0.0004). In the RA group SF12 Mental Dimension, CIVIQ and Epworth significantly improved at D7 versus D0 with respectively p < 0.001, =0.036, p < 0.001). **CONCLUSIONS:** In the chronic venous disease, associating a contention to a venotonic prescription does not improve the patient's quality of life.

PCV59
CHRONIC VENOUS DISEASE: THROUGH BODY MASS INDEX

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Many studies have confirmed obesity as a Chronic Venous Disease (CVD) risk factor. Few studies have described the pathology through Body Mass Index (BMI). **OBJECTIVES:** To describe the impact of obesity in CVD. **METHODS:** Between May and July, 2003, 567 GP's recruited 1049 female patients spontaneously consulting for CVD. The patients filled in a series of validated questionnaires in order to evaluate the consequences of their disease. **RESULTS:** The results of the study concern 1045 patients with a mean age of 44–45 years old (SD 10.70) (min: 18–max: 65); 66% with a professional activity. The patients average size was 164.39cm (SD 5.99) for an average weight of 65.2kg (SD 12.5). The BMI calculation gives an average BMI of 24.17 (SD 4.71). The values issued by the WHO have been taken into account: Thinness: 4%—Normal weight 62%—Overweight: 24%—Obesity: 10%. For each of these subgroups, CIVIQ score is respectively of 21.2–16.6–25.8–32.1. In order to make the analysis easier, we have reduced the two subgroups BMI <27 vs.> 27. CIVIQ score is: 29.8 vs. 40.9 (p < 0.0001). This difference is found through the severity (CEAP) classification: 15% of C0–C2 have a BMI > 27, while they represent 26% of the C3–C6 (p < 0.001). We have tested both subgroups on sedentary lifestyle, family history, underfloor heating and pregnancy risk factors. None are significant except sedentary lifestyle (61% vs. 76%, p < 0.0001). **CONCLUSIONS:** A more important CVD severity grade is expected for a BMI > 27.

PCV60
TREATMENT OF NEWLY-DIAGNOSED HYPERTENSIVE PATIENTS IN ITALY: A RETROSPECTIVE COHORT STUDY IN PRIMARY CARE

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OBJECTIVES: Despite the proven efficacy of antihypertensive drugs (antiHTN) on morbidity and mortality, the extent of undertreatment and non-persistence is extremely high, hampering their effectiveness in real-life. In order to assess drug utilization patterns of newly treated hypertensive patients, we estimated the 1-year risk of stopping initial treatment, the frequency of patients requiring add-on or switch therapy with other antiHTN. **METHODS:** A retrospective cohort study was conducted using Health Search Database that provided data by 320 Italian general practitioners. All newly-diagnosed hypertensive patients aged ≥ 35 years, who received antiHTN during the first three months after diagnosis were identified and were categorized into one of the following groups: 1) Continuers: patients continuing the first class of antiHTN; 2) Combiners: patients receiving an add-on with another class; 3) Switchers: patients changing from the first medication to another type of antiHTN; and 4) Discontinuers: patients stopping the first type

therapy. **RESULTS:** Overall, among 13,303 new hypertensives, 19.8% were continuers, 22.1% combiners, 15.5% switchers, and 42.6% discontinuers. The highest proportion of continuers was found for persons starting with angiotensin-II antagonists (ARB's) (25.2%), calcium-antagonists (CCB's) (23.9%), and ACE-inhibitors (23.3%). Starting on diuretics was associated with the highest risk of discontinuing treatment, while the lowest risk was associated with starting on ARB's (Hazard Ratio [HR]: 0.43; 95% Confidence Interval (CI): 0.40–0.47), ACE-inhibitors (HR: 0.50; CI: 0.47–0.53) and CCB's (HR: 0.55; CI: 0.52–0.59). The risk of receiving add-on therapy was associated with a longer duration of therapy. Patients starting with alfa-blockers had the highest risk of switching therapy (HR: 0.50; CI: 0.47–0.53), while patients starting on ARB's (HR: 0.51; CI: 0.42–0.62) or ACE-inhibitors (HR: 0.60; CI: 0.52–0.69) had the lowest risk. **CONCLUSIONS:** In this cohort the persistence to initial antiHTN is rather low and the need to combine several drugs is often required.

PCV61
THE USE OF INTERNET-BASED TECHNOLOGY TO ASSESS MEDICATION ADHERENCE IN PATIENTS WITH HYPERTENSION AND TO PROVIDE INTERACTIVE HEALTH INFORMATION

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A major factor why hypertension is often insufficiently controlled is due to poor medication adherence. The AdhereRx is a web-based technology that can assist practitioners in educating patients on the importance of medication adherence. The Morisky scale is a simple validated tool that can detect patient non-adherence to medications. **OBJECTIVES:** Assess patient medication compliance and hypertension goal achievement using the Morisky survey along with education resources included in the AdhereRx program. **METHODS:** This study was undertaken in a hospital outpatient pharmacy. Patient presented with an antihypertensive medication prescription was asked to complete the Morisky survey. Results were entered into the AdhereRx website. The most recent blood pressure measurement was recorded. Based on the Morisky score, the pharmacist browsed the online library and provided appropriate printed educational materials from the website in conjunction with individual verbal counseling to the patient. **RESULTS:** Of the 91 men and women with a mean age of 57.56 (standard deviation, 12.09) years, 21% had low to medium level and 79% had a high level of medication adherence. The most common reason patients stopped taking their medication was "forgot to take their medication" followed by "careless", followed by "stop medication when feel better" and "stop medication when feel worse". More patients in the high adherence group achieved blood pressure goal than patients who scored low or medium adherence, 83% vs. 63% respectively (p < 0.001). Patients who had low adherence required more antihypertensive agents to control their blood pressure. In a Pearson correlation analysis, high medication adherence is associated with increased rates of blood pressure goal attainment (p < 0.01). **CONCLUSIONS:** There is a strong positive correlation between medication adherence and blood pressure goal attainment. The AdhereRx web-based program is easy to use and provides specific tools to help practitioners educate their patients to improve medication adherence.