IONS: The risk of AVB in SND patients is increased in cases with AF history. The strategy of primary AAI implantation in SND is cost-saving in patients with no history of AF but no such profit is observed in the group with the history of AF.

CARDIOVASCULAR

CARDIOVASCULAR—Quality of Life/Utility/Preference Studies

OBJECTIVES: The objective of our study was to assess depressive symptomatology (DS) among CVD affected women. METHODS: Symptomatic women patients suffering from CVD (CEAP C0 to C4), aged over 18, newly treated by their GP with a phlebotropic drug were enrolled in the study. Every patient completed a self-questionnaire including the CES-D scale at day 0, day three and seven. A score over 17 indicates a probable DS. RESULTS: This analysis includes the first 371 patients assessed at day 0, D3 and D7. The mean age was 45.0 years old (SD = 11, n = 370). The mean CES-D scores at day 0, D3 and D7 were respectively 14.9 (SD = 10.2), 13.7 (SD = 8.9) and 12.8 (SD = 10.1). The results highlight a possible DS in our population (score over 17) for 36.3%, 32.3% and 29.0% respectively at day 0, D3 and D7 (p < 0.01, n = 328). Patients that have expressed a probable DS were 74 at inclusion (22.0% of the population); they show a significant improvement of their status assessed by CES-D. From those 74 patients, only 50 still had a score over 23 at D3 and 46 at D7 showing a decrease of 37.8% of the number of patients expressing a probable DS (p < 0.0001, n = 74, matched test 0-7). CONCLUSIONS: In the study of Rield assessing depressive symptoms in older women (age 65 to 75), 23.1% of women did (CES-D score 16, age 65 to 75). The impact of CVD on patients daily life is high even if it seems relative compared to the mean scores obtained when initially validating the CIVIQ; for example for patients suffering venous insufficiency of lower limb and arteritis mean score was 53.08 (SD = 14.9), unfortunately comparison data with patients suffering CVD are lacking.

CHRONIC VENOUS DISEASE AND DEPRESSIVE SYMPTOMATOLOGY

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CHRONIC VENOUS DISEASE AND HEALTH STATUS

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OBJECTIVES: The objective of our study was to assess health status among women suffering from CVD. METHODS: Symptomatic women patients suffering from CVD (CEAP clinical classes C0 to C4), aged over 18, newly treated by their GP with a phlebotropic drug were enrolled in the study. Every patient had to complete a self-questionnaire including the SF-12 scale at day 0, day 3 and day 7. The SF-12 is a generic measure of health statusThe SF-12 is composed of two dimensions, a Physical Component Summary (PCS-12) and a Mental component Summary (MCS-12). The results are standardised on the general US population (mean score of 50 (SD = 10)) so results for 1 can be meaningfully compared with the other. The lower the score the worse is the impact on patients’ quality of life. RESULTS: This analysis includes the first 399 patients assessed at day 0, day 3 and day 7. The mean age was 45.0 years old (SD = 11, n = 370). At inclusion time (n = 374), MCS-12 and PCS-12 were respectively 44.7 (SD = 10.6) and 46.4 (SD = 8.4); at day 3 and day 7, these dimensions were respectively: D3; 46.5 (SD = 10.2) and 46.2 (SD = 7.8). For the mental dimension, the difference was statistically significant (p = 0.0001). CONCLUSIONS: These results suggest that CVD has a great impact on women. The SF-12 mean scores were below those of the age- and gender-matched general population. The patient management and the use of a phlebotropic drug demonstrated an improvement on the mental health status of the patient and a decrease of the impact of pain interfering with patients normal work.

CHRONIC VENOUS DISEASE: PATIENTS PROFILE

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VALIDATION OF THE CAMBRIDGE PULMONARY HYPERTENSION OUTCOME REVIEW (CAMPHOR) QUESTIONNAIRE

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OBJECTIVES: The CAMPHOR is the first patient-completed instrument specific to Pulmonary Arterial Hypertension (PAH). It consists of separate scales assessing Overall Symptoms (sub-divided into Energy Level, Breathlessness and Mood sub-scales), Physical Functioning and Quality of Life (QoL). We report findings from a validation study. METHODS: Patients were recruited from Papworth Hospital, Cambridge, UK for a postal survey. They completed the CAMPHOR and the Nottingham Health Profile (NHP) on the first occasion, then two weeks later completed the CAMPHOR and EQ-5D. Internal consistency was...
assessed using Cronbach’s Alpha and evidence of construct validity was gained by relating CAMPHOR scores to NHP and EQ-5D scores and the New York Heart Association Classification (NYHA). RESULTS: In total, 91 patients participated (mean (SD)) age = 52.6 (16.0) years, 64% female, mean (SD) time since diagnosis: 4.8 (6.0) years). All CAMPHOR scales obtained adequate alpha coefficients (0.90–0.92), indicating acceptable internal consistency and Spearman rank correlation coefficients for all CAMPHOR scales (0.86–0.92) indicated excellent reproducibility. The CAMPHOR also exhibited discriminative validity, as the questionnaire was able to distinguish between patients who differed according to self-perceived general health (p < 0.001), symptom level (p < 0.001) and NYHA classification (p < 0.001). The level of association was as expected, with more closely related scales having higher levels of association (NHP Energy Level with CAMPHOR Energy Level = 0.84; NHP emotional reactions and CAMPHOR mood = 0.84 and NHP physical mobility and CAMPHOR functioning = 0.85). The EQ-5D also correlated most closely with CAMPHOR functioning (0.74), which was anticipated, as 3 of the 5 EQ-5D items relate to functioning. CONCLUSIONS: The results of the validation study provide evidence that the instrument will be able to detect changes in HRQL and QoL occurring in routine clinical practice and clinical trials, indicating that the CAMPHOR is a valuable new instrument for assessing patient-reported outcome in PAH.

TRENDS IN PREVALENCE, AWARENESS, TREATMENT, AND CONTROL OF HYPERTENSION AMONG CHINESE AMERICANS FROM 2001 THROUGH 2004
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OBJECTIVES: Assess trends in the prevalence, awareness, treatment, and control of hypertension among Chinese immigrants in New York City (NYC). METHODS: Using a standardized survey, BP measurements and health information of participants aged 18 years or older were collected during a series of community health fairs in various Chinese communities. The 2001–2002 survey (N = 668) was compared to 2003–2004 survey (N = 791). Hypertension is defined as a measured BP of >140/90mmHg or reported use of antihypertensive medications. Hypertension awareness and treatment were assessed with standardized questions. Hypertension control was defined as reported hypertension with or without antihypertensive treatment and a measured BP of <140/90mmHг or <130/85mmHг for diabetics. RESULTS: In 2003–2004, 44% of participants had hypertension, a decrease of 5% (p = 0.058) from 2001–2002. Hypertension prevalence was higher in women (25%) and increased with age (31% among those aged ≥60 years). In a Pearson correlation analysis, increasing age and decreasing exercise were independently associated with increased rates of systolic blood pressure (SBP) but not diastolic blood pressure (DBP); increasing body mass index was independently associated with increased rates of both SBP and DBP. Overall, in 2003–2004, 71% were aware of their hypertension (a decline of 1%; p < 0.737), 26% were treated (decrease of 8%; p = 0.017), and hypertension was controlled in 40% (increase of 2%; p = 0.645). Men and those aged 40–59 had lower rates of hypertension treatment and control compared with women and the older individuals. CONCLUSIONS: Although prevalence and control rates of hypertension are improving, hypertension control rates continue to be low. Expanded effort is needed to improve BP outcomes.

USE OF VISUAL ANALOGUE SCALE (VAS) AS A METHOD OF DISCRIMINATION FOR PHYSICAL DISABILITY SEVERITY IN STROKE
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OBJECTIVES: Visual analogue scaling (VAS) is a rating method, widely used to estimate preferences for multi-attribute health states. This study examines the ability of VAS preferences to discriminate between severity levels in stroke-related disability defined by the Barthel Index (BI). METHODS: A community sample of 152 adults (≥245 years) were instructed by trained researchers to first rank and then rate 14, 5-attribute disability scenarios on a 20-point rating thermometer (0 = worst imaginable health state; 20 = best imaginable health state). Preferences for Barthel Index disability scores were estimated from ordinary least squares regression (OLS) and indexed on a scale of 0–1. Discriminant validity of the VAS preferences was evaluated using two BI severity categorization schemes, modified Rankin categories, and two BI endpoint categories used in clinical trials (<95 vs. ≥95 and <60 vs. ≥60). RESULTS: The VAS preferences discriminated between severity levels in physical disability in each of the five cases against which they were tested. Preferences ranged from 0.00–0.12 for total dependence (BI = 0–20), from 0.06–0.43 for severe dependence (BI = 25–60), from 0.46–0.84 for moderate dependence (BI = 65–90), and from 0.87–1.00 for independence (BI = 95–100). For a five-category physical disability severity scheme, preferences ranged from 0.00–0.12 for very severe (BI = 0–20), 0.06–0.30 for severe (BI = 25–45), 0.30–0.69 for moderate (BI = 50–70), 0.59–0.92 for mild physical disability (BI = 75–95). Preferences associated with modified Rankin scores were 0.00–0.18 for category 5 (severe handicap); 0.24–0.46 for category 2 (moderately severe handicap); 0.69–0.84 for category 3 (moderate handicap), and 0.87–1.00 for categories 0–2 (no symptoms to minor handicap). Preferences for BI scores <95 vs. ≥95 were 0.00–0.84 vs. 0.87–1.00 vs. respectively, and for BI scores <60 vs. ≥60 were 0.00–0.43 vs. 0.43–1.00, respectively. CONCLUSIONS: VAS preferences were found to relate directly to disability severity and may be useful in distinguishing between different physical disability levels in stroke patients.