

n = 105) with an asthma diagnosis, reported their side effects on the ICQ. We hypothesised that construct validity was supported on a scale and domain level, if scores demonstrated: 1) a greater prevalence in high dose ICS versus other dose groups for 15 ICQ domains; 2) a dose response for the 57 items on the scale; 3) greater convergence between local side effect domains than between systemic and local domains of the scale; and 4) a relationship between ICS dose and ICQ scoring after adjusting for appropriate confounders in multiple regression. Test-retest reliability was measured in 71 randomly selected patients who had no change in their medication use at day 7. The reliability of total and domain scores were calculated between Day 1 and 7 scores, using intraclass correlation coefficients (ICC). **RESULTS:** All construct validity hypotheses were well supported: there was 1) greater prevalence in the high dose group; 2) a dose response in item scoring; 3) greater convergence between local ICQ domains; and 4) dosage group independently predicted ICQ scoring after adjusting for confounders. The ICQ had good reproducibility: test-retest ICC were ≥ 0.69 for all but one domain. **CONCLUSION:** The ICQ shows good construct validity and is a reliable tool for measuring the ICS side effects perceived by adults with asthma.

CARDIOVASCULAR DISEASE

PCVI

CLINICAL IMPACT OF DIAGNOSTIC IMAGING OF LOWER EXTREMITY PERIPHERAL VASCULAR DISEASE

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OBJECTIVES: Evaluation of peripheral vascular disease in the primary care setting is routinely performed by contrast enhanced magnetic resonance angiography (ce-MRA) and digital subtraction angiography (DSA). However, limited data is available on the clinical outcomes following these diagnostic procedures. **METHODS:** We identified individuals who underwent an outpatient ce-MRA (3,444) or DSA (16,899) procedure of the lower extremities from 1998 to 2004 in the U.S. Veterans Health care System. Interventions (revascularization, stent, angioplasty), amputations or mortality rates within one year of DSA or ce-MRA were assessed, while complications within 30 days were compared for both groups adjusted for baseline characteristics using log-binomial regression. **RESULTS:** Approximately 31% of the patients had an intervention after imaging with a greater proportion having an intervention following DSA (36% vs. 20%; $P < 0.001$). Similarly, amputations (without interventions) were more common after DSA (8% vs. 4%; $P < 0.001$). Mortality within one year was comparable in both groups (6.9% vs. 6.2%). Overall complications were 2.0%, majority of the events were vascular complications including hematomas (70.5%). Vascular complications were more frequent following a DSA as compared to ce-MRA (1.7% versus 0.4%). In multivariable-adjusted models complications were lower after a ce-MRA than a DSA procedure (RR, 0.47; 96% CI, 0.34–0.65). **CONCLUSIONS:** Imaging leading to an intervention occurred only in about a third of subjects. Overall complications rates were low but higher after DSA. A greater understanding of clinical predictors, timing and cost-benefit of diagnostic imaging is needed to determine the best course of action to assess and reduce the morbidity associated with PVD.

PCV2

CARDIOVASCULAR RISK FACTORS IN ACUTE CORONARY SYNDROME PATIENTS UNDERGOING PERCUTANEOUS CORONARY INTERVENTION IN FIVE EUROPEAN COUNTRIES

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OBJECTIVES: Recently published data from the second Euro Heart Survey on Acute Coronary Syndromes (ACS) provided a broad view of risk factors (RFs) and care pathways, but some large countries contributed few patients to the registry. This study was performed as a complementary analysis to describe RFs in ACS patients undergoing percutaneous coronary intervention (PCI) in 5 large European countries. **METHODS:** This was a retrospective study using the IMS Health Acute Cardiovascular Analyzer. This is a physician-reported registry in Germany, France, Italy, Spain, and the UK. Data collection time-frame was January–November 2005. Use of PCI and 7 RFs associated with poor outcomes (age was slightly modified from Wallentin, 2005) were described by country. **RESULTS:** Over 400 cardiologists reported data on 8979 ACS patients. Patient count by country was: Germany-1624, France-1654, Italy-1608, Spain-2039, UK-2054. Including only patients who underwent PCI and received clopidogrel (n = 4393), the frequency was lowest in the UK (31.0%) and highest in Germany (68.8%). The index diagnosis was: ST-elevation myocardial infarction (MI) 45%, non ST-elevation MI 29%, unstable angina 26%. Distribution of the 7 RFs was: age >65 ranged from 37.8% (UK) to 48.4% (Spain); males 67.9% (Italy) to 75.9% (France). Diabetes ranged from 25% (France) to 35.4% (Germany). Prior MI ranged from 9.6% (France) to 17.6% (Germany). ST-depression occurred in 21.6% (France) to 47.3% (UK), and elevated troponin occurred in 64.4% (UK) to 80.3% (Spain). Elevated serum creatinine occurred in 4.0% (Italy) to 10.2% (Germany). Mean number of risk factors by country was 2.66-Germany, 2.47-France, 2.62-Italy, 2.8-Spain and 2.68-UK. **CONCLUSIONS:** This large sample of ACS patients provides additional information on important RFs by country and may be useful to construct country-specific outcomes models. PCI was most frequently used in Germany and the number of RFs was highest in Spain.

PCV3

DO WE FOLLOW THE GUIDELINES ON PREVENTION OF CARDIOVASCULAR DISEASE IN OUT-PATIENT CARE?

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Patients (pts) with multiple risk factors of cardiovascular disease (CVD) are at the supreme priority for preventive cardiology. Therefore, under the auspices of the Ministry of Health in Poland, POLKARD-SPOK survey was performed to distinguish risk factors and describe their current management in relation to prevention of CVD. **OBJECTIVES:** The purpose of the POLKARD-SPOK survey was to describe baseline characteristics, management practices and achievement of therapeutic goals in subgroups of high risk population of fatal CVD in accordance to ESC definition. **METHODS:** Data from representative sample of 1545 general practitioners, on 31,116 pts (mean age 63 ± 2 years; 48.5% males) with documented CVD or high risk of atherothrombotic events were randomly selected from out-patients charts database and surveyed. Both pts and practitioner questionnaires prospectively collected data on cardiovascular risk factors, lifestyle, diagnostic procedures and medications applied. **RESULTS:** Among studied population prevalence of dyslipidemia