OBJECTIVES: Patient adherence with hypertensive therapy is a leading cause for uncontrolled blood pressure in the United States. The Anti-hypertensive Adherence Survey (aHA Survey) was developed as a patient self-reported assessment of treatment adherence. This study reports the psychometric properties and construct validity of the tool. METHODS: The aHA Survey was administered to hypertensive patients in a cross-sectional, non-interventional multisite study. The aHA Survey comprised seven items: Knowledge (2 items), Medical Acceptance (3 items), Compliance (6 items), Finance (1 item), Willingness to Change (4 items) and Depression (2 items). The aHA algorithm assigns points and designates intervention prompts based on patient’s responses to individual items. Construct validity of the aHA Survey was evaluated using an extension of the 1-parameter Rasch model for polytomous response data when the items within a domain have unique rating domains and recall periods, the Partial Credit Model. Unidimensionality was evaluated for the full instrument and related scoring using goodness-of-fit statistics with an expected range between 0.60-1.40. Reliability of the scores was assessed using the Rasch person reliability estimate and the internal structure evaluated using Principal Components Analysis. RESULTS: A total of 273 patients were included in the study (50.5% male, 89.4% Caucasian). Item fit was acceptable for all items on the aHA Survey. The overall reliability for aHA Survey was moderate to high (alpha = 0.84) and 33% of the underlying variance in adherence was measured by the items on the instrument. CONCLUSIONS: This study demonstrates the utility of measuring a multi-dimensional phenomenon such as adherence in patient’s hypertensive therapy using a self-report instrument. The current items and related scoring algorithm indicate good construct validity and reliability, which is imperative for clinical utility. Validation against real-world data will be considered in the next phase of research.

OBJECTIVES: Persistence in hypertension treatment with OLM is a leading cause for uncontrolled blood pressure in the United States. The Anti-hypertensive Adherence Survey (aHA Survey) was developed as a patient self-reported assessment of treatment adherence. This study reports the psychometric properties and construct validity of the tool. METHODS: The aHA Survey was administered to hypertensive patients in a cross-sectional, non-interventional multisite study. The aHA Survey comprised seven items: Knowledge (2 items), Medical Acceptance (3 items), Compliance (6 items), Finance (1 item), Willingness to Change (4 items) and Depression (2 items). The aHA algorithm assigns points and designates intervention prompts based on patient’s responses to individual items. Construct validity of the aHA Survey was evaluated using an extension of the 1-parameter Rasch model for polytomous response data when the items within a domain have unique rating domains and recall periods, the Partial Credit Model. Unidimensionality was evaluated for the full instrument and related scoring using goodness-of-fit statistics with an expected range between 0.60-1.40. Reliability of the scores was assessed using the Rasch person reliability estimate and the internal structure evaluated using Principal Components Analysis. RESULTS: A total of 273 patients were included in the study (50.5% male, 89.4% Caucasian). Item fit was acceptable for all items on the aHA Survey. The overall reliability for aHA Survey was moderate to high (alpha = 0.84) and 33% of the underlying variance in adherence was measured by the items on the instrument. CONCLUSIONS: This study demonstrates the utility of measuring a multi-dimensional phenomenon such as adherence in patient’s hypertensive therapy using a self-report instrument. The current items and related scoring algorithm indicate good construct validity and reliability, which is imperative for clinical utility. Validation against real-world data will be considered in the next phase of research.
Venous thromboembolism (VTE) is a frequent event in the developed world and is associated with significant long-term consequences, including post-thrombotic syndrome, recurrent VTE, poor health-related quality of life (HRQoL) and death. VTE can manifest as deep venous leg thrombosis or lung embolism.

OBJECTIVES: To examine factors associated with HRQoL in a randomized, double-blind phase III trial comparing dabigatran etexilate to dose-adjusted warfarin in acute VTE (RE-COVER).

METHODS: Following parental treatment of acute VTE, patients were randomized to oral dabigatran etexilate or warfarin for six months. Patients completed the EQ-SD questionnaire at baseline, three and six months. EQ-SD index scores (UK weights) were regressed on treatment, time since index VTE, age, gender, race, ethnicity, smoking status, body weight, and various clinical characteristics/conditions. Multivariate Censored Least Absolute Deviations (CLAD), Tobit and Ordinary Least Squares (OLS) regression methods were compared. EQ-SD questionnaire responses were also examined to identify the most affected health domains.

RESULTS: A total of 1,045 patients on warfarin and 1,264 on dabigatran with valid EQ-SD scores at baseline; 1,149 and 1,150, respectively, at trial end. After controlling for covariates, the following factors were statistically significant (p < 0.05): CLAD and exhibited the largest magnitude changes in EQ-SD index scores (from largest to smallest): 6 months post VTE (+0.21), 3 months post VTE (+0.19), recurrent DVT (+0.17), undereight (+0.09), female (+0.08), morbido obese (+0.07), recurrent pulmonary embolism (+0.06), heart failure (+0.05), age > 65 (+0.04) and clinically relevant bleeding (+0.03). There were no statistically significant differences between treatment groups. All regression methods yielded comparable results.

CONCLUSIONS: In the RE-COVER trial demonstrate that HRQoL after VTE is largely dependent on the time from event rather than choice of treatment. Further, significant differences in HRQoL were associated with certain demographic and patient characteristics.