QUALITY OF LIFE OF PATIENTS WITH HYPERTENSION USING THE 2007 NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY (NHANES) OF KOREA

Kim J
University of Utah, Salt Lake City, UT, USA

OBJECTIVES: This study was to compare health-related quality of life among patients with hypertension to people without hypertension. METHODS: Using the 2007 NHANES of Korea, EuroQol (EQ-5D) was used to estimate a relation between quality of life and hypertension. In the analysis, adults (age ≥25 years old) at the time of the survey were included. EQ-5D as well as each 5 category such as mobility, self-care usual activity, pain/discomfort and anxiety/depression were considered for the analysis. For the estimation in EQ-5D, a generalized linear model with a logit link and the binomial family was used because EQ-5D was a proportion variable and had high negative skewness. In each specific category, there were 3 categories indicating good (1) to worse (3). Thus, ordered logit regressions were used for the analyses. In all analyses, age, gender, types of insurance, income, years of education and comorbidity conditions were included. Survey weights were incorporated in the analyses to consider the survey design. RESULTS: A total of 2767 subjects was available. Among those, 518 (18.7%) had a hypertension based on self-report on whether they had hypertension or not. Mean (SD) in quality-of-life of patients with hypertension was 0.84 (0.19), while mean (SD) of patients without hypertension was 0.93 (0.12). Among patients with hypertension, 51.7% were elderly (age ≥ 65 years) and 59.5% were female. Ordered logistic patients without hypertension were also 16.6% were elderly and 57.1% were female. Patients with hypertension as compare to people without hypertension were lower in quality of life by ~0.2 (p-value: 0.038) after controlling other factors. Patients with hypertension were worse in mobility and usual activity, but self-care, pain/discomfort and anxiety/depression had no difference from people without hypertension. CONCLUSIONS: Patients with hypertension as compared to people without hypertension were lower in quality of life mostly due to difficulties in mobility and usual activity.

CARDIOVASCULAR DISORDERS – Health Care Use & Policy Studies

PCV117

OBJECTIVES: The impact of Medicare’s Part D coverage gap (donut hole) on drug utilization was examined among patients with hypertension and/or hyperlipidemia, comparing treatment for asymptomatic (hypercholesterolemia and hypertension) and symptomatic (GL, depression, and anxiety) conditions. METHODS: The study sample consisted of patients from the 5 % Medicare (A, B, and D) files with a diagnosis of hypertension and/or hyperlipidemia in 2005 and full-year (2006) fee-for-service, Medicare Part D and low-income subsidy (LIS) or non-LIS eligibles. Study outcomes included any drug use, adherence (percent days covered (PDC) ≥80), and discontinuation (≥30-day continuous gap). The study employed a quasi-experimental design using a pre- (prior to donut hole) and post- (during donut hole) periods comparing three patient groups (non-LIS: without coverage, generic only coverage, and brand / generic coverage during the gap) with a contemporaneous control group (LIS: no coverage gap). A difference-in-difference approach was used with multiple regressions controlling for demographic characteristics, Medicare entitlement status, area-level information, and clinical risk. RESULTS: The donut hole was associated with statistically significant decreases in any drug use and PDC adherence, along with a decrease in the likelihood of a discontinuation for both lipid lowering and antihypertensive drugs. The magnitude of impact was largest among patients without donut-hole drug coverage: 1.1% to 4.1% drop in probability of drug use; 4.4% to 12.1% decrease in drug possession: 1.1% to 4.1% drop in probability of drug use; 4.4% to 12.1% decrease in drug possession. MCS (4.4% to 12.1% decrease in drug possession). MCS (4.4%) to 12.1% decrease in drug possession. IMPLICATIONS: As a result, patients with diabetes, particularly those with uncontrolled hypertension, might experience a worsening of hypertension control and a greater likelihood of hypertension-related complications after the donut hole. In addition, long-term evolution of ischemic patients (mortality, stroke recurrence and cardiac events) was documented in several studies, but the evolution of disability after more than 3-months was not assessed. CONCLUSIONS: As shown above, general information about management of ischemic stroke in acute phase is lacking. New cohort or registry studies aiming to better describe patterns of ischemic stroke care that influence short and long-term clinical and associated economic outcomes need to be developed.

PCV120

THE IMPACT OF PART D ON PREVIOUSLY UNINSURED MEDICARE BENEFICIARIES WITH HYPERTENSION

Sheehan J
University of Maryland Baltimore, Baltimore, MD, USA

OBJECTIVES: To assess the effect of Medicare Part D enrollment on changes in antihypertensive drug utilization for a nationally-representative sample of Medicare beneficiaries without prior prescription coverage. Part D enrollees have characteristics associated with above average drug use. To date, no nationally-representative studies have evaluated the impact of Part D on drug utilization controlling for these selection effects. Panel data methods address these biases in studying treatment for a chronic condition for which drug therapy can promote long term benefits. METHODS: Longitudinal Medicare Current Beneficiary Survey (MCSB) data from the year before and after implementation of Part D.Unit of observation is the beneficiary. Total sample includes all beneficiaries with at least 1 year of prescription information. Sensitivity analysis (ESI) as a sensitivity analysis (N = 5,608 person trimesters). Fixed effects and difference-in-difference (DID) multivariate methods compare changes in drug fills over six 3-month periods for beneficiaries who enrolled in Part D and those who did not. RESULTS: A total of 67% of the primary sample enrolled in Part D. Descriptive analysis shows a monotonic increase in mean antihypertensive fills by trimester ranging from 4.0 to 7.1 for Part D enrollees, compared to a range from 2.7 to 4.4 for non-enrollees. In adjusted DID comparisons, Part D enrollees experienced a 1.79 additional fills per trimester relative to non-enrollees (p < 0.05). Sensitivity effects methods suggest that Part D enrollees filled an additional 1.08 prescriptions per trimester (p < 0.05). Sensitivity analysis show comparable results. CONCLUSIONS: Enrollment in Part D increased drug utilization for a class of drugs known to