effects other than bleeding and thrombosis (38.5% vs. 16.7%, p = 0.004). Patients on TSOAC had a lower [better] mean Qol summary score compared to warfarin treated patients (39.0±11.3 vs. 46.8±19.8, p=0.03). Based on the results of the unadjusted linear regression model, patients treated with TSOAC had significantly better DASS Qol summary score (= 7.65, 95% CI: -13.49, 1.82, p = 0.05), however, after adjusting for differences in patient groups, the effect of TSOAC on Qol became non-significant (= 4.47, 95% CI: -5.06, 14.00, p = 0.35) CONCLUSIONS: Differences in social-demographic characteristics between patients treated with warfarin and TSOAC were observed in an elderly population. After adjusting for patient social-demographic characteristics, TSOAC had no impact on treatment-related Qol.

PCV108 PRELIMINARY VERIFICATION OF THE DIAGNOSTIC ACCURACY OF THE SYNDROME DIFFERENTIATION QUESTIONNAIRE OF PHLEGM AND BLOOD STASIS (SDQ-PBS)

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OBJECTIVES: To review the quality of economic evaluations of acute stroke imaging. RESULTS: Two of 5 papers were explicit in their analysis perspectives, which included CCSC, 19 were mild degree and 16 severe. Through the comparison of final scores and diagnostic threshold. SDQ-PBS was a validated and reliable diagnostic instrument for syndrome of PBS of angina patients. For well reception and wide application, it was important and necessary to verify the diagnostic accuracy of the instrument was more suitable for severe patients. In the future, more study will be conducted to further verify the diagnostic accuracy of the questionnaire.

CARDIOVASCULAR DISORDERS – Health Care Use & Policy Studies

PCV109 A SYSTEMATIC REVIEW, CRITICAL APPRAISAL AND ANALYSIS OF THE QUALITY OF ECONOMIC EVALUATIONS IN STROKE IMAGING

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OBJECTIVES: To review the quality of economic evaluations of acute stroke imaging to direct thrombolytic therapy and to identify areas for improvement in future economic evaluations. METHODS: We conducted searches of electronic databases including Medline, EMBASE, CINAHL, Eclinet, the NHS Economic Evaluation Database and the Tufts Cost-Effectiveness Analysis (CEA) Registry from January 1950 through July 2012. Search criteria were empirical studies published in any language that reported economic evaluation results or two or more imaging inter-ventions for patients presenting with symptoms suggestive of acute stroke. Study quality was assessed by a 35-item checklist published by the British Medical Journal (BMJ). RESULTS: A total of 1,063 citations were identified, and 5 met the inclusion criteria. Four of 5 papers were explicit in their analysis perspectives, which included CCSC, 19 were mild degree and 16 severe. Through the comparison of final scores and diagnostic threshold (8.5). 34 of 35 PBS subjects were diagnosed as syndrome of PBS, the diagnostic accuracy of the syndrome dimension was 97.14%. Of 9 non-PBS subjects, 1 was diagnosed PBS, the diagnostic accuracy was 88.89%. For subjects of mild and severe degree, 18 and 16 were diagnosed PBS respectively, the diagnostic accuracy were 94.737% and 100%. CONCLUSIONS: The diagnostic accuracy of the syndrome dimension of the questionnaire was high. For different degree of angina, the instrument was more suitable for severe patients. In the future, more study will be conducted to further verify the diagnostic accuracy of the questionnaire.

PCV110 FACTORS INFLUENCING MANAGEMENT OF PATIENTS WITH ATRIAL FIBRILLATION: A RETROSPECTIVE REVIEW IN CANADA AND SWEDEN

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OBJECTIVES: To explore the reasons for not initiating or stopping VKA treatment in patients with atrial fibrillation (AF) at moderate to high risk of stroke, along with the reasons for considering some patients on VKA to be "difficult to-manage". METHODS: A retrospective chart review was conducted on 29 Swedish physicians participating. Three cohorts of AF patients at moderate/high stroke risk (CHADS2 score ≥ 2) points were examined: a) VKA naive, b) had stopped VKA treatment or c) receiving VKA and considered “difficult to-manage”. Patients treated with VKA or had stopped VKA were compared with AF patients on VKA and its management and the reasons why patients a) never received VKA, b) stopped VKA, or c) were considered “difficult-to-manage”. RESULTS: In Canada, 187 patients were included: 118 were naive/naive/stopped/difficult-to-manage for 2483, 58.5% males, mean (SD) age 78.4 (8.9) years. In Sweden, 152 patients were included (naive/stopped/difficult-to-manage/39/24/89), 68.4% males, mean (SD) age 76.0 (8.8) years. For VKA naive patients, the most common reasons for not initiating VKAs were: Canada – transient nature of AF (63.3%), fall risk (30.6%); Sweden - patient refusal to take VKAs (28.2%), fall risk (1.8%). In patients who stopped VKA treatment, the most common reasons for discontinuation were: Canada – bleeding event (23.8%), patients refused to comply with drug treatment (59.3%); Sweden – clinical event (18.2%). For patients on VKA the most common reasons for being considered “difficult-to-manage” were: Canada – concomitant chronic dis-eases (55.4%), poor INR control (54.2%); Sweden – difficulties in following dietary/behaviour advice (24.7%), concomitant chronic diseases (22.5%). CONCLUSIONS: In Canada and Sweden the reasons for not initiating or stopping VKA treatment in AF patients were similar, with fall risk and bleeding events being commonly cited. The main reasons for considering a patient on VKA as “difficult-to-manage” are mainly related to concomitant diseases in both countries.

PCV111 PHYSIOLOGICAL PARAMETERS CAN HELP GUIDE HEALTH FAILURE THERAPY

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OBJECTIVES: We conducted searches of electronic databases for syndromes related to concomitant diseases in both countries. To identify the prevalence of atrial fibrillation, and other etiology in patients presenting with either acute coronary syndrome, or with chronic conditions. METHODS: We conducted searches of electronic databases including Medline, EMBASE, CINAHL, Eclinet, the NHS Economic Evaluation Database and the Tufts Cost-Effectiveness Analysis (CEA) Registry from January 1950 through July 2012. Search criteria were empirical studies published in any language that reported economic evaluation results or two or more imaging inter-ventions for patients presenting with symptoms suggestive of acute stroke. Study quality was assessed by a 35-item checklist published by the British Medical Journal (BMJ). RESULTS: A total of 1,063 citations were identified, and 5 met the inclusion criteria. Four of 5 papers were explicit in their analysis perspectives, which included CCSC, 19 were mild degree and 16 severe. Through the comparison of final scores and diagnostic threshold (8.5). 34 of 35 PBS subjects were diagnosed as syndrome of PBS, the diagnostic accuracy of the syndrome dimension was 97.14%. Of 9 non-PBS subjects, 1 was diagnosed PBS, the diagnostic accuracy was 88.89%. For subjects of mild and severe degree, 18 and 16 were diagnosed PBS respectively, the diagnostic accuracy were 94.737% and 100%. CONCLUSIONS: The diagnostic accuracy of the syndrome dimension of the questionnaire was high. For different degree of angina, the instrument was more suitable for severe patients. In the future, more study will be conducted to further verify the diagnostic accuracy of the questionnaire.

PCV112 PERSONAL CARDIOVASCULAR HEALTH RISK ASSESSMENT AND MANAGEMENT IN THE WORK PLACE: A PILOT PROGRAM

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OBJECTIVES: To set up a model for effective workplace health management as an occupational health service for employees of a steel factory in southern Taiwan. METHODS: In compliance with the administrative regulation of the company’s policy, 51 male employees with persistent blood pressure (BP) higher than 160/100 mmHg, and 23 male employees with persistent fasting blood sugar (FS) higher than 200 mg/dl during the last three consecutive annual employee health examination were identified through a process of cardiovascular risk assessment, and recruited into a health management program, which consisted of health education for diet control and regular exercise, mandatory weekly BP or postprandial blood sugar (PC) monitoring at company medical office for 3 months, and subject was required to submit proof of physician visit and drug treatment if the subject was noted to have BP higher than 140/90 mmHg or PC higher than 200 mg/dl in two consecutive measurements. Outcome evaluation was analyzed with descriptive statistics and paired t-test. RESULTS: At the end of the intervention period, the number of hypertensive subjects decreased from 161 mmHg to 145 mmHg, diastolic BP from 104 mmHg to 94 mmHg, and 7 of them achieved satisfactory BP control under 120/80 mmHg. The number of PC among employees who had impaired PC control with FS ≥ 240 mg/dl to 200 mg/dl, and 5 of them achieved satisfactory PC control under 140 mg/dl. Out of the 46 subjects who filled out the program satisfaction survey, 97.8% were satisfied with the exercise component, 97.8% were satisfied with weekly BP or PC measurements, and 58.7% would recommend the same program to their colleagues. Therapies that promote a faster heart rate should be utilized with caution.