PCV134

HEALTH UTILITY OF ACUTE CORONARY SYNDROME PATIENTS FROM AN ASIAN POPULATION

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OBJECTIVES: To compare the health utility of Acute Coronary Syndrome (ACS) patients from an Asian population at baseline admission and 12 months post-ACS. Secondary objectives were to investigate the factors that affect the health utility of the patients and the impact of the ACS on the quality of life (QOL) of the patients.

METHODS: A total of 112 subjects were recruited into the study of which 56 were males and 56 were females. The mean age of the patients was 56.1 years, 88% were male and duration of admission was 6.3 days. Calculated by Malaysian tariff weights, health utility was 0.75 during initial admission, increasing to 0.82 after 12 months. Several factors related to anticoagulation treatment satisfaction and HRQOL are important to patients and should be included in clinical trials, particularly as the burdens and benefits of anticoagulants evolve over time.

CONCLUSIONS: Although some of the identified measures have shown responsiveness in clinical trials, this review concluded that no existing measure meets the criteria to effectively support clinical decision-making.

PCV135

HEART-RATE-RELATED QUALITY OF LIFE IMPACT OF TRIPLE COMBINATIONS OF OLMESARTAN MEDOXOMIL, AMLODIPINE BEYLADE AND HYDROCHLOROTHIAZIDE IN SUBJECTS WITH HYPERTENSION

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OBJECTIVES: A secondary objective of a phase-III study spanning 54 weeks was to measure the impact of heart rate-related quality of life (HRQL) of 2,600 patients aged ≥ 50 years of age with moderate-to-severe hypertension who ended up receiving one of the triple combinations of the EQ-5D (scores 0–1) and the modified EQ-5D (scores 0–100).

METHODS: Descriptive statistics were used to measure the impact of HRQL on patients over the study period. Analysis of covariance (ANCOVA) was used to identify those factors (i.e., age, sex etc.) that could possibly have influenced HRQL. Linear regression was used to assess the relationship between changes in blood pressure and HRQL scores. RESULTS: At the start study 90.8% of patients had Grade 2 or 3 hypertension, but at the end study 91.9% had normal/high-normal BP. Patients’ baseline MINICHL mood and somatic domains scores were 5.5 and 2.6. Over the study period HRQL improved as both MINICHL mood and somatic domains scores improved significantly (p < 0.001) while utility after 12 months was 0.82 (p < 0.001) respectively. CONCLUSIONS: This study investigated several factors that may impact the QOL outcomes of Malaysian ACS patients. It also found significant differences in utility values calculated by Malaysian and UK tariffs, which indicate that the use of local tariffs is more appropriate.

PCV136

TREATMENT PATTERNS AND QUALITY OF LIFE OF PATIENTS WITH NON-VALVULAR ATRIAL FIBRILLATION: AN EXPERIENCE OF A TERTIARY CARE CENTRE.

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OBJECTIVES: This study aimed to determine anti-coagulant treatment patterns and stroke- and bleeding-related risk factors and to evaluate quality of life (QOL) in non-valvular atrial fibrillation (NVAF) patients. METHODs: NVAF patients were recruited in the Anticoagulation-related treatment (ACT) Questionnaire (PACT-Q); 3) Duke Anticoagulation Satisfaction Scale (DASS); 4) Anti-Clot Treatment Scale (ACTS) [based on the DASS conceptual model]; and 5) Deep Venous Thrombosis Quality of Life (DVTQoL) [assesses HRQOL outcomes related to a primary event of DVT occurred in 12 months]. RESULTS: A total of 2579 permanent cardiac pacemakers (PCPM) were implanted in the Slovak Republic in the year 2012, 523 reimplantations were utilised in 475 resp. 98 permanent pacemakers in 98 Slovak patients. In the Slovak Republic there was not realised the study oriented on QOL in the patients with this treatment. METHODS: 100 patients with PCPM were studied, women 58, men 42. The average age was 66.47, during of illness 6.93 ± 5.73 years, 31 patients were married, 31 divorced or a widower, widow, single 39.2%. In the 102 patients had sick sinus syndrome (SSS). 22 - AV blockade II, 23 - AV blockade III, 16 - brady form of atrial fibrillation. Qol was evaluated by standardised instrument and so Quality of Life Index Cardiovascular – IV. Four domains were examined: health, social, emotional, state, and family relationships. Finally, the total Qol was discovered, too. Kruskall Wallis Anova Test and Mann-Whitney Tests were used to verify the statistical significance. RESULTS: None of rhythm disorders and the duration of illness had impact on Qol. The smallest Qol occurred in health and functional state, the highest Qol occurred in family relations. In the last one (family relations) there was significant difference in comparison to the other domains (p < 0.002), specifically in the group of married patients. The age had negative significant correlation on Qol (p < 0.002), Women had significant lower Qol in the social and economical fields. CONCLUSIONS: PCPM has a certain impact on Qol. The knowledge about the differences in the field of family state and in age group gives the incentive to take more attention to older, divorcees, widowers and single patients and try to realise relevant psychological interventions.

PCV137

QUALITY OF LIFE IN PATIENTS WITH PERMANENT CARDIAC PACEMAKER IN THE SLOVAK REPUBLIC

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OBJECTIVES: 2579 permanent cardiac pacemakers (PCPM) were implanted in Slovakia in the year 2012, 523 reimplantations were utilised in 475 resp. 98 permanent pacemakers in 98 Slovak patients. In the Slovak Republic there was not realised the study oriented on QOL in the patients with this treatment. METHODS: 100 patients with PCPM were studied, women 58, men 42. The average age was 66.47, during of illness 6.93 ± 5.73 years, 31 patients were married, 31 divorced or a widower, widow, single 39.2%. In the 102 patients had sick sinus syndrome (SSS). 22 - AV blockade II, 23 - AV blockade III, 16 - brady form of atrial fibrillation. Qol was evaluated by standardised instrument and so Quality of Life Index Cardiovascular – IV. Four domains were examined: health, social, emotional, state, and family relationships. Finally, the total Qol was discovered, too. Kruskall Wallis Anova Test and Mann-Whitney Tests were used to verify the statistical significance. RESULTS: None of rhythm disorders and the duration of illness had impact on Qol. The smallest Qol occurred in health and functional state, the highest Qol occurred in family relations. In the last one (family relations) there was significant difference in comparison to the other domains (p < 0.002), specifically in the group of married patients. The age had negative significant correlation on Qol (p < 0.002), Women had significant lower Qol in the social and economical fields. CONCLUSIONS: PCPM has a certain impact on Qol. The knowledge about the differences in the field of family state and in age group gives the incentive to take more attention to older, divorcees, widowers and single patients and try to realise relevant psychological interventions.

PCV138

THE EVALUATION OF THE HEALTH RELATED QUALITY OF LIFE AMONG ADULTS WITH HYPERTENSION

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OBJECTIVES: The aim of the study was a subjective evaluation of the quality of life among adults with diagnosed and treated hypertension. The paper also identifies social and clinical factors significantly influencing the quality of life of responders.

METHODS: 112 people took part in the study (38 women and 76 men), aged between 19 and 65 years old – in all cases hypertension was diagnosed and treated in a particular health care centre. As a main study tool a questionnaire WHOQOL-BREF in a Polish version was applied. In addition, in order to evaluate the social and clinical factors that influence the quality of life participants were asked to fill anonymous questionnaire prepared specially for this study.

RESULTS: The results of the conducted studies indicate that people suffering from hypertension experience remarkably lower quality of life comparing to healthy people. Considerable discrepancies in terms of the quality of life were visible in physical and psychological domains of the WHOQOL-BREF questionnaire. It has been assumed that the quality of life of patients with hyper- tension is determined by both social (age, gender, education, economic status), and clinical (level of blood pressure, weight, type of hypertensive therapy, the presence of coexisting diseases) factors. CONCLUSIONS: Chronic diseases, including hypertension, distinctly affect the quality of life of patients. The quality of life of patients with hypertension is determined by numerous social and clinical factors. Thus, there is a need to consider the problem of hypertension and its treatment among adult people multidisciplinary – in order to improve their lives.