Venous Thromboembolism: A Systematic Literature Review to Identify Multi-Attribute Utility Values for Use in Economic Models

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OBJECTIVES: To develop a conceptual model that captures the types of burden and associated impacts experienced by chronic heart failure (CHF) caregivers.

METHODS: Qualitative interviews were conducted with 24 adult CHF caregivers from Spain and Australia. The 60-minute interviews were transcribed and analyzed in order to develop a conceptual model of caregiver burden.

RESULTS: Nine domains were identified, including: (1) financial burdens; (2) communication and provider burden; (3) personal burden; (4) health deterioration; (5) daily activities (e.g., cooking, cleaning, shopping); (6) social burdens (e.g., shame, isolation, stigma); (7) lifestyle changes (e.g., lack of time for themselves, non-caregiving tasks); (8) patient’s burden; (9) burden to other family members. These burdens are multifaceted, and understanding how these burdens within a valid conceptual model will allow the development of instruments to measure the level of CHF caregiver burden.

CONCLUSIONS: Further research is required to understand and quantify the link between CHF patients’ symptomology and the level of burden that this places on caregivers.

The IMPACT OF ATRIAL FIBRILATION SYMPTOMS IN THE HEALTH RELATED QUALITY OF LIFE IN SPANISH POPULATION (ULISES STUDY)

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OBJECTIVES: To assess the impact of symptoms in patients with Atrial Fibrillation (AF) through AF-Qol, a specific questionnaire to measure Health Related Quality of Life (HRQoL) and HRQoL. METHODS: Observational, cross-sectional study in cardiologist settings. Patients included were >18 years old with paroxysmal AF (AFpar) or persistent AF (Afper). Main clinical variables: type of AF, NYHA functional stage, symptoms frequency and duration and CHADS2 index. AfQol has 18 items and 3 domains: psychological, physical and sexual activity, and scores standardized between 0 (worst HRQol) and 100 (best HRQol).

RESULTS: A total of 824 patients were included: 513 (62.3%) with AFpar and 311 (37.7%) with AFper. 56.1% were male and mean (SD) age was 68.2 (11.3) years. Patients with AFpar were younger than AFper (p<0.001). 82.8% and 63.1% of patients with AFpar had palpitations and dyspnea vs. 62.4% and 44.7% of AFper (p<0.001). AFpar was associated to higher thromboembolism risk by CHADS2 (p<0.001). Global mean (SD) score for AFQol was similar between both types of AF: 51.23 (23.76) in AFpar and 46.68 (24.48) in AFper, but differences were observed in physical domain having AFpar a higher mean score that AFper (0.001). Multivariate analysis showed that presence of mild or no symptoms, practicing exercise, having NYHA stage I and II and not having emergency visits was related with higher score of HRQol. (p<0.03; p<0.001).

CONCLUSIONS: AF symptoms have a high impact in HRQol of patient. The ability to reduce frequency and duration of AF symptoms will have a positive impact on HRQol in patients with AF.

COMPARISON OF THE PSYCHOMETRIC PROPERTIES OF THE CAMBRIDGE PULMONARY HYPERTENSION OUTCOME REVIEW (CAMPHOR) AND THE SF-36 IN PATIENTS WITH PULMONARY HYPERTENSION

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OBJECTIVES: The Cambridge Pulmonary Hypertension Outcome Review (CAMPHOR) and the Medical Outcomes Study Short Form 36 (SF-36) are widely used to assess outcome in pulmonary hypertension (PH) patients. The CAMPHOR is a PH-specific measure consisting of three scales: symptoms, activity limitations and needs-based Qol. The SF-36 is a generic health status questionnaire consisting of 36 items and eight domains. The aim of this study was to compare the psychometric properties of these two measures in a population with PH.

METHODS: Participants recruited from six CAMPHOR centres involved in PH. They completed the CAMPHOR and SF-36 at two time points, two weeks apart. The questionnaires were assessed for distributional properties (% scoring minimum and % scoring maximum), item internal consistency (Cronbach’s alpha), test-retest reliability (intraclass correlation coefficient of CHF-Qol and SF-36 Qol scores by WHO functional classification). RESULTS: The sample comprised 65 participants (mean (SD): age = 57.2 (14.5) years, male (%): 14 (21.5)). Most of the participants were in WHO functional class II (27.7%) or III (61.5%). A high proportion of patients recorded the maximum score for the SF-36 social functioning (21.3%) and role emotional (25.0%) domains, signifying insensitivity. Test-retest reliability was below the required level for six of the SF-36 domains,