ment in 2007 compared to 2006 (39.81% vs.24.27%, p=0.0002) and a non-significant decline in 2008 (39.81% vs. 30.10%, p=0.077). Non-Linear DID models showed that MTM patients were more likely to meet the HbA1c criterion in 2007 (OR: 2.48, 95% CI: 1.04-5.85, p=0.038). Linear DID models for HbA1c showed a mean reduction of 0.54% (95% CI: 0.091%-0.98%, p=0.018) for MTM patients. Among MTM patients, rates of meeting HbA1c criterion in 2008 declined to baseline values. **CONCLUSIONS:** Despite their greater complexity, optimal diabetes care significantly improved among patients who were exposed to MTM. Drop in optimal HbA1c control after discontinuation of MTM exposure highlights the importance of regular access to MTM services.

PCV108
MEASURING THE IMPACT OF TOBACCO CONTROL POLICIES ON HEALTH OUTCOMES USING THE TOSCA (TOBACCO POLICY OUTCOMES AND SMOKING CESSATION) MODEL

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OBJECTIVES: Tobacco control policies have focused on a combination of a variety of initiatives such as monitoring, smoke-free public sites, cessation programmes, health warnings, advertising bans and taxation. Smoking cessation treatments are also recommended, as smokers who try to quit without help often fail in their attempt. **METHODS:** TOSCA has been developed as an open or closed cohort semi-Markov model, where current and former smokers may quit or relapse in their smoking status over time. The impact of a tobacco policy on the quit rate is modelled using the tobacco control scale (TCS) which has been shown to correlate with quit ratios. Smoking prevalence, demographic inputs and mortality rates are derived from published literature. The model predicts smoking prevalence, cumulative smoking attributable deaths and morbidities over time (lung cancer, stroke, coronary heart disease and chronic obstructive pulmonary disease). The impact of tobacco control policies can be assessed over a 60 year horizon. **RESULTS:** Each one point increase in TCS reduces smoking prevalence in both the open and closed cohort model by 0.05% in absolute terms. This reduces cumulative smoking attributable mortality by 0.08% at 20 years and 0.13% at 60 years for lung cancer. Similar results were obtained for stroke, COPD and CHD. For the UK this results in 10,069 and 8,908 fewer deaths in the open and closed cohort models respectively. Reduction in morbidities was slightly higher particularly for stroke where there was a 1.4% and 2.0% reduction in events at 20 and 60 years respectively. **CONCLUSIONS:** Comprehensive smoking cessation policy is instrumental in reducing smoking prevalence, mortality and morbidity. The TOSCA model can demonstrates the impact of tobacco policy on smoking prevalence, mortality and morbidity for several European countries.

PCV109
STATIN PRESCRIBING IN NORTHERN IRELAND AND ENGLAND PRE AND POST INTRODUCTION OF THE QUALITY AND OUTCOMES FRAMEWORK

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OBJECTIVES: The objective of this research was to examine differences in patterns of statin prescribingbetween Northern Ireland and England both before and after the introduction of the Quality and Outcomes Framework (QOF) **METHODS:** Northern Ireland practices were matched with practices in England, statin prescribing data and QOF achievement scores (for the first year post-QOF) were obtained. Crude prescribing data from matched practices were manipulated to provide a data set of Defined Daily Doses (DDDs)/1000 patients and cost/DDD/1000 patients for each statin drug entity covering 1 year before and after the introduction of QOF. QOF achievements were converted into percentage scores for matched practices. Main outcome measure: Cost per defined daily dose (DDD) per 1,000 patients **RESULTS:** Significantly less statins (DDD/1,000 patients) were dispensed in Northern Ireland compared with the matched region in England both before and after the introduction of QOF (P <0.001). Significantly more statins, however, were dispensed in both regions after the introduction of QOF. As a result of the introduction of QOF, the cost/DDD/1000 patients rose by £13.17 in NI, but fell by £3.76 in the matched region in England. **CONCLUSIONS:** Strategies should be considered to educate prescribers on cost-effectiveness by increasing their awareness of the negative budgetary impact resulting from early adoption of new and expensive statins and by encouraging generic prescribing.

PCV110
PHARMACOEONOMIC EVALUATION OF SECONDARY PROPHYLAXIS OF ACUTE CORONARY SYNDROME BY STATINS IN UKRAINE

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OBJECTIVES: In Ukraine cardiovascular diseases occupy a leading place in the structure of death rate (25,9 %) and are one of most reasons of country depopulation. From data of evidence-based medicine application of hypolipidemic preparations of statins in complex therapy of cardiovascular diseases and for the prophylaxis of their complications assists the decline of both common and cardiovascular death rate. The aim of this research is a choice the optimal preparations from the statins for the secondary prophylaxis of acute coronary syndrome on the basis of cost-minimization analysis results in Ukraine. **METHODS:** Cost-minimization analysis of hypolipidemic therapy with statins for the secondary prophylaxis of acute coronary syndrome. The objects are results of a few meta-analyses and mul-

ticentral clinical trials: STELLAR, MERCURY, GREACE, 4S (Scandinavian Simvastatin Survival Study); preparations of statins presented at the pharmaceutical market of Ukraine. The prices on preparations were taken from the price-lists (October, 2010). **RESULTS:** The analysis of meta-analyses and multicentral clinical trials results of atorvastatin, simvastatin and rosuvastatin preparations showed that these preparations have practically equal clinical effectiveness for the secondary prophylaxis of acute coronary syndrome. The results of "cost-minimization" analysis showed that the costs for preparations of atorvastatin were less than the costs for preparations of simvastatin and rosuvastatin. The hypolipidemic therapy with rosuvastatin are the most expensive. The costs for the course of prophylaxis by preparations of simvastatin are less, than the costs for the course of prophylaxis by rosuvastatin and more, than the costs for prophylaxis by atorvastatin. **CONCLUSIONS:** Generic preparations of atorvastatin are the least expense among others statins presented at the pharmaceutical market of Ukraine, and remain preparations of choice for the prophylaxis of acute coronary syndrome.

PCV111
THE ASSOCIATION BETWEEN EMOTIONAL SUPPORT AND CURRENT HEALTH STATUS AMONG ADULTS WITH CARDIOVASCULAR DISORDERS IN THE UNITED STATES

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OBJECTIVES: To assess the impact of receiving emotional support on self-perceived current health status and physical and mental health wellness among adults with cardiovascular disorders (CVD) in the United States. **METHODS:** We identified adults aged ≥40 years with CVD (i.e., self-reported stroke, congestive heart failure, coronary heart disease or heart attack) in the 2007-2008 National Health and Nutrition Examination Survey (NHANES), a nationally representative survey of the non-institutionalized US population. Outcome measures including self-reported current health status (poor [fair/poor] vs. good [good/very good/excellent]), days with poor physical health, days with poor mental health, and inactive days due to poor physical/mental health, were compared between CVD patients receiving and not receiving emotional support using appropriate univariate tests. All analyses were stratified by patient demographics, including gender and race. National estimates were obtained using sample weights. **RESULTS:** In 2007-2008, 12.4% (Population Estimate=16.6 million; 95% CI: 14.2-19.0 million) of the US population ≥40 years of age had self-reported CVD, of which ~92% denoted having someone (e.g., spouse, neighbor) provide emotional support, with the proportion greater among females than males (93.7% vs. 89.8%; P=0.188). Among CVD patients not receiving emotional support, a greater proportion reported current health status as 'poor' compared with patients receiving emotional support (51.2% vs. 34.6%; P=0.091). Similarly, compared with CVD patients receiving emotional support, the number of days with poor physical health (6.9 vs. 12.3 days; P=0.014), mental health (4.4 vs. 7.8 days; P=0.137), and inactive days (4.4 vs. 9.5 days; P=0.101) were each ~2 times greater among patients not receiving emotional support. **CONCLUSIONS:** A majority patients with CVD diagnosis reported receiving some emotional support, with receipt of emotional support being associated with improved health status. Health care providers (e.g., physicians, pharmacists) should emphasize the value of emotional support to patients with CVD, which may help in improving the physical and mental well-being of these patients.

PCV112
THE FOCUS ON CARDIOVASCULAR DRUGS IN WORKS OF AGENCY FOR HEALTH TECHNOLOGY ASSESSMENT IN POLAND (AOTM) IN YEARS 2005-2011 AS AN EXAMPLE OF A LIGHT TOUCH HTA AGENCY

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OBJECTIVES: The objective of this study is to assess scope and role of drug therapies in cardiology/vascular diseases in AOTM works. AOTM is one of a light touch HTA Agencies around the world with respect to drugs evaluation before desiontaking on reimbursement and pricing. AOTM stands for quality assurance of HTA reports developed by industry applying for inclusion of drugs to BBP (basic benefit package). It deals also with appraisal of submitted evidence. AOTM does not develop HTA reports from the scratch with respect to drugs. Therefore no priority setting process is needed and no bias in selection of topics for assessment should be in place. **METHODS:** Among recommendations of AOTM published until the end of 2011 we analyzed all related to cardiovascular drugs. **RESULTS:** Among 400 AOTM decisions verified only 31 (8%) were related to cardiovascular drugs. Recommendation regarding non–drug technologies were issued to 47 (12%) of 400 technologies. 58 (15%) applied to drugs used in the treatment of nervous disorders, 34 (9%) metabolic disorders, 21 (5%) genito-urinary system. The largest number (142/36% of 400) of analyzed submission was connected with antineoplastic and immunomodulating agents; 105 (74%) of them regarding oncology treatment. Fifteen percent of verified documentations applied to other, single indications. **CONCLUSIONS:** The influence of cardiovascular drugs for AOTM recommendations were not significant and no bias with respect to special focus on cardiovascular drugs has been observed in comparision to focus on other medicines. Most of commissions prepared by AOTM were related to antineoplastic (cancer chemotherapy) treatment representing normal trends in research and development in medicine.

PCV113
PREDICTORS OF RECEIVING AND ADHERING TO HYPERTENSION THERAPEUTIC AND LIFESTYLE MODIFICATION MANAGEMENT

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