

181. Use of Statins in Primary Health Care – Brazil

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Background: Several literature reviews have highlighted the benefits of using statins in the prevention of cardiovascular disease. The scientific evidences support the inclusion of statins in many protocols and the promotion of their use on a global scale. Population-based studies on the use of statins are still scarce, with the main evidence from randomized clinical trials. Knowledge of the profile of medicines use in the real world is essential for improving health care and public policies.

Objectives: This study aims to characterize the use of statins in primary health care of the Unified Health System (SUS) in Brazil and assess the associated factors to the statins use.

Methods: This is a cross-sectional study of evaluative nature and integrates the National Research of Access, Use and Promotion of Rational Use of Drugs (PNAUM). Interviews were conducted with patients and health professionals through semi-structured questionnaires in SUS primary health care services. Drugs were described by the Brazilian nonproprietary name and classified according to the fifth level of the Anatomical Therapeutic Chemical Index (ATC). Absolute and relative frequencies were used to describe the variables, using the plan of complex sample analysis. For comparison of the groups, the Pearson chi-square test was used. The association between use of statins and sociodemographic variables and indicators of health conditions was assessed by logistic regression model. The variables selected in the univariate models (p -value ≤ 0.20) were included in the multivariate model, where remained those with p -value < 0.05 . The quality of model was checked by the Hosmer–Lemeshow test.

Results: The prevalence of statins use among drug users was 9.4% in the primary health care services. The average of medicines used per person was 4.1. The most used drugs were simvastatin (90.3% CI 95% 84.2–94.2), atorvastatin (4.7% CI 95% 1.7–12.4) and rosuvastatin (1.9% CI 95% 0.9–3.9). However, rosuvastatin is not included in the national list of essential medicines. Statins use was significantly

associated with age 45–64 years old (OR 2.49), the caucasian race (OR 1.40), presence of metabolic disorders (OR 9.67), diseases of the circulatory system (OR 1.47) and polypharmacy (five or more drugs used) (OR 9.35).

Conclusions: The average of medicines used per person and the association between polypharmacy and statins use may be related to inappropriate use of drugs. This study provides elements for the improvement of safe prescription practices and to qualify the use of medicines in the SUS primary health care.

182. Geographic Variation in High-Intensity Statin Use in US Medicare Beneficiaries Following Myocardial Infarction

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Background: Guidelines from the American College of Cardiology/American Heart Association released in November 2013 recommend high intensity statins for most adults aged 75 years or younger following myocardial infarction (MI). Statin prescribing patterns and changes in prescribing patterns may vary geographically.

Objectives: To determine whether use of high-intensity statins following MI varied by geographic region and metropolitan area (urban core with population $\geq 50,000$), micropolitan area (urban core with population 10,000–49,999), or other area before and after the 2013 guidelines.

Methods: We used administrative claims data from Medicare, a national insurance program that covers older US adults, to identify 61,087 Medicare beneficiaries aged 66 to 75 years with fee-for-service and prescription coverage hospitalized with a primary discharge diagnosis of MI between 2011 and 2014 who filled a prescription for a statin within 30 days of discharge. Hospital characteristics were determined through linkage to the American Hospital Association