

STUDY REPORT SUMMARY

ASTRAZENECA PHARMACEUTICALS

FINISHED PRODUCT: N/A

ACTIVE INGREDIENT: N/A

Study No: NIS-CES-CRE-2011/1

Pattern of Statins Use in Catalonia

Developmental Phase: Non-Interventional Study. Phase IV

Study Completion Date: 15/02/2012

Date of Report: 21/03/2012

OBJECTIVES: To describe the new statins prescription pattern in Catalonia (getting their first prescription for any statin, or receiving a change in their statin treatment including switching, changing in doses or adding ezetimibe/fibrates) since September 2009 to August 2010.

METHODS: Retrospective longitudinal observational study on new statins prescriptions during the first year of marketing of rosuvastatin.

The data required to conduct the study were obtained from the Information System for the Development of Primary Care Research (SIDIAP) whose primary source of data is the electronic records of the medical history (e-CAP) of the Institut Català de la Salut (ICS) and the analytical data of reference laboratories since 2006 until today.

The database contains information on about 5.8 million citizens who are treated in primary care centers of ICS and representing 80% of the Catalonia population.

All study data were treated descriptively. No specific statistical tests were performed to carry out the study. The results are shown in absolute values and as percentages or means with standard deviation as appropriate.

When data from a single patient in any of the study variables was not available, the patient was excluded solely on the valuation of that variable but not the other variables analyzed in the study.

RESULTS:

A total of 180,723 new prescriptions of statins were made in Catalonia (Spain) from September 2009 to August 2010.

The percentage of each statin was as follows: simvastatin (61.4%), atorvastatin (23.2%), pravastatin (6.3%), rosuvastatin (5.5%), fluvastatin (2.0%), lovastatin (1.6%).

The starting dose of rosuvastatin fits the recommended on SmPC. Additionally; those rosuvastatin prescriptions that started at higher doses were more frequent in no-naïve patients and on secondary prevention.

Most of new statins prescriptions were made for primary prevention (79%) and 21% for secondary prevention.

Secondary outcome Measures:

	N=180,723	100%
Sex		
Male	84,590	46.8
Female	96,133	53.2
Age (years)	N=180,383	100%
18-39	5,409	3.0
40-59	56,860	31.5
60-79	96,623	53.6
≥80	21,491	11.9
Age: mean and SD	63.43	12.49
Body Mass Index	N=137,599	100%
<25	29,329	21.3
25-30	58,693	42.7
31-40	45,837	33.3
>40	3,740	2.7
Smoking habits	N=150,064	100%
Smoker	30,989	20.7
Ex smoker	25,569	17.0
Never smoker	93,506	62.3
Alcohol consume habits	N=121,375	100%
Not alcohol consume	80,343	66.2
Mild consume	37,245	30.7
Consume of risk	3,787	3.1

Lipid profile and glucose	mean (mg/dl)	SD
Total cholesterol	240.20	49.80
Cholesterol HDL	53.51	14.82
Cholesterol LDL	153.90	42.79
Triglycerides	177.20	144.78
Serum glucose	113.48	40.71
Transaminases mean (U/l), SD		
ASAT	26.94	18.43
ALAT	25.37	16.95
Creatinine mean (mg/dl), SD	0.94	0.30
Serum Creatin Kinase mean (U/l), SD	125.67	102.06

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