

PCV131 EVALUATION OF PRESCRIBING TRENDS AND ASSESSMENT OF DRUG RELATED PROBLEMS IN PATIENTS WITH ACUTE CORONARY SYNDROME

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Objectives: General objective To evaluate the medication utilization in patients with acute coronary syndrome. Specific objectives 1. To identify the prescribing pattern of medications in patients with acute coronary syndrome. 2. To evaluate the rational use of medications in patients with acute coronary syndrome. 3. To identify the medication related problems in patients with acute coronary syndrome. **Methods:** A prospective observational study was conducted at the Coronary Care Unit (CCU) over a period of 6 months. Patients diagnosed with IHD were enrolled in the study. The information on patient was collected from the medical records, treatment chart, laboratory data, interview with patients and caretakers. Socio-Demographic data, reason(s) for CCU admission, diagnosis, medications prescribed, medication-related problems and the discharge medications were documented and analyzed. **Results:** A total of 300 patients with the mean age of 59 years were included in the study, 68% of which were males. About 92(30%) patients had ST-elevation myocardial infarction (STEMI), 141(47%) patients had non-ST-elevation myocardial infarction (NSTEMI) and 41(13%) had unstable angina. Two hundred and thirty (76.66%) patients treated with thrombolytic therapy and 70 patients (23.33%) were undergone Percutaneous Coronary Intervention. The average number of drugs per prescription was 11.09±1.17, majority were Anti-Platelets 520 (16.72%) followed by Gastro-protective agents 282 (8.7%) followed by Lipid lowering agents 264(8.17%) and anti-anginals 227(7.03%). Anti-platelets included 257(49%) Aspirin, 140(26.9%) Clopidogrel, 123(23.6%) Ticagrelor. Among 288 patients (excluding 12 death cases) considered for assessing compliance for discharge medications, more than 85% were compliant with AHA/ACC guideline. Majority of the prescriptions were compliant for lipid lowering therapy 276 (95.8%) whereas least compliance was observed for Beta blockers 253 (87.8%). The total DRPs reported were 1903 out of which DDIs were 1,785(93.7%), medication incidents were 84(4.41%) and ADRs were 34(1.78%). **Conclusions:** In patients admitted with Acute coronary syndrome, medications prescribed were rational and majority were in accordance to the AHA/ACC guidelines.



PCV132 APPLYING EUROQOL-5D IN MIDDLE EASTERN PATIENTS WITH CARDIOVASCULAR DISEASES (CVD); A SAUDI PERSPECTIVE

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Objectives: Cardiovascular diseases (CVD) cause abnormal functioning of the heart or blood vessels. The overall rate of deaths in the Kingdom of Saudi Arabia (KSA) due to untreated CVD is about 1.3% per year. Health-related quality of life (HRQOL) focuses on specific impact, which is the person's ability to achieve a fulfilling life. HRQOL questions have become a crucial fundamental issue in public health surveillance and are generally considered valid indicators of unfulfilled needs and intervention outcomes. This study was conducted to apply the EUROQOL-5D in Saudi patients diagnosed with cardiovascular diseases. **Methods:** A quantitative prospective cross-sectional study was conducted. The institutional review board approval was secured in 2018 from King Abdul-Aziz Medical City, Riyadh, Saudi Arabia. After securing informed consent from patients eligible for the study, sociodemographic factors were collected through medical records and surveys filled out by the patients. A series of student tests for numerical data and chi-square tests for categorical data was performed to explore the significant socioeconomic factors associated with quality of life scores. The R environment for statistical computing and graphics was used for the data analysis. **Results:** 146 patients were recruited during the first year. 57% of the study sample were female, and all participants were Saudis. 27.27% were uneducated, 19.8% had elementary school, 16.7% finished the intermediate level, 13.9% had high school, and 22% had a university education or higher. There was a significant difference in the QoL scores for female (M= 71.7, SD= 19.7) and male (M= 77.1, SD= 26.07) conditions; t(144)= 0.76, p = 0.01. **Conclusions:** The findings of this study show that sociodemographic factors affect quality of life. The initial study results indicate a difference in quality of life by gender. Further investigation is needed, particularly into the medications employed for these group of patients.



PCV133 HETEROGENEITY IN PREFERENCES FOR ANTI- COAGULANT USE IN ATRIAL FIBRILLATION: A LATENT CLASS ANALYSIS

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Objectives: Patients' preferences regarding attributes of oral anti-coagulant (OAC) therapy were shown to be heterogeneous. The objective of this study was to understand preference heterogeneity in patients with atrial fibrillation (AF) using latent class analysis (LCA). **Methods:** The health preference survey consisted of 12 discrete choice questions. The attributes of convenience were: intake frequency; need for routine monitoring of coagulation; diet and drug interactions; medication intake and type. Background information regarding gender, age, current OAC therapy and medication adherence was elicited. 508 AF Patients from five European countries were surveyed in August 2017. LCA was performed for 1-5 preference classes and 1-3 certainty classes. **Results:** We selected the 2-sClass-4-Class model based on model fit and interpretability. For certainty, 45% of patients had strong preferences while 55% had weaker preferences. In the "no INR monitoring only" class (58% of patients) omitting the need for monitoring was the only relevant attribute, and patients were more likely to be current DOAC users and least adherent. The "once daily, no INR monitoring" class (19%) attached equal importance to both aspects of treatment, and patients were more often current VKA users and moderately adherent. Besides a "no INR monitoring, interactions likely pattern" class (16%) there was a small group of patients (7%) who strongly preferred to be monitored; patients were more likely to be current VKA users and highly adherent. Current OAC, adherence and country were significant predictors of class membership (p<0.05), while age, gender and burden of medication were not. **Conclusions:** Different preferences in patients can be partly explained by background characteristics of patients, however, it is unknown whether patients align preferences with therapy or receive therapy or receive therapy they prefer. Latent class analysis of preference data can result in increased insight in predictors of patient preferences compared to traditional regression models.

PCV134 MOBILE HEALTH TECHNOLOGY PERCEPTIONS AND USER EXPERIENCE AMONG ATRIAL FIBRILLATION PATIENTS: A SOCIAL MEDIA LISTENING STUDY

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Mobile health (mHealth) technologies, including smartphone applications and smart devices, have flooded the consumer marketplace in recent years, enabling monitoring of behaviours and vital signs. Regular monitoring is particularly important for patients with atrial fibrillation (AF) who are at high risk of stroke. This study aimed to assess user satisfaction and features of mHealth products most impactful to patients with AF, as well as potential areas of improvement. Publicly available online discussions between 2014-2019 were extracted from the [SupportNetwork.Heart.org](https://www.heart.org/supportnetwork) forum and were subset to those mentioning terms related to popular AF monitoring devices/applications. Posts from a random sample of 100 users were qualitatively analysed for key themes using grounded theory methodology. A total of 134 posts were qualitatively reviewed. 68% of patients reported using AliveCor's KardiaMobile for AF monitoring, 7% used KardiaMobile together with the Apple Watch, and 6% used the Apple Watch only. Analysis of key themes revealed a largely positive reception towards mHealth technology, expressed by 60% of users. Users highlighted their satisfaction in terms of: added clinical advantages enabled by improved self-management of the condition and communication with their physicians (30%), perceived efficacy and value of product (25%), and usability (10%). This satisfaction was often translated into positive emotional impact (25%), with patients reporting relief and peace of mind associated with their mHealth use. Users also reported issues ranging from dubious readings to limited usefulness of outputs (21%), while others had various questions and concerns about device compatibility and functionality (12%). mHealth technologies have the potential to empower patients with AF by allowing them to play a more active role in their disease management, while providing them with a sense of support and peace of mind. Findings from this study may be used to inform mHealth design enhancement, by better addressing patients' unmet needs.



PCV135 OBSERVATIONAL, INTERNATIONAL, COHORT STUDY TO EVALUATE THE SATISFACTION AND PREFERENCES OF PATIENTS IN PREVENTIVE TREATMENT OF SECONDARY CARDIOVASCULAR EVENTS WITH A CARDIOVASCULAR POLYPILL

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Objectives: Treatment of patients with a cardiovascular polypill improves risk factor control in a cost-effective manner. Nonetheless, to date, data about satisfaction of patients treated with cardiovascular polypills for secondary prevention of cardiovascular disease (CVD) are sparse. In this regard, the aim was to evaluate the satisfaction of patients treated with the CNIC cardiovascular polypill - containing acetylsalicylic acid (ASA), atorvastatin and ramipril - compared with patients on ASA, a statin and an ACE inhibitor given separately. Preferences and adherence were also evaluated. **Methods:** An observational, cross-sectional, cohort, multicentre study has been conducted in Spain and Belgium. Stable patients (> 1 year from last event) that were on continuous secondary prevention treatment - polypill or monocomponents

