

tensive (HTN) patients. **METHODS:** The study included adults (18 yrs. or older) HTN patients covered by commercial and Medicare Supplemental insurance in the Truven MarketScan database with an HTN diagnosis between October 2009 and December 2011. At least two filled prescriptions for Exforge HCT or two periods of minimum 15 days of concurrent use of amlodipine, valsartan and hydrochlorothiazide (FC cohort) were required. Patients were continuously enrolled at least 12 months before and 12 months after the index prescription and had valsartan initial dose of 160 or 320 mg/day. Adherence was measured with proportion of days covered (PDC) and medication possession ratio (MPR). Persistence was defined as no treatment gap greater than 30 days. Chi-Square tests and independent sample t-tests were used after adequate propensity score matching (PSM) (absolute standardized differences <0.1) using demographics, comorbidities, pre-index health care utilization, pre-index costs and valsartan initial dose. **RESULTS:** Exforge HCT patients (N=9,221) had better unadjusted outcomes compared to FC patients (N=1,884): higher MPR (81.6% vs 77.0%), PDC (70.0% vs 60.6%) and persistence (42.7% vs 23.6%) (all $p < 0.0001$). After risk-adjustment with PSM, Exforge HCT patients also exhibited better outcomes compared to FC patients: higher adherence (85.7% vs 77.0%), higher PDC (73.8% vs 60.6%) and persistence (46.8% vs 23.6%) (all $p < 0.0001$). More patients had MPR > 80% in the Exforge HCT cohort (72.9% vs 57.5%, $p < 0.0001$). **CONCLUSIONS:** Real-world data indicate that Exforge HCT is associated with improved adherence and persistence compared to amlodipine/valsartan/hydrochlorothiazide FC. These data should be considered by stakeholders engaged with optimizing outcomes of HTN patients.

PCV103

DRUG PRESCRIPTION AND ADHERENCE TO DIET AND EXERCISE AMONG HYPERTENSIVE PATIENTS AT THE MEXICAN INSTITUTE OF SOCIAL SECURITY (IMSS)

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OBJECTIVES: Diet and exercise along with the pharmacological treatment are required for an adequate control of blood pressure among hypertensive patients. The aim of this study is to identify the drug treatments prescribed and attitudes and factors associated with the adherence to these indications. **METHODS:** Socio-demographic and drug treatment information of hypertensive patients aged 20 years and older was obtained from an institutional health survey, Encoprevenimss 2010. Statistical relationships between socio-demographic variables and adherence to diet and exercise were tested. Two binary logistic regression models were constructed to measure the impact of personal attitudes and social and demographic variables on the decision of the patient whether to follow these recommendations. **RESULTS:** Captopril was the leading prescribed drug (31.63%), followed by enalapril (22.45%) and metoprolol (13.58%). The main combination of drugs recommended was captopril with metoprolol. Additionally to the pharmacological treatment, 32.47% and 23.59% of the patients reported full adherence to the diet and exercise indications respectively, 24.04% and 15.78% partially complied and 11.03% and 16.63% did not comply. At 5% level of significance, statistically significant relationships were found between diet and exercise with gender ($p = 0.007$, $p = 0.000$), as well as with age groups ($p = 0.000$). The results from the logistic regressions show that patients with lack of interest about the importance of diet and exercise in their treatment are less likely to adhere to these recommendations. Furthermore individuals that have their blood pressure monthly monitored compared with those who make it annually, are two times more likely to comply with diet and 1.25 times with exercise. Patients at a higher level of education and at older ages have a greater probability to follow these indications. **CONCLUSIONS:** Health campaigns and programs to encourage patients to monitor frequently their blood pressure are desirable in order to improve compliance to non-pharmacological suggestions.

PCV104

THE ASSOCIATION OF ADHERENCE AND HEALTH BEHAVIORS WITH HEALTH STATUS AMONG PATIENTS WITH HYPERTENSION IN JAPAN

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OBJECTIVES: Patients with hypertension in Japan report poor health outcomes, particularly quality of life. Although quality of life can be improved with advances in treatment, there are other modifiable factors which could also be examined as potential targets for intervention. This study investigated the association of medication adherence and health behaviors with health status. **METHODS:** Data from the Japan 2012 National Health and Wellness Survey (NHWS) were used (N=30,000). Only respondents taking a medication for their hypertension were included (n=3,611). Smoking status, exercise behavior, obesity (measured using body mass index), alcohol use, and medication adherence (measured using the Morisky Medication Adherence Scale [MMAS-8]) were used as predictors of health status (measured using the Short Form-36v2) controlling for demographics and comorbidities. **RESULTS:** A total of 67.2% respondents were male; the mean age was 63.11 years. Most patients had a history of smoking (19.6% were current smokers and 36.7% were former smokers) and nearly 30% consumed alcohol daily. On average, patients exercised less than 7 days per month and a third of patients were either overweight (27.6%) or obese (5.8%). When examining items of the MMAS-8, forgetfulness was the most common reason for non-adherence (forgetting, 47.8%; difficulty remembering, 28.9%; forgetting when traveling/leaving home, 20.7%). Controlling for demographics and comorbidities, the strongest predictors of health status were with obesity ($b = -2.68$ for PCS), exercise ($b = 0.14$ for PCS), and forgetting medications (-1.08 for PCS) (all $p < .05$). **CONCLUSIONS:** Significant associations between adherence and health behaviors and health status were observed. Although cross-sectional associations may not translate to causal relationships, these results suggest that improved exercise and weight reduction may result in notable health status improvements, aside from their well-known clinical benefits. Interventions which make it easier for patients to remember their medications could also have health status benefits.

PCV105

THE ASSOCIATION OF ADHERENCE AND HEALTH BEHAVIORS WITH HEALTH STATUS AMONG PATIENTS WITH DYSLIPIDEMIA IN JAPAN

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OBJECTIVES: Dyslipidemia has been associated with decrements in health status among patients in Japan. Aside from improved treatment regimens, health behavior and adherence interventions may also help to improve patient outcomes. This study investigated the association of adherence and health behaviors with health status among patients with dyslipidemia in Japan. **METHODS:** Data from the Japan 2012 National Health and Wellness Survey (NHWS) were used (N=30,000). Only respondents who were using a prescription medication for dyslipidemia were included (n=1,510). Smoking, exercise behavior, obesity (measured using body mass index), alcohol use, and medication adherence (measured using the Morisky Medication Adherence Scale-8) were self-reported by the patient and used as predictors of health status (measured using the physical component summary [PCS] and mental component summary of the Short Form-36v2) controlling for demographics and comorbidities. **RESULTS:** The respondents had a mean age of 61.4 years; slightly more than half (53.2%) were male. Most patients had a history of smoking (18.6% were current smokers and 33.9% were former smokers) and patients exercised a mean of 7.1 days per month. Nearly 30% of patients were either overweight (23.9%) or obese (5.0%). Intentional non-adherence was high with 52.50% of patients cutting back or stopping their medication on their own. Forgetfulness was also common (forgetting, 35.7%; not taking medication in the past two weeks, 25.9%; difficulty remembering, 18.3%). Controlling for demographics and comorbidities, the strongest predictors of health status were with smoking ($b = -1.04$ for PCS), obesity ($b = -3.51$ for PCS), exercise ($b = 0.14$ for PCS), and forgetting medications ($b = -0.75$ for PCS) ($p < .05$). **CONCLUSIONS:** Smoking cessation, improved exercise, and weight reduction may all result in significant health status improvements among patients with dyslipidemia. Interventions which make it easier for patients to remember their medications could have health status benefits in this population.

PCV106

PREVALENCE OF CARDIOMETABOLIC SYNDROME, QUALITY OF LIFE AND TOTAL HEALTH CARE EXPENDITURES OF PATIENTS WITH CARDIOMETABOLIC SYNDROME

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OBJECTIVES: The prevalence of the clustering of cardiometabolic risk factors (CMSRFs) namely hypertension, obesity, hyperlipidemia and diabetes is increasing. But there is limited recent information on prevalence, demographic characteristics, quality of life and health care expenditures. **METHODS:** Full year consolidated data of the nationally representative Medical Expenditure Panel Survey was used (2009-2010). Many similar clinical conditions coded by the International Classification of Diseases (ICD-9-CM) diagnostic code are assimilated together to form Clinical Classification Categories (CCC). CCCs were used to identify patients with hyperlipidemia and hypertension whereas the interview component was used to identify patients with obesity and diabetes. CMS patients were defined as patients diagnosed with obesity and any two conditions among hypertension, hyperlipidemia and obesity. Prevalence of CMS, quality of life, workdays missed and total health care expenditures were determined among patients. **RESULTS:** The prevalence of CMS was found to be 0.92% with the weighted frequency of CMS resulting to 2,848,683. Among the quality of life variables, most CMS patients reported having little interest in things 'all the time' (61.6%). They felt calm (47.1%), faced difficulty climbing stairs (35.6%) and walking steps (30%) and experienced pain (30%) 'most of the times'. They 'sometimes' faced health limitations (40%), had lot of energy (33.7%) and accomplished less due to physical problems (25.5%). Most accomplished less (41%), had work limitations 'none of the time' (30.3%) and faced difficulty standing 'little of the times' (33.7%). 37.8% rated their SF-12 evaluated general health as fair. The total number of workdays missed reported by CMS patients were -3.5 times as compared to patients without CMS (5.12 vs 1.42). The weighted mean total health care expenditures for CMS patients was \$5128 vs \$492 for those without CMS. **CONCLUSIONS:** The prevalence of CMSRFs is increasing alarmingly. They have a detrimental effect on quality of life, work productivity and health care expenditures.

PCV107

IMPACT OF TARGET SPECIFIC ORAL ANTICOAGULANTS ON QUALITY OF LIFE

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OBJECTIVES: The aims of this study were to compare patient outcomes associated with TSOAC and warfarin in terms of quality of life (QoL). **METHODS:** We conducted a prospective, cross-sectional cohort study in an inner-city population treated with warfarin or a TSOAC for more than 3 months. The Duke Anticoagulation and Satisfaction Scale (DASS) was used to assess the anticoagulation-related QoL. Multivariate linear regression analysis was conducted to evaluate the association between TSOAC and QoL, adjusted for potential confounders. **RESULTS:** A total of 138 consecutive patients were enrolled in the study, 73 in the warfarin group and 65 in the TSOAC group. Patients treated with a TSOAC were older (63.2±16.1 vs. 54.9±16, $p = 0.002$), more likely to be white (33.9% vs. 6.9%, $p < 0.001$), had higher education level (4 year college degree or higher, 34.4% vs. 9.6%, $p = 0.004$), and higher annual income (> \$84,000, 75.7% vs 35%, $p < 0.001$), compared with warfarin treated patients. Patients treated with TSOAC, reported lower rates of bleeding or thromboembolism leading to emergency department visits or hospitalizations during the preceding twelve months of therapy, compared with warfarin treated patients (13.9% vs. 32.9%, $p = 0.01$). However, patients on TSOAC reported a higher rate of side