

substance abuse were less likely to receive treatment for HCV among both HCV+ (OR: 0.29 (95% CI: 0.18, 0.47)) and HCV+/HIV+ patients (OR: 0.65 (95% CI: 0.49, 0.87)). History of substance abuse was more common among HCV+/HIV+ patients (26% vs. HCV+: 18%; $p < 0.0001$). For HCV+/HIV+ patients, being age 50 or older (OR: 1.80 (95% CI: 1.41, 2.29)) and having a history of syphilis (OR: 1.56 (95% CI: 1.21, 2.00)) were associated with receiving HCV treatment. Syphilis was uncommon in the HCV+ group compared to HCV+/HIV+ patients (2% vs. 31%, $p < 0.0001$).

Conclusions: Treatment rates for HCV in the OPERA cohort were low, regardless of HIV status. A history of substance abuse was the strongest barrier to accessing treatment for all HCV patients. Improved access to DAAs, especially for the most complex and vulnerable patients, is needed to reduce HCV-associated disease and HCV transmission.

819. Patterns of Antiplatelet Therapy in Patients with Ischaemic Stroke or Transient Ischaemic Attack

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Background: Antiplatelet drugs are indicated for the secondary prevention in ischaemic stroke or transient ischemic attack (TIA) patients.

Objectives: This study aimed to assess the trend in antiplatelet drugs utilisation within 90 days after a first ischaemic stroke/TIA and to identify factors associated with the non-use of antiplatelet therapy.

Methods: A cohort study was conducted using data from the UK Clinical Practice Research Datalink. A total of 21,064 patients aged 18 years or older diagnosed with a first ischaemic stroke/TIA between 1999 and 2013 were identified. Antiplatelet drug utilisation was evaluated based on the prescription in 90 days after ischaemic stroke/TIA. Age-adjusted prevalence rates of antiplatelet drug use were calculated. Trends over time were assessed using joinpoint regression. Multivariate logistic regression was used

to estimate factors associated with non-use of antiplatelet therapy.

Results: The age-adjusted prevalence rate of antiplatelet therapy were 77.5% (ischaemic stroke) and 78.2% (TIA). In the period 1999–2013, the average annual increase in antiplatelet prevalence rates were 2.0% ($p < 0.01$) and 1.8% ($p < 0.01$) in patients with ischaemic stroke and TIA, respectively. Aspirin monotherapy was most commonly used in 1999–2009, but the use declined with an increase in the use of aspirin-dipyridamole. From 2011, the clopidogrel monotherapy prevalence rates were the highest. Among patients with ischaemic stroke, factors significantly associated with non-use of antiplatelet therapy included female sex (OR 1.1), history of heart failure (OR 1.6), diabetes mellitus (OR 0.8), no prior use of antiplatelet (OR 2.3), previous use of oral anticoagulant (OR 9.2), and year of diagnosis (OR 0.95). As for patients with TIA, significant factors included increasing age (OR 0.91), history of heart failure (OR 1.38), hypertension (OR 0.80), no prior use of antiplatelet (OR 3.2), previous use of oral anticoagulant (OR 16.4), and year of diagnosis (OR 0.93).

Conclusions: Antiplatelet drugs utilisation in 90 days after ischaemic stroke/TIA increased over time and the pattern of use were in accordance with the current recommendations. Sex, age, diagnosis year, comorbidity, and prior medications use were independently associated with non-use of antiplatelet therapy following ischaemic stroke/TIA.

820. Trends in Use of Oral Anticoagulants as Stroke Prophylaxis in Norway - Direct-Acting Oral Anticoagulants Are Trendy!

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Background: For decades, warfarin has been the preferred oral anticoagulant for stroke prophylaxis in individuals with atrial fibrillation, but since 2011, several direct-acting oral anticoagulants (DOACs; dabigatran, rivaroxaban, apixaban) have been introduced to the market. However, utilization of these drugs for prophylactic anticoagulation in atrial fibrillation has not been well studied.