function by echocardiography. After exclusion of patients in whom Angiotensin Converting Enzyme (ACE) inhibitors were contraindicated, only seventy-five (58%) patients received ACE inhibitors of whom, only 7 (9%) patients received the target dose recommended by the clinical practice guidelines. There was no documentation in the records regarding patient counselling about medication, diet, weight, exercise or smoking. CONCLUSIONS: ACE inhibitors were underused in elderly patients with heart failure; also achieving the target dose was poor. This data demonstrated a very low rate of use of echocardiography in elderly patients with heart failure. Counseling appeared to be a neglected aspect of patient care.

**IMPACT ON QUALITY ADJUSTED LIFE YEARS OF ENOXAPARIN FOR PREVENTING THROMBOSIS AMONG HOSPITALIZED MEDICAL PATIENTS**

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OBJECTIVES: Prophylactic anticoagulants, such as low molecular weight heparin, to prevent thrombosis in hospitalized medical patients has been recommended in clinical guidelines, however the impact on quality adjusted life years (QALYs) is unclear. This pilot study evaluated enoxaparin for this indication among elderly (> age 59) hospitalized medical patients. METHODS: Patients were randomized to receive subcutaneous injections of enoxaparin 30 mg or placebo daily. Patients who had medical indications for anticoagulation (e.g., myocardial infarction, history of thrombosis) were excluded. QALYs were measured for the period of 30 to 90 days post randomization, using the Health Utilities Index (HUI). At 30 and 90 days, 51 and 40 patients in the active group completed the HUI versus 49 and 36 patients in the placebo group, respectively. Surveys were received at both time points among 40 enoxaparin and 21 placebo patients. QALYs and changes in domain scores were analyzed over the time between the two surveys. Data were analyzed using t-tests. RESULTS: Significantly more QALYs were gained (p = .007) among enoxaparin treated patients. The mean QALY values were 0.005 ± 0.015 vs −0.008 ± 0.015. The change in the HUI, Mark III domain score for ambulation approached significance (p = 0.053). The mean values were 0.012 ± 0.098 for enoxaparin versus −0.027 ± 0.056 for placebo. A significant change in the HUI, Mark II domain score for mobility was found (p = 0.017, mean values 0.015 ± 0.064 versus −0.022 ± 0.050). CONCLUSION: Among medical patients prophylactic treatment with enoxaparin was associated with increased QALYs.