IONS: The risk of AVB in SND patients is increased in cases with AF history. The strategy of primary AAI implantation in SND is cost-saving in patients with no history of AF but no such profit is observed in the group with the history of AF.

CARDIOVASCULAR

CARDIOVASCULAR—Quality of Life/Utility/Preference Studies

CHRONIC VENOUS DISEASE AND DEPRESSIVE SYMPTOMATOLOGY

Guex JJ1, Myon E2, Marionneau N3, Taieb C3
1Societe Francaise de Phlebologie, Nice, France; 2Health Economics & Quality of Life Dept, Boulogne-Billancourt, France

OBJECTIVES: The objective of our study was to assess depressive symptomatology (DS) among CVD affected women. METHODS: Symptomatic women patients suffering from CVD (CEAP C0 to C4), aged over 18, newly treated by their GP with a phlebotropic drug were enrolled in the study. Every patient completed a self-questionnaire including the CES-D scale at day 0, day three and seven. A score over 17 indicates a possible DS, a score over 23 indicates a probable DS. RESULTS: This analysis includes the first 371 patients assessed at day 0, D3 and D7. The mean age was 45.0 years old (SD = 11, n = 370). The mean CES-D scores at day 0, D3 and D7 were respectively 14.9 (SD = 10.2), 13.7 (SD = 8.9) and 12.8 (SD = 10.1). The results highlight a possible DS in our population (score over 17) for 36.3%, 32.3% and 29.0% respectively at day 0, D3 and D7 (p < 0.01, n = 328). Patients that have expressed a probable DS were 74 at inclusion (22.0% of the population); they show a significant improvement of their status assessed by CES-D. From those 74 patients, only 50 still had a score over 23 at D3 and 46 at D7 showing a decrease of 37.8% of the number of patients expressing a probable DS (p < 0.0001, n = 74, matched test J0-J7). CONCLUSIONS: In the study of Riel assessing depressive symptoms in older women (age 65 to 75), 23.1% of women reported high depressive symptoms (CES-D score over 16). CVD result in psychological effects that seriously affect patients’ lives. Following patient management and the use of a phlebotropic drug the prevalence of DS decreased rapidly showing evidence of the relevance of this management.

CHRONIC VENOUS DISEASE: PATIENTS PROFILE

Guex JJ1, Myon E2, Marionneau N3, Taieb C3
1Societe Francaise de Phlebologie, Nice, France; 2Health Economics & Quality of Life Dept, Boulogne-Billancourt, France

OBJECTIVES: The objective of our study was to describe the profile of French women suffering from Chronic venous disease (CVD). METHODS: Symptomatic women patients suffering from CVD (CEAP clinical classes C0 to C4), aged over 18, newly treated by their GP with a phlebotropic drug were enrolled in the study. They completed a self-questionnaire including the SF-12 scale at day zero, day three and day seven. The mean age was 45.0 years old (SD = 11, n = 370). At inclusion time (n = 374), MCS-12 and PCS-12 were respectively 44.7 (SD = 10.6) and 46.4 (SD = 8.4); at day 3 and day 7, these dimensions were respectively: D3: 46.5 (SD = 10.6) and 46.4 (SD = 8.4); and 46.2 (SD = 7.8). For the mental dimension, the difference was statistically significant (p = 0.0001). CONCLUSIONS: These results suggest that CVD has a great impact on women. The SF-12 mean scores were below those of the age- and gender-matched general population. The patient management and the use of a phlebotropic drug demonstrated an improvement on the mental health status of the patient and a decrease of the impact of pain interfering with patients normal work.

VALIDATION OF THE CAMBRIDGE PULMONARY HYPERTENSION OUTCOME REVIEW (CAMPHOR) QUESTIONNAIRE

Meads DM1, McKenna SP2, Doughny NJ3, Doward LC3, Peppe-Zaba J4
1Galen Research, Manchester, UK; 2Papworth Hospital NHS Trust, Cambridge, UK

OBJECTIVES: The CAMPHOR is the first patient-completed instrument specific to Pulmonary Arterial Hypertension (PAH). It consists of separate scales assessing Overall Symptoms (subdivided into Energy Level, Breathlessness and Mood sub-scales), Physical Functioning and Quality of Life (QoL). We report findings from a validation study. METHODS: Patients were recruited from Papworth Hospital, Cambridge, UK for a postal survey. They completed the CAMPHOR and the Nottingham Health Profile (NHP) on the first occasion, then two weeks later completed the CAMPHOR and EQ-5D. Internal consistency was