for age, sex, blood pressure (BP) stage and history of stroke, we found that the utilities in patients were lower than those of the youngest group, and statistically significantly differing if compared the extremes of youngest and oldest groups were considered (p=0.03). Utility in males was higher than in females (p=0.002). Patients with a history of stroke exhibited lower utility than patients without such history, although not statistically significant (p=0.73). Patients with more than 3 comorbidities had lower utilities than patients without comorbidity (p=0.01). Statistically in significantly relatively higher BP was associated with lower utility at 0.734, for comorbidities in the three groups with the 0% age group, respectively (p 0.422). CONCLUSIONS: Mean utility was estimated at 0.72 in hypertensive patients in Vietnam. In contrast to BP staging and history of stroke, gender was found as a statistically significant predictor of utility. In addition, patients who experience more than 3 comorbidities or older than 70 had statistically significant lower utilities.

**PCV90**

DETERMINANTS OF UTILITY BASED ON THE EQ-5D IN CHRONIC HEART FAILURE PATIENTS AND THEIR CHANGE OVER TIME: RESULTS FROM THE SWEDISH HEART FAILURE REGISTRY

**OBJECTIVES:** There is limited information on drivers of utilities in patients with chronic heart failure (CHF). We analyzed determinants of utility in CHF and drivers of change over one year in a large sample from clinical practice.

**METHODS:** We included 5,334 patients from the Swedish Heart Failure Registry with EQ-5D information available following inpatient or outpatient care during 2008 to 2010; 3,495 had 1-year follow-up data. We applied ordinary least squares (OLS) and two-part models for utility at inclusion, OLS regressions for change over one year, with robust standard errors. We assessed predictive accuracy of both models using cross-validation.

**RESULTS:** Mean age was 73 years, 65% were male, 19% had a left ventricular ejection fraction (LVEF) ≤ 50%, 23% ages 40-49%, 31% ages 30-39%, and 31% ages 20-29%. Of the 5334 patients, utility at inclusion was negatively affected by female gender, increasing age, increasing New York Heart Association (NYHA) class, preserved left ventricular ejection fraction, lung disease, diabetes, and use of nitrates, antplatelets or diuretics.

**CONCLUSIONS:** Utilities in CHF and their change over time are influenced by diverse demographic and clinical factors. Our findings can be used to target clinical interventions and for economic evaluations of new therapies.

**PCV91**

VALIDATION OF A SYNDROME-SPECIFIC INSTRUMENT TO ASSESS ANGINA TREATED BY TRADITIONAL CHINESE MEDICINE (TCM-SAQ): THE ABILITY TO DETECT CHANGES

**OBJECTIVES:** The TCM-SAQ was a valid and reliable syndrome-specific instruction to assess quality of life (QoL) for angina treated by traditional Chinese medicine. The TCM-SAQ was a valid and reliable syndrome-specific instruction to assess quality of life (QoL) for angina treated by traditional Chinese medicine.

**CONCLUSIONS:** In CHF and their change over time are influenced by diverse demographic and clinical factors. Our findings can be used to target clinical interventions and for economic evaluations of new therapies.

**PCV92**

TRAIETORIES OF ANGINA HEALTH-RELATED QUALITY OF LIFE AFTER ACUTE CORONARY SYNDROME IN TRAVERSE-CORE

**OBJECTIVES:** Despite the American Heart Association’s interest in research on the determinants of health-related quality of life (HRQoL) among Acute Coronary Syndrome (ACS) survivors, little is known about trajectories of HRQoL post-ACS. We sought to identify such longitudinal patterns, and their predictors, over the 6 months post-ACS discharge.

**METHODS:** We used data from the Transitions, Risk Factors and Outcomes in Coronary Artery Disease (TRACE-CORE) prospective cohort of patients hospitalized with ACS.

**RESULTS:** HRQoL was measured using the Seattle Angina Questionnaire (SAQ) at the index hospitalization and at 1-, 3-, and 6-month follow-ups. The quality of life subscore of the SAQ ranges 1-100 with higher scores indicating better HRQoL. We used trajectory analysis to identify subgroups of patients with distinctive 6-month post-discharge HRQoL patterns, and predictors of different trajectories.

**RESULTS:** Participants (N = 6092) had a mean age (SD) 13 years, 34% were women, and 83% non-Hispanic white. We identified 3 HRQoL trajectories (FAIR, GOOD, and EXCELLENT HRQoL) consisting of 12.1%, 53.8% and 34.1% of participants, respectively. FAIR (baseline average HRQoL = 38.8, and remaining low over the 6-month follow-up), GOOD (baseline average = 62.6 and increasing modestly over time), and, EXCELLENT (baseline average = 87.0 and remaining high). With FAIR HRQoL as the referent, we found that older age predicted better HRQoL (OR per year for age 1.17, p<0.01). Stroke, diabetes, and hypertension were associated with increased utility. A significant interaction between age category and functional class indicated that patients in the youngest age group are more severely affected by worsening functional status than older patients. The OLS model performed slightly better than the two-part model on a population level and for capturing utility ranges. Change in utility over one year was influenced by age, gender, NYHA class, and use of antplatelets and diuretics.

**CONCLUSIONS:** Significant differences were found in HRQoL scores between patients with different age categories and functional classes. Older age predicted better HRQoL in patients with ACS. Future research should focus on the determinants of HRQoL among patients with ACS.