PCV113
PATIENT SATISFACTION WITH STROKE PREVENTION IN ATRIAL FIBRILLATION - MEDICAL-DRIVEN INTERVAL RESULTS OF A EUROPEAN SURVEY
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OBJECTIVES: To evaluate and compare patient satisfaction with stroke prevention in atrial fibrillation (SPAF) in Europe. Secondary objective is to investigate and compare patient satisfaction between currently satisfied and not satisfied patients. Survey results are presented to initiate discussions and guide analysis for the main survey.

METHODS: A survey based on the Commonwealth Fund Survey (2008) for chronically ill adults is applied to patients with SPAF, with few disease-specific adjustments made. The survey is carried out with structured randomized anonymous telephone interviews in France, Germany, Italy, Spain and UK, screening for respondents with AF aged over 18. Total pilot sample size is 152 respondents, evenly divided per country.

RESULTS: The pilot results indicate differences to other chronically ill patients as well as country variations. Mean age of respondents was 67, 50% were female. For 12%, test results, medical records, or reasons for referrals were not available at the time of their scheduled doctor's appointment. Twenty percent had doctors recommending treatment that the respondents thought had little or no health benefit. 30% felt often or sometimes during the past 2 years that their doctors' communication was because of poorly or did not understand them. 29% had a doctor who sometimes, rarely or never encouraged them to ask questions. 29% had a doctor who sometimes, rarely or never gave them clear instructions about symptoms and when to seek further care or treatment. 39% of the respondents had sometimes, rarely or never (21%) a regular doctor or someone in their doctor's practice to help coordinating or arrange the care they received from other doctors and places.

CONCLUSIONS: The interim survey results implicates that there is room for improvement of the health care systems, the organization of medical care and the communication. Future research with extended respondent numbers needs to be analyzed to allow robust and clearer recommendations.

PCV114
PREFERENCES FOR COMMUNICATION OUTCOMES FOLLOWING A STROKE
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OBJECTIVES: Communication impairment after stroke has wide-ranging impacts on everyday activities and social participation. Following stroke, there are waiting lists of upto 6 months for National Health Service (NHS) speech and language therapy (SLT). Objectives were to estimate the willingness of participants to wait for SLT, to identify preferences for communication outcomes following stroke, and to inform the development of a discrete choice experiment (DCE) to explore preferences for communication outcomes. Participants were 301 stroke survivors with communication impairment and were recruited by close relatives and friends of participants who had had an stroke. Participants were from a demographically representative sample of adults (aged ≥18) in the UK. Measures included the Mini-Mental State Examination (MMSE), the National Adult Reading Test (NART), and the Telephone Interview for Cognitive Status (TICS) to identify possible cognitive impairment.

METHODS: The interim survey results indicates that there is a high prevalence of communication impairment after stroke (64% of survivors had some communication impairment) and that 35% of respondents felt that the services available to them were not good enough. The survey also highlighted a general lack of information about communication therapy services.

RESULTS: The survey results show that the majority of respondents (73%) believed that communication therapy could improve their quality of life. However, only 40% of respondents were willing to wait longer than one year for treatment that improves their ability to communicate and places.

CONCLUSIONS: The survey results highlight the importance of communication therapy for stroke survivors and indicate that there is a need for better information and support for patients and carers. Future research needs to be undertaken to explore the preferences for communication outcomes following stroke and to inform the development of a discrete choice experiment (DCE) to explore preferences for communication outcomes.

PCV115
THE SENSITIVITY OF PROs IN EVALUATING ADVERSE EVENTS IN PEOPLE RECEIVING “STATIN” THERAPY
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OBJECTIVES: To investigate whether patient reported outcomes could detect adverse event differences between cholesterol lowering agents “statins” and patients could recall enough information to assess the differences.

METHODS: In this evaluation, PRObE (patient reported outcome based evaluation) methodology consisting of a web-based system supplemented by telephone reporting was used to collect naturalistic data from people who were taking or about to start “statin” therapy. People were recruited through internet pay per click advertising, social networking sites and search engine optimisation. Data collection was a one off questionnaire. Data included baseline demographics, therapy name, dose, cholesterol level before and after treatment, any side effects and action taken in response to side effect. RESULTS: A total of 679 recipients participated in the evaluation. 49% of participants were male with 43% aged between 41-60 and 52% between 61-80. Overall, 33% (56%) of respondents felt they had experienced a side effect since commencing “statin” therapy with an average of 5 side effects per person. 121 (18%) people reported that they required treatment with respect to the side effect, the comment report being muscle pain in the arms or legs (28% of patients accounting for 11% of all side effects). Interestingly, 24% of people on atorvastatin (mean dose 26mg) required treatment in relation to their side effect(s) as compared to 19% on simvastatin (mean dose 29mg). 64% of people could recall their cholesterol before starting therapy and 94% supplied a meaningful figure. CONCLUSIONS: This evaluation shows that the PRObE methodology quickly captured patient reported outcome information on adverse events and patient actions in a population taking cholesterol lowering therapy. Half the population receiving “statins” reported a side effect and 18% required a medical intervention in relation to their side effect(s).

PCV116
THE IMPACT OF HIGH RISK OF STROKE PATIENTS DIAGNOSED WITH ATRIAL FIBRILLATION ON HEALTH-RELATED QUALITY OF LIFE, AND HEALTH CARE USE IN SEU
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OBJECTIVES: This study investigates stroke risk and the association with health-related quality of life (HRQoL), and resource use among diagnosed atrial fibrillation (AF) patients. METHODS: The study included data from the EU 2010 (N=57,805) National Adult Reading Test (NART) and a self-administered internet-based questionnaire from a demographically representative sample of adults (aged ≥18) in SEU. Stroke risk was assessed with CHA2DS2-VASc, an index summing the presence of congestive heart failure, hypertension, age ≥75 (2 points), diabetes mellitus, previous stroke/transient ischemic attack (2 points), age 66-74, and female gender. CHA2DS2-VASc was (0-2, moderate-1), and high (2+) risk patients reported on measures of HRQoL (mental (MCS), physical component summary (PCS) and SF-6D (health utility) scores from the SF-12v2, and health care resource use. RESULTS: The survey had a response rate of 93.9%, 15.1% were low, 27.9% moderate, and 57.0% high risk for stroke. Significant differences exist in the use of anticoagulant medication for stroke prevention among low- (38.9%) vs. moderate- (54.9%), and high- (59.8%) risk patients, p<0.05. High-risk patients reported significantly lower levels of HRQoL relative to low-risk patients (PCS: 37.1 vs. 41.3; Utilities: 0.63 vs. 0.70, p<0.05). The number of hospitalizations and physician visits in the past 6 months were also significantly higher for high-risk patients compared with both low-risk and moderate-risk patients (hospitalization: high- (0.43) vs. moderate- (0.26) and low-risk (0.14), p<0.05)

CONCLUSIONS: In SEU, 40% of AF patients at high-risk of stroke are not taking anticoagulant medication. Being high-risk for stroke can be a substantial burden on AF patients, reducing their HRQoL, after accounting for demographics, patient characteristics, and comorbidities. Increased number of hospitalizations and physician visits in the past 6 months are also significantly higher for high-risk patients compared with both low-risk and moderate-risk patients (hospitalization: high- (0.43) vs. moderate- (0.26) and low-risk (0.14), p<0.05).