by 20 years). In order to estimate the differences in costs and outcomes between apixaban and enoxaparin, the analysis was designed to capture acute and recurrent VTE, bleeding and other adverse events (bleeding and death) associated with VTE and adverse events. Transition probabilities were derived from phase III clinical trials comparing apixaban with enoxaparin, ADVANCE 2 (for THR population) and ADVANCE 3 (for TKR population). Costs were derived from the Korea National Health Insurance Review and Assessment service. Utilities were derived from published literature. The model reported effectiveness outcomes in quality-adjusted life years (QALYs) and costs in Korean Won (KRW). One-way sensitivity analyses were performed on parametric assumptions. RESULTS: For patients undergoing THR, apixaban demonstrated an increase in quality-adjusted life years (QALYs) gained: 0.0239 and with less costly (savings of KRW 23,124) per patient. In case of patients undergoing THR, apixaban demonstrated an increase in quality-adjusted life years (QALYs) gained: 0.00465 with a lower cost of KRW 5,096 compared with enoxaparin. The ICER was far below the willingness-to-pay threshold in Korea (Per capita GDP). The sensitivity analyses showed that the results were robust across all input parameters. CONCLUSIONS: The results from this model suggest that apixaban is a cost-effective alternative to enoxaparin for VTE prophylaxis in patients undergoing both THR and TKR in Korea.

CARDIOVASCULAR DISORDERS – Patient-Reported Outcomes & Patient Preference Studies

PCV32 A NON-CLINICAL RANDOMIZED CONTROLLED TRIAL ASSESSING IMPACT OF PHARMACISTS LED INTERVENTION PROGRAMME FOR ENHANCING MEDICATION ADHERENCE AND HEALTH-RELATED QUALITY OF LIFE

Elderly patients and caregivers often struggle in managing medication adherence. Consequently, they develop a sense of engagement and hopelessness. However, there are a number of options available to still adhere to the treatment plan. The current study aimed to explore the impact of a pharmacist-led intervention programme to enhance medication adherence and health-related quality of life (HRQoL). METHODS: A randomised control trial was conducted whereby participants received either an educational intervention through local pharmacists who provided them with information about hypertension treatment and management or the importance of medication adherence. Hypertension knowledge, medication adherence and HRQoL were measured by means of self-administered questionnaires. Descriptive statistics were used to describe the demographic and disease characteristics of the participants. Inferential statistics (Chi square test, Mann-Whitney U test and Wilcoxon signed rank test) were used for inter- and intra-group comparison respectively. SSPS 17 was used for data analysis. RESULTS: Three hundred and sixty-five hypertensive patients were randomly assigned to the study [192 in the control group (CG) and 193 in the intervention group (IG)]. No significant differences were observed in either group for mean age, gender, income, locality, education, occupation and duration of disease. There was, however, a significant increase in the participants’ levels of knowledge about hypertension (10.26 ± 1.11, P < 0.001) and medication adherence (3.24 ± 0.93, P < 0.004) among the IG after the completion of the intervention. Significant association was also reported in the inter-IG group comparison (P = 0.001). A significant decrease in overall HRQoL in the IG, [pre: 76.9 ± 12.5 vs. inter- and post-group conditions: 78.4 ± 12.4] was observed after the completion of the intervention programme. CONCLUSIONS: The pharmacist-led intervention led to a significant increase in the participants’ levels of knowledge about hypertension and a positive impact on medication adherence. Therefore, the role of pharmacists in patient education must be formalized and acknowledged as an official part of the health care system.

PCV33 SELF-REPORTED HEALTH STATUS AMONG TAIWANESE HYPERTENSIVE ELDERLY

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OBJECTIVES: The elderly have accounted for more than 10% of the population in Taiwan. It is unknown about the impact of hypertension (HTN) on the quality of life and cognitive function in elderly hypertensive patients. The study was conducted to explore the elderly self-reported health statuses among the hypertensive elderly population. METHODS: We utilized the data obtained from the 2005 National Health Interview Survey (NHIS) in Taiwan. The study subjects contain those who reported to have the diagnosis of HTN among a total of 2727 elderly individuals (i.e., age ≥65 years). The descriptive analysis with sampling weights was applied on data including basic demographics, self-reported health status, and health care utilization. RESULTS: While 42.8% of the survey participants reported to have HTN (accounted for 907,062 Taiwanese elderly), 89% of them were prescribed with antihypertensive agents, 85% took medications regularly, 21% perceived poor control of HTN. Up to 25% of them had other comorbidities (e.g., DM), 24% had fall events, up to 14% had somewhat difficulties on general activities of daily living, and up to 48% had somewhat difficulties on angina pectoris. The instrumental activities. For the past one year, up to 23% of them had visited the inpatient and emergency departments, and less than 5% had utilized long term care services. While 2 to 19% of them had always perceived to have bad mood, 4 to 25% reported to take sedatives, hypnotics, painkillers, and dietary supplements, and 33% did not receive any free elderly health check in Taiwan. CONCLUSIONS: With approximately 40% of the elderly population perceived to have hypertension, substantial portion of them were warranted for their elderly care regarding health and functional statuses, and medication use for HTN and for central nervous systems. Further exploration of the associations between HTN control and health statuses for the elderly is needed.

PCV34 HEALTH-RELATED QUALITY OF LIFE IN CHINESE PATIENTS WITH STABLE ANGINA PECTORIS

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OBJECTIVES: To examine the health-related quality of life (HRQol) and associated factors in Chinese patients with stable angina pectoris (SAP), in comparison with the general population. METHODS: A cross sectional HRQol survey of both SAP patients recruited from general hospitals (n = 441) and the general population recruited from Physical Examination Centers (n = 549) was conducted from July to December, 2011 in Tianjin and Chengdu cities. The general health status was assessed by EQ-5D, SF-6D, VAS. HRQoL and other significant aspects in questionnaire were assessed using the Seattle Angina Questionnaire (SAQ). Socio-demographic, clinical and life style information were also collected from the participants. Hierarchical multiple regression analyses were carried out to explore the associated factors of HRQol of SAP patients, in which clinical variables including SAP specific health status, socio-demographic data and life style variables were included via stepwise method. RESULTS: Compared with the general population (44.2 ±10 years, 49.91% females), SAP patients (68.1 ±12 years, 50.36% females) had significantly lower HRQol scores in EQ-5D index (0.75 ±0.19 vs. 0.96 ±0.20, p < 0.05), SF-6D utility index (0.83 ±0.26 vs. 0.96 ±0.26, p < 0.05) and EQ-VAS (71.2 ±2.7 vs. 83.9 ±10.9, p < 0.05). The differences after controlling for demographic characteristics were -0.050 for EQ-5D, -0.039 for EQ-VAS and -0.133 for SF-6D. SAQ showed that the patients experienced impaired disease specific health status. SAQ results revealed that the variables contributing most to worse HRQol were the inability to perform strenuous activities, the need of treatment, prophylaxis in patients undergoing both THR and TKR in Korea.