidities in various organ systems, including 90% with a cardiovascular condition, 65% with a neurological condition, 42% with a respiratory condition, and 41% with a gastrointestinal condition. Specific comorbid conditions reported in this AF patient population included hypertension in 72% of patients, history of myocardial infarction in 21% of patients, diabetes/melituria and gaseous reflex disease in 17% of patients, and allergy/hay fever in 29% of patients. The mean Charlson Comorbidity Index score was 1.53 for all patients. Almost half of patients (46%) had a CHADS2 score of ≥2. The percentage of patients reporting current medication use varied: 71% for AF, 64% for hypertension, 50% for hyperlipidemia, 29% for arthritis, 22% for diabetes, and 26% for gastrointestinal medications. Overall, 43% of patients with AF were using an anticoagulant medication.

CONCLUSIONS: This self-reported national survey identified AF patients as having a high comorbidity burden, with conditions affecting a variety of organ systems. Medications used to treat a variety of conditions are also highly prevalent and should be taken into account in managing patients with AF.

PCV15
PREDICTORS OF THE COMBINED DIAGNOSIS HYPERLIPIDEMIA AND HYPERTENSION - A NHANES 2007-2008 STUDY

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OBJECTIVES: In a cross-sectional survey using the NHANES 2007-2008 database, a stratified multistage probability sample of the civilian non-institutionalized US population. The outcome variable was defined as being diagnosed with both hypertension and hyperlipidemia.