OBJECTIVE: Health-related utility is poorly characterised in stroke patients with limb spasticity. The purpose of this study was to evaluate health utility in stroke patients with and without upper and lower limb spasticity. METHODS: Data were abstracted from the Health Outcomes Data Repository (HODaR) describing treatment patterns, outcomes and quality of life following a modified survey describing 151 patients who had experienced a stroke in the last two years. Data were available describing demographics, the EQ5D and the presence/absence of self reported limb spasticity. These data were then linked to routine hospital inpatient data. RESULTS: The mean age was 72.4 years (56% males). One quarter (26.5%) of respondents reported no limb spasticity. Of the remainder, 7.9% reported upper limb spasticity only, 11.2% lower limb spasticity only, and 27.2% a combination of both. Overall, the mean EQ5Danx for these patients was 0.55, although patients reporting no limb spasticity had a higher EQ5Danx (0.73) compared to those reporting lower limb spasticity (0.36; Δ = 0.37). There was a notable difference in utility between those with upper and lower limb spasticity, where patients reporting lower limb spasticity had a mean EQ5D index of 0.36 vs. 0.62 respectively; Δ = 0.26. A similar pattern existed in their duration of hospital stay with patients experiencing upper and lower limb spasticity having a mean length of stay of 42.7 days compared to 29.1 days (lower limb spasticity only) and 20.5 days (upper limb spasticity only). Patients reporting no limb spasticity had a mean length of stay of 10.2 days. CONCLUSIONS: The mean utility estimates obtained from this study show stroke patients experienced a substantial decrease in quality of life and a further decrease was recorded in those patients reporting upper and/or lower limb spasticity. Limb spasticity was also associated with a substantial increase in hospital length of stay.

FREQUENCY OF INR TESTING IN MEDICARE BENEFICIARIES AT HIGH RISK FOR STROKE
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OBJECTIVES: Anticoagulation with warfarin for stroke prevention requires careful management to avoid hemorrhage or thrombosis. We evaluated the frequency of international normalized ratio (INR) testing in two high-risk Medicare populations who are likely to receive adjusted-dose warfarin: 1) patients diagnosed with atrial fibrillation (AF); and 2) patients with a mechanical heart valve (MHV). METHODS: We analyzed the 2001 Physician Supplier Procedure Summary Master Files (PSPSMF) database, a 5% sample of procedure-specific claims for all physician/supplier services rendered to Medicare beneficiaries. We identified patients with AF and MHV based on any-listed ICD-9-CM diagnosis code of 427.31 and V43.3, respectively. For each cohort, we searched for claims billed under Current Procedural Terminology (CPT) code 83610—prothrombin testing. We compared prevalence and frequency of INR testing for each cohort to expected standards of care. RESULTS: We identified 141,757 patients with AF and 10,055 patients with MHV, which would yield projected national estimates of 2.8 million and 200,000 patients, respectively. Sixty percent of AF patients and 43% of MHV patients did not have a single INR claim. Of AF patients who had at least one INR test claim, 41% were tested less than 6 times per year, and 59% were tested 10 or fewer times per year. For MHV patients, 31% were tested less than 6 times per year, and 47% were tested 10 or fewer times per year. CONCLUSIONS: Medicare claims histories reveal that clinical practice patterns may not adhere to accepted standards of care for the prevention of stroke in AF and MHV. Third-party payment policies, provider behavior, lack of patient awareness, and other factors may contribute to poor compliance and possible adverse events. Additional studies are needed to determine the cause of under-compliance in managing patients at risk for stroke and how Medicare policies may affect prescribing decisions and patient outcomes.

CONTINUITY OF CARE IN STROKE PATIENTS UNDER REHABILITATION IN MEXICO
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OBJECTIVE: To evaluate continuity of care (CoC) and social capital in stroke patients under rehabilitation in the Mexican Institute of Social Security (IMSS). METHODS: Cross sectional study in three IMSS hospitals in Mexico City. Inclusion criteria were: stroke adult patients surviving a first ischaemic event, consent to participate in the study and capable to answer questions in an interview. No instruments to measure CoC and social capital in stroke patients were identified in our previous literature review. Three instruments to measure CoC were used: Mexican one (Constantino), from United States (Chao) and from Canada (Salmoni). The first one is being validated and the other two have been used and validated in general practice and chronic patients discharged from hospital to community, respectively. RESULTS: Forty stroke patients were interviewed, mean age was 68 years, education of 7 years and 87.5% had some chronic illness (hypertension 58.3%). Sixty seven percent informed that they were receiving formal rehabilitation and that in 88.2% it met their needs and expectations. The Mexican instrument (scale from 1 to10) found a mean score for patient perception of CoC of 7.1 and from carer/relative 8.1. Patients said they trusted their doctor in 83.3% (Chao instrument). Opinion in relation to hospital care quality was: poor in 16.8%, regular in 12.5% and good/very good in 50% (Salmoni instrument). About social capital; 91.6% trusted public institutions in their community and in people living in the neighbourhood in 54.2%. Patients received help to attend medical facilities in 4.2% from the neighbour, 4.2% from a friend; patients helped the neighbour in 16.7% and a friend in 54.2%. CONCLUSIONS: Most of stroke patients interviewed were satisfied with the quality of rehabilitation provided by the IMSS. CoC score from patient and carer was acceptable and similar. Social capital level was also good.

STROKE RECURRANCE AND PERSISTENCE ON DRUG THERAPY IN A MEDICAID POPULATION
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OBJECTIVES: This study assesses predictors of stroke recurrence in a Medicaid population, specifically examining persistence on clopidogrel, warfarin and aspirin drug therapy. METHODS: Medical and pharmacy claims for patients with a diagnosis of stroke (ICD-9 Codes 430-438) were obtained from Medicaid for the period of January 1, 2001–December 31, 2003. Only patients with at least one month of follow up were included. In order to obtain an incident cohort, patients who had a stroke diagnosis between January 1, 2001–June 30, 2001 were