OBJECTIVES: Minority, underserved patients, such as African Americans and Hispanics, are at increased risk of anticoagulation-related complications. Evidence shows that non-adherence has a negative influence on anticoagulation control. Therefore, the objective of the study was to identify patient factors affecting non-adherence with anticoagulation therapy in an inner-city, underserved minority population.

METHODS: A cross-sectional survey of inner-city minority patients who received care at the University of Illinois at Chicago Antithrombotic Clinic. Data on socioeconomic and clinical characteristics, social support factors, and media exposure were collected using a self-administered questionnaire reviewing medical records and interviews. Logistic regression analyses were performed to identify factors that could be potentially associated with non-adherence to anticoagulation therapy.

RESULTS: A total of 243 African American (n=180) and Hispanic (n=63) patients participated in the survey. The mean age was 54.30 ± 17.69. The majority of the patients had a high school level of school or less (60.44%), an annual income of $<15,000 (44.09%), and had Medicare or Medicaid as their primary insurance (77.37%). The mean time in therapeutic range (rTTR) was 49.29 ± 20.89% and mean non-adherence rate with anticoagulation therapy was 12.62 ± 13.81%. Linear regression analysis showed that patients with missed appointments (p<0.01) and Medicare as primary insurance (p=0.03) were more likely to be non-adherent, whereas married patients (p=0.01) were less likely to be non-adherent.

CONCLUSIONS: Our findings show that patients are more likely to be non-adherent with anticoagulation therapy when they miss their clinic appointments and have Medicare as their primary insurance. In addition, marriage as a form of social support decreases the likelihood non-adherence. Future research is needed on developing interventions that would target and reinforce adherence behaviors, help develop self-efficacy and motivation based on each patient’s lifestyle and social support system.

PATIENT FACTORS AFFECTING NON-ADHERENCE TO ANTICOAGULANT THERAPY IN AN INNER-CITY UNDERSERVED MINORITY POPULATION

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THERAPY IN AN INNER-CITY UNDERSERVED MINORITY POPULATION


PCV76

Utilization of medications for secondary prevention of cardiovascular morbidity and mortality in Medicare beneficiaries

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OBJECTIVES: To describe and compare characteristics of model patients who have used warfarin or the newer anticoagulant, dabigatran.

METHODS: Patient surveys conducted via phone or internet from September to November 2011. Study patients were ≥18 years old, had a diagnosis of AF, and have used either warfarin or dabigatran. Characteristics differences were tested using chi-squared and ANOVA for categorical and continuous variables, respectively.

RESULTS: Of those completing the study survey, 204 were warfarin users and 160 were dabigatran users (NAU). Mean patient age was 65.1. Patients were predominantly male (68.7%) and non-Hispanic white (91.2%). Nearly half (44.0%) of patients were obese and more than half (58.0%) had a Charlson Comorbidity Index (CCI) of ≥1. Average number of years with an AF diagnosis was 7. Patients were taking 6.26 medications on average. NAU were more likely to be female (36.5% vs. 27.0%), younger (60.93 vs. 68.36 years), diagnosed more recently (5.78 vs. 8.10 years), and had more education compared to warfarin patients (p<0.05). Levels of obesity (31.9% vs. 53.4%) and CCI burden of ≥1 (81.9% vs. 62.7%) were lower among NAU (p<0.05). NAU were more likely to use an OTC medication (38.7% vs. 12.5%) or both a prescription and OTC medication (11.3% vs. 4.3%) to treat stomach-related symptoms (p<0.05). NAU more often had a story to share about their treatment options with their physicians (36.9% vs. 24.5%) rather than have their physician prescribing (60.6% vs. 73.5%) (p<0.05). NAU were significantly less likely to have considered switching their medication (10.7% vs. 31.9%). Among those considered switching, cost (62.5%) was the most common reason for NAU, and inconvenience factors for warfarin users. CONCLUSIONS: There were some characteristic differences among AF patients understanding patients’ characteristics may be the first step in helping patients to be adherent to their stroke prevention medications.

PCV77

THE DEVELOPMENT AND VALIDATION OF THE SHEFFIELD PREFERENCE BASED QUESTIONNAIRE (SPVU-Q) AND ITS USE IN A POST ACUTE MYOCARDIAL INFARCTION POPULATION

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OBJECTIVES: To describe the development of the Sheffield Preference-based Leg Ulcer Questionnaire (SPVU-Q).

METHODS: Patient and clinician interviews (n=31) were used to identify items for inclusion. The psychometric performance of the items in the draft descriptive system were evaluated through a postal survey of venous ulcer patients (n=266). Factor and Rasch analysis were used to guide the choice of the final items. Preference based models (OLS, model) predicted 25% out of the 26 health states (H11005/H11006/H11021) within 0.01, and the predicted value within 0.03, 69% of the time and within 0.05 92% of the time. The mean absolute error was 0.02. CONCLUSIONS: A bottom-up approach was used to design SPVU-Q. It is the only existing PRO which has utility assigned to the health states it describes and so can be used within economic analysis of interventions for venous ulceration.

PCV78

COMPARING QUALITY OF LIFE IN A MALAYSIAN POST ACUTE CORONARY SYNDROME POPULATION USING EQ-SD UTILITY TARIFFS FROM DIFFERENT COUNTRIES

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OBJECTIVES: The purpose of this research was to examine the differences in quality of life (QOL) results of Malaysian post-acute coronary syndrome (post ACS) patients calculated using utility tariffs from different countries. METHODS: This study utilizes primary data that was collected as part of a study on the cost-effectiveness of a cardiac rehabilitation program at the Sarawak General Hospital, Malaysia. QOL of post ACS patients were obtained using English and Malay versions of the EQ-SD questionnaire that have been validated for use in the Malaysian population. QOL scores were determined using visual analogue scale (VAS) and calculated using a recently developed Malaysian utility tariff (derived from VAS valuation of Malaysians) as well as existing EQ-SD tariffs from several other countries. RESULTS: A total of 112 (female 11.6%, male 88.4%) post-ACS patients with an average age of 56 (10.38) years answered the EQ-SD questionnaire of which 112 were usable for analysis. The patients had average left ventricular ejection fraction (LVEF) of 50.2% on admission. Average length-of-stay in hospital and cardiac care was 6 and 3 days respectively. Mean quality of life was 59.7 on the VAS score and the mean predicted QOL index score using different tariffs from Malaysia, UK (TTO), UK (VAS), Japan (TTO), Korea (TTO), New Zealand (VAS) and US (TTO) were 0.72, 0.74, 0.83, 0.60, 0.61 and 0.79 respectively. Recent research argues for valuing of locally and culturally appropriate tariffs for different populations. QOL scores in this sample of post ACS were different when calculated using utility tariffs from different countries. Our findings suggest that the health preferences of Malaysians are unique compared to those of other countries and underscores the importance of applying country specific utility tariffs for QOL and cost effectiveness studies.