pants were requested to categorize patients according to initial AF approach, i.e., pharmacological or non-pharmacological (interventional) treatment option. Discrete sets of answers were provided for each patient group. RESULTS: A pharmacological therapy was the initial treatment approach for 89.6% of patients (rhythm control: 59.4%, rate control: 28.3%), whereas 10.4% had initially undergone non-pharmacological therapy, mainly catheter ablation (96% of cases). The remaining 5.2% received no treatment. Patients on rhythm control were mainly prescribed a Class-III (28.9%), Class-IIc (28.9%) or Class-IIa anti-arrhythmic agent, whereas 13.4% received a combina- tion of drugs. In the rate control group, the treatment choice were β-blockers (37.0%), digoxin (24.2%). The majority of patients, also, received anti-thrombotic medica- tion (89.0%, 91.3% and 100% for rhythm control, rate control and non-pharmacological treatment, respectively). The most frequently performed diagnostic procedures across groups, on an annual basis, were INR monitoring (8.3–13.5 tests/year), echo- cardiogram (4.0–4.4), liver (1.8–2.0) and renal function tests (1.7–1.9) and Holter monitoring (1.4–1.6). On average 4.3, 4.0 and 3.1 consultations/year with a cardiolo- gist are necessary for the monitoring of patients on rhythm, rate control and non- pharmacological treatment respectively. Annual hospitalization rates for patients under rhythm control were 20% due to AF recurrence, 13% due to cardiovascular complications and 5.6% due to drug adverse reactions. For patients under rate control, the corresponding percentages were 6%, 6.13% and 4% and for those under non-pharmacological therapy 18.75%, 3% and 4.86% respectively. CONCLUSIONS: Pharmacological rhythm control appears to be the prevailing initial AF treatment option in Greece. AF management requires an intense monitoring pattern, given that it can lead to increased frequency of hospitalizations.

**OBJECTIVES:**

- To assess the incidence of venous thromboembolism (VTE) and current practice patterns for VTE prophylaxis in hospitalised acutely ill medical patients in Europe.
- METHODS: A systematic literature search was conducted in major databases on the epidemiology and treatment practices of VTE prevention among adult patients treated in hospital for major medical conditions. Relevant studies published between 1999 and April 2010 were captured. RESULTS: Thirty-five multinational and coun- try-specific studies were retrieved, including randomized clinical trials, registry and chart audits, meta-analyses, and cross-sectional, retrospective, prospective, and observa- tional studies. Among patients admitted with an acute medical illness, the rate of VTE diagnosis during hospitalization ranged from 0.301% (mean hospital stay: 4.5 days) to 15% (day 14 from index hospitalization). While clinical guidelines recommend pharmacological VTE prophylaxis to all patients hospitalised for an acute medical illness who are bedridden, a clear identification of specific risk groups who would benefit from VTE prevention is lacking. In the majority of studies captured, prophylaxis was underserved among medical inpatients (all diseases); 33% to 82% of all patients hospitalised for acute medical illnesses did not receive any VTE prophylaxis. Furthermore, among patients who did receive prophylaxis, a considerable proportion received medication that was not in agreement with guidelines, due to short duration, suboptimal dose, or inappropriate type of prophylaxis. Of all prescriptions, low molecular weight heparin was the most widely prescribed anticoagulant. In most cases, the VTE prophylaxis did not exceed hospital stay duration, and varied between 5 and 33.8 days (mean duration). CONCLUSIONS: VTE imposes a substantial burden among hospitalised medical patients. Despite the proven efficacy of prophylaxis, utilization remains suboptimal among medical patients at risk for VTE, stressing the necessity for improved or easier access to proven preventive thera- peutics among these patients.

**A SYSTEMATIC REVIEW ON DISEASE BURDEN AND UNMET NEEDS FOR VENOUS THROMBOEMBOLISM IN HOSPITALISED MEDICAL PATIENTS IN EUROPE SHOWS UNDER-UTILIZATION OF PREVENTIVE THERAPIES**

Khoury H1, Welner S2, Kabir M1, Folkerts L1, Haas S1

1BiomedCom Consultants inc., Dorval, QC, Canada; 2Bayer Schering Pharma AG, Wuppertal, Germany; 3Technical University Munich, Munich, Germany

**OBJECTIVES:** To assess the incidence of venous thromboembolism (VTE) and current practice patterns for VTE prophylaxis in hospitalised acutely ill medical patients in Europe.

**METHODS:** A systematic literature search was conducted in major databases on the epidemiology and treatment practices of VTE prevention among adult patients treated in hospital for major medical conditions. Relevant studies published between 1999 and April 2010 were captured. **RESULTS:** Thirty-five multinational and country-specific studies were retrieved, including randomized clinical trials, registry and chart audits, meta-analyses, and cross-sectional, retrospective, prospective, and observational studies. Among patients admitted with an acute medical illness, the rate of VTE diagnosis during hospitalization ranged from 0.301% (mean hospital stay: 4.5 days) to 15% (day 14 from index hospitalization). While clinical guidelines recommend pharmacological VTE prophylaxis to all patients hospitalised for an acute medical illness who are bedridden, a clear identification of specific risk groups who would benefit from VTE prevention is lacking. In the majority of studies captured, prophylaxis was underserved among medical inpatients (all diseases); 33% to 82% of all patients hospitalised for acute medical illnesses did not receive any VTE prophylaxis. Furthermore, among patients who did receive prophylaxis, a considerable proportion received medication that was not in agreement with guidelines, due to short duration, suboptimal dose, or inappropriate type of prophylaxis. Of all prescriptions, low molecular weight heparin was the most widely prescribed anticoagulant. In most cases, the VTE prophylaxis did not exceed hospital stay duration, and varied between 5 and 33.8 days (mean duration). **CONCLUSIONS:** VTE imposes a substantial burden among hospitalised medical patients. Despite the proven efficacy of prophylaxis, utilization remains suboptimal among medical patients at risk for VTE, stressing the necessity for improved or easier access to proven preventive therapeutics among these patients.