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RESEARCH POSTER ABSTRACTS – SESSION I • MONDAY, 3 SEPTEMBER: 8:30AM-8:30PM

of total allocated funds, while the consumption for fosinopril amounts to 11,40% while 18,69% of funds within the group is allocated for this drug. In Norway and Sweden, country with developed pharmacotherapeutic practice, highest usage of plain ACE inhibitors was for ramipril and enalapril. In these countries, other more expensive products are significantly less likely to be used. If the consumption structure of ACE inhibitors in Serbia in 2009 was as in Norway, but with the same volume of consumption RFZO would save about 9.500.000,00 only for plain ACE inhibitors. **CONCLUSIONS:** Viewed from the perspective of the RFZO, large financial resources would be saved if the structure of the utilized ACE inhibitors in Serbia was more similar to the country with developed pharmacotherapeutic practice.

PCV11: USE OF ANTI-INFECTIVES FOR SYSTEMIC ADMINISTRATION IN SERBIA IN 2010

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OBJECTIVES: To analyze use of anti-infective drugs for systemic administration (ATC-group J) in Serbia in 2010 year. **METHODS:** Data about use of anti-infective drugs for systemic administration in Serbia in 2010 was taken from the Agency for Drugs and Medical Devices of Serbia. **RESULTS:** Total use of all drugs in Serbia in 2010 was 966,26 DDD/1000 inhabitants/day. ATC-group J was on the eighth place according to amount of DDDs with 19,63 DDD/1000 inh/day or 2,03% of total consumption. According to the funding spent, this group was on the second position with 90.651.670,00. In this group, subgroup with highest consumption were antibacterial drugs for systemic use (subgroup J01), with 19,35 DDD/1000 inh/day or 98,57% of total use in group J. This subgroup takes first place in funding spent with 59.740.274,49 or 65,90% of total expended finances in this group in 2010. Beta-lactam antibacterial drugs with 11,71 DDD/1000 inh/day or 60,52% were drugs with highest use in this subgroup, macrolides and lincosamides were at second place with 3,23 DDD/1000 inh/day or 16,69%, while on the third place were quinolones with 2,09 DDD/1000 inh/day or 10,80% of total drug utilization inside this subgroup. Funding spent on beta-lactam antibacterial drugs was 36.469.664,56 or 61,05%, macrolides and lincosamides 8.573.022,83 or 14,35%, and for quinolones 6.745.763,79 or 11,29% of total funding spent for subgroup J01 in the year 2010. **CONCLUSIONS:** In comparison to 2009 spending of group J in Serbia in 2010 year was decreased for 18,35 DDD/1000 inh/day or 48,31%. The amount of funding spent in this group, however, of drugs was decreased for only 20,03%.

PCV12: DETERMINANTS OF EXPOSURE TO POTENTIAL INTERACTIONS BETWEEN ANTIPLATELET DRUGS, ANTICOAGULANTS, DIGOXIN AND COMMON CHINESE MEDICATIONS IN TAIWAN

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OBJECTIVES: To estimate the prevalence of potential interactions between antiplatelet drugs, anticoagulants, digoxin and Chinese medications (CM) and further to explore the determining factors associated with the occurrence of potential interactions. **METHODS:** This study assessed the prevalence of exposure to the major interactions between the seven selected western medications commonly used for the cardiovascular diseases (i.e., aspirin, clopidogrel, digoxin, dipyridamole, heparin, ticlopidine, and warfarin [in terms of high risk western medications, HRWM]) and selected common used CM (i.e., American ginseng, Asian ginseng, danshen, and dong quai), using the two-million National Health Insurance (NHI) Research Database in Taiwan. Both univariate and multivariate logistic regression analyses were conducted to identify the contributing factors (e.g., baseline demographics, comorbidities, health services utilizations) of potential major interactions incidence. **RESULTS:** While 14.7% of HRWM users (19,431/131,804) ever used those selected CM concurrently at anytime in 2007, 81.9% (15,919/19,431) of HRWM-CM concurrent users had been exposed to at least one combination of potential major interactions. Anticoagulants (i.e., heparin and warfarin) users were more likely to be prescribed with the selected CM with major interactions (86.7% and 86%, respectively). The concomitant use of aspirin with dong quai or Asian ginseng was more prevalent than others. The factors that statistically significantly associated with the incremental exposure of potential major interactions included female sex, age 45-84 years old, higher number of outpatient visits, distinct medications prescribed, and previous diagnosis of stroke. In contrast, those HRWM-CM users with high monthly income, enrolled in the West region of Taiwan NHI, and had previous history of acute respiratory infection were less likely

to exposure to the major interactions of HRWM-CM use. **CONCLUSIONS:** The exposure of the major interactions with CM was relative prevalent among HRWM users in Taiwan. Further research is needed to investigate the outcomes associated with such combinations.

PCV13: PERCEPTIONS OF HEALTH DURING PREGNANCY INCREASE THE RISK OF CARDIOVASCULAR DISEASE

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OBJECTIVES: To examine the prospective association between perception of health during pregnancy and cardiovascular risk factor of mothers 21 years after the index pregnancy. **METHODS:** Data used were from the Mater University Study of Pregnancy (MUSP), a community-based prospective birth cohort study begun in Brisbane, Australia, in 1983. Logistic regression analyses were conducted. **RESULTS:** Data were available for 3692 women. Women who perceived themselves as not having a straight forward pregnancy had twice the odds (adjusted OR 2.0, 95% CI 1.1-3.8) of being diagnosed with heart disease 21 years after the index pregnancy as compared to women with a straight forward pregnancy. Apart from that, women who had complications (other than serious pregnancy complications) during the pregnancy were also at 30% increased odds (adjusted OR 1.3, 95% CI 1.0-1.6) of having hypertension 21 years later. **CONCLUSIONS:** As a whole, our study suggests that pregnant women who perceived that they had complications and did not have a straight forward pregnancy are likely to experience poorer cardiovascular outcomes 21 years after the pregnancy.

CARDIOVASCULAR DISORDERS - Cost Studies

PCV15: A COST-EFFECTIVENESS ANALYSIS BETWEEN AMLODIPINE AND ANGIOTENSIN II RECEPTOR BLOCKERS IN STROKE AND MYOCARDIAL INFARCTION PREVENTION AMONG HYPERTENSION PATIENTS IN CHINA

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OBJECTIVES: There were more than 200 million hypertension (HTN) patients in China. Uncontrolled HTN results in strokes, myocardial infarction (MI) and other complications, which are the leading cause of disability, death and severe economic consequence. We conducted an economic evaluation to determine the costs and quality-adjusted life years (QALYs) associated with Amlodipine (Norvasc) and the Angiotensin II Receptor Blockers (ARBs) in preventing stroke and MI among Chinese HTN patients. **METHODS:** A cost-utility analysis was conducted from the third-party payer perspective. A Markov model was constructed to estimate five year costs and health consequences (12-month cycles). For each arm, 10,000 patients were included for the simulation with Valsartan as comparator. Effectiveness data on incidence of stroke and MI were based on a published meta-analysis. Relative risks of stroke and MI were 0.84 and 0.83 respectively comparing Amlodipine and ARBs. Utility data were retrieved from the published literature. Costs of MI were retrieved from retrospective chart review and follow-up interviews in Chinese tertiary hospitals. Costs included costs of drugs, direct medical costs of hypertension management, stroke/MI treatment, and follow-up management. Discounting rate used for costs and QALYs was 3%. **RESULTS:** Total direct medical and drug costs of Amlodipine and Valsartan users are ¥111,731,716 and ¥132,058,611 respectively; total QALYs of Amlodipine and Valsartan users are 30,648.5 and 30,520.8, respectively. Amlodipine is dominant with lower costs and higher QALYs. This demonstrated that, compared with Valsartan, Amlodipine is a cost saving therapy with increased overall survival due to the reduction in stroke and MI events. When Ibersartan data were used in the comparison, the magnitude of cost saving changed but overall conclusion remained the same. **CONCLUSIONS:** Amlodipine is a cost saving therapy compared with ARBs in preventing stroke and MI for Chinese hypertension patients.

PCV16: ASSOCIATIONS BETWEEN PATIENT DEMOGRAPHICS, PHARMACOTHERAPY USE, AND COST, RESOURCE UTILIZATION, AND QUALITY-OF-LIFE BURDEN IN ADULT CARDIAC ARRHYTHMIA PATIENTS

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OBJECTIVES: To examine a cohort of patients with all forms of cardiac arrhythmia (CA) and identify factors associated with cost of care, health care resource utilization,