PS1-45:

Prevalence of Statin Intolerance in a High Risk Cohort and Management Strategies in Contemporary Cardiology

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Background/Aims: Statins are the mainstay of lipid-lowering therapy in contemporary medicine because of their well-established efficacy for reducing cardiovascular disease (CVD) morbidity and mortality in various at-risk populations. However, as many as 20% of individuals with a clinical indication for statin therapy are unable to take a daily statin due to some degree of intolerance. It is unknown what the most appropriate treatment is for these patients. We analyzed how this cohort of patients at high risk for cardiovascular morbidity and mortality is managed in contemporary cardiology. **Methods:** Using our electronic health record (EHR) database, EPIC software, we identified patients who were older than 18 years with a high-risk indication for statin therapy; known coronary artery disease, known atherosclerotic disease, or diabetes. We identified those patients as statin intolerant if they had no recent history of statin use and were documented to have been prescribed at least one statin in the past. **Results:** A total of 63,624 high-risk patients met the eligibility criteria, with over 85% (54,536 patients) receiving a statin, although 5.1% (2,794 patients) were taking a ubiquinol supplement. Of the 9,088 (14.3%) statin intolerant patients, ~1/3 had tried 2 or more statins. Only 21% (1879 patients) were identified as having a statin allergy and 48 (0.5%) had a history of rhabdomyolysis with statin use. We found that 4448 patients (48.9%) were on alternative lipid-lowering medications with omega 3 supplements being most common (28.3%, 1257 patients) followed by ezetimibe (17.2%, 764 patients), fibrates (10.8%, 482 patients), and niacin (5.2%, 229 patients). **Conclusions:** Management of statin intolerance in a high-risk contemporary cohort of patients is challenging for modern-day health care providers. No strategies have been studied to assess long-term outcomes leading to marked variability in management. A clinical trial is warranted to assess the best treatment approach for this subset of the population who are at high risk for adverse cardiac events.

Keywords: Statin; Intolerance

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PS1-46:

Variation in Hypertension Prevalence Among Asian American Subgroups: Results from PACS (Pan Asian Cohort Study)

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Background/Aims: Asian Americans are a rapidly growing minority population in the US. Higher rates of coronary heart disease (CHD) have been found for some Asian American subgroups, especially Asian Indians and Filipinos. Hypertension (HTN) is a major CHD risk factor, but rates of HTN among Asian American subgroups are unknown largely due to either underrepresentation or aggregation of Asian American subgroups in epidemiologic surveys. **Methods:** We examined prevalence rates of HTN across Asian American subgroups (Asian Indian, Chinese, Filipino, Japanese, Korean, and Vietnamese) compared to the Non-Hispanic White (NHW) population within a large, diverse, mixed payer ambulatory care setting in Northern California; all patients were insured. Electronic health records of 216,768 patients over 18 years of age who had at least two primary care visits from 2008-2010 were used for analysis (65% NHW, 13% Asian Indian, 14% Chinese, 3% Filipino, 2% Japanese, 1% Korean, and 2% Vietnamese). Prevalence rates were age- and sex-adjusted to the NHW population. The following criteria was used to define HTN: two separate non-emergent office visit blood pressure measurements $\geq 140/90$ mm Hg, ICD-9 coding for hypertension (401.X), or use of any anti-hypertensive medications. Prevalence rates of HTN for each group are presented with 99% confidence limits. **Results:** Age- and sex-adjusted hypertension rates were lower for aggregated Asian Americans (34.9%, 99% CI 34.5-35.3%) compared to NHW (38.9%, 38.6-39.2%). Filipinos, however, had much higher HTN rates

(51.2%, 50.7-53.2%) compared to NHWs. Adjusted HTN rates were lower among the majority of Asian subgroups including Chinese (29.8%, 29.1-30.4%), Koreans (30.7%, 28.0-33.5%), Vietnamese (30.8%, 28.7-32.8%), and Asian Indians (36.9%, 35.9-37.8%), compared to NHWs. Japanese had similar HTN rates as NHWs (38.2%, 36.5-39.9%). **Conclusions:** There is substantial heterogeneity in HTN prevalence among Asian American subgroups, with Filipino Americans exhibiting the highest rates of HTN. This analysis underscores the need to study Asian American subgroups separately to avoid masking the significant heterogeneity in cardiovascular risk factors.

Keywords: Hypertension; Prevalence; Ethnicity

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PS1-47:

Clinical Risk Factors for Cardiovascular Disease in Asian-Indian and Non-Hispanic White Men in the California Men's Health Study

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Background/Aims: Asian-Indians (AIs) have disproportionately higher rates of cardiovascular disease (CVD) than most racial/ethnic groups. We evaluated clinical risk factors including diabetes mellitus (DM), hypertension (HTN), and dyslipidemia in AI men compared with non-Hispanic white (NHW) men enrolled in the California Men's Health Study (CMHS). **Methods:** Analyses included 23,360 CMHS participants (AIs = 229, NHWs = 23,131) from Kaiser Permanente Southern California. ICD-9 diagnoses of DM, HTN or dyslipidemia were captured from the medical record. We defined pharmacotherapy with a prescription of 30+ days supply filled between 1/1/03 and 12/31/10. Risk factor control was measured with lab values and blood pressures obtained between 1/1/08 and 12/31/10. **Results:** No differences between AI and NHW men were found for age (mean = 58 years), however, AIs had higher educational attainment (83% (191/229) versus 51% (11903/23131) with a college degree). AIs were more often diagnosed with DM (39% (89/229) versus 19% (4352/23131), $P < .001$) and dyslipidemia (75% (171/229) versus 65% (14942/23131), $P < .05$). Similar percentages of HTN were found in both groups (62% (143/229) versus 58% (13486/23131). CVD clinical risk factors tended to cluster in the AIs, such that among men with HTN, AI men more often had all three diagnoses compared to NHW men (50% (72/143) versus 26% (3528/13486), $P < .001$). We observed similar findings among men with dyslipidemia (42% (72/171) versus 24% (3528/14942); $P < .001$). Overall, 95% of men with DM and 80% with HTN received pharmacotherapy. AI men with dyslipidemia were likely to be prescribed medication compared to NHW (148/229) versus 75% (13486/23131), $P < .05$). Among men with DM, there were no differences in mean A1c levels, however, AIs more frequently had A1c levels of 7+ (uncontrolled) (45% (34/76) versus 36% (1,284/3592), $P = .11$). Among men with HTN, the mean systolic and diastolic values were similar. Mean LDL levels were lower among AIs (113 versus 120, $P < .0001$). No differences were found for HDL or triglyceride values. **Conclusions:** Compared with NHW men, AI men more often were diagnosed with diabetes and dyslipidemia, and clustering of CVD risk factors was more prevalent. Nevertheless, in this insured population, treatment and control of clinical CVD risk factors was similar in both groups.

Keywords: Cardiovascular Disease; Diabetes; Hypertension

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PS1-50:

Aspirin Decision Support Using Data-Driven Treatment Algorithms

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Background/Aims: The role of aspirin therapy for reducing risk of cardiovascular events among those with pre-existing cardiovascular disease is well-established. However, a more individualized approach is recommended for primary prevention based on estimated risks for cardiovascular disease and gastrointestinal bleeding. **Methods:** The United States Preventive