HYPERCHOLESTEROLEMIA AMONG CHINESE AMERICANS

PREVALENCE, AWARENESS, TREATMENT, AND CONTROL OF HYPERCHOLESTEROLEMIA AMONG CHINESE AMERICANS

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OBJECTIVES: To describe the impact on real conditions of a treatment's compliance. METHODS: Between May and July, 2002, 567 GP's recruited 1049 female patients spontaneously consulting for CVD. The patients filled in questionnaires (CIVIQ, SF-12 and Epworth) in order to evaluate the consequences of their disease. A patients subgroup with RA (treated with ruscus aculeatus, hesperidin methyl chalcone HMC & acide ascorbique Vit.C) prescription was identified. RESULTS: The group with 2 tablets a day (n = 35) was called the < "non observant group": (NOG) >>, the group treated with the recommended dosage (4 tablets) a day was called "observant group": (OG)" (n = 831). Before treatment, both groups were comparable in terms of average age (44.1 v. 45), height and weight (BMI : 24.3 v. 24.2). The risk factors have been compared: sedentary lifestyle, family history, underfloor heating, pregnancy. None are significant except sedentary lifestyle (NOG 55% vs. 66%, p < 0.0001, test ki2). No significant difference was observed between the NOG and the OG: CIVIQ : 34.3 v. 32, SF12: Physical dimension: 48.2 v. 46.2, Mental Dimension: 42.5 v. 45, Epworth: 7.2 v. 7.8. After a seven day treatment, the same scales were administered, in the NOG, no QoL scale improved. In the OG, SF-12 mental dimension, CIVIQ and Epworth scores significantly improved at D7 (with p respectively < 0.001, = 0.01, < 0.001).

CONCLUSIONS: The compliance with treatment at recommended dosage clearly shows an improvement of specific and non specific quality of life scales at seven days. The future availability of an RA double dose tablet should improve treatment's compliance by decreasing the intakes.

CHRONIC VENOUS DISEASE: CARE IMPACT

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OBJECTIVES: Describing the venotonic and contention association impact on the patients quality of life. METHODS: Between May and July, 2002, 567 GP's recruited 1045 female patients spontaneously consulting for CVD. Two patient subgroups were identified: RA (treated with ruscus aculeatus, hesperidin methyl chalcone HMC & acide ascorbique Vit.C), RAC: (treated with RA and contention). RESULTS: In both subgroups RA (n = 697) and RAC (n = 269), risk factors were compared: sedentary lifestyle, family history, underfloor heater, pregnancy. Obesity and family history were found most often among the RAC patients (25% v. 16% and 50% v. 34%, p < 0.001 ki2). At inclusion, specific (CIVIQ), non specific (SF12) quality of life (QoL) and daytime sleepiness (Epworth scale) were evaluated through a self-questionnaire. A total of 304 patients answered at D0 and D7. No significant difference was observed between the 2 groups RAC v. RA; CIVIQ: 32.3 v. 32.3, SF12: Physical dimension: 45 v. 46.9, Mental dimension: 43.7 v. 45, Epworth: 8.4 v. 7.5. After a 7-day treatment, the same scales were administered. In the RAC group, CIVIQ improved (p =...
CHRONIC VENOUS DISEASE: THROUGH BODY MASS INDEX

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Many studies have confirmed obesity as a Chronic Venous Disease (CVD) risk factor. Few studies have described the pathology through Body Mass Index (BMI).

OBJECTIVES: To describe the impact of obesity in CVD.

METHODS: Between May and July, 2003, 567 GP's recruited 1049 female patients spontaneously consulting for CVD. The patients filled in a series of validated questionnaires in order to evaluate the consequences of their disease.

RESULTS: The results of the study concern 1045 patients with a mean age of 44–45 years old (SD 10.70) (min: 18–max: 65); 66% with a professional activity. The patients average size was 164.39cm (SD 5.99) for an average weight of 65.2kg (SD 12.5). The BMI calculation gives an average BMI of 24.17 (SD 4.71). The values issued by the WHO have been taken into account: Thinness: 4%—Normal weight 62%—Overweight: 24%—Obesity: 10%. For each of these subgroups, CIVIQ score is respectively of 21.2–16.6–25.8–32.1. In order to make the analysis easier, we have reduced the two subgroups, CIVIQ score is respectively of 21.2–16.6–25.8–32.1. In order to make the analysis easier, we have reduced the two subgroups BMI <27 vs. >27. CIVIQ score is: 29.8 vs. 40.9 (p < 0.0001). This difference is found through the severity (CEAP) classification: 15% of C0–C2 have a BMI > 27, while they represent 26% of the C3–C6 (p < 0.001). We have tested both subgroups on sedentary lifestyle, family history, underfloor heating and pregnancy risk factors. None are significant except sedentary lifestyle (61% vs. 76%, p < 0.0001). CONCLUSIONS: A more important CVD severity grade is expected for a BMI > 27.

THE USE OF INTERNET-BASED TECHNOLOGY TO ASSESS MEDICATION ADHERENCE IN PATIENTS WITH HYPERTENSION AND TO PROVIDE INTERACTIVE HEALTH INFORMATION

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A major factor why hypertension is often insufficiently controlled is due to poor medication adherence. The AdhereRx is a web-based technology that can assist practitioners in educating patients on the importance of medication adherence. The Morisky scale is a simple validated tool that can detect patient non-adherence to medications.

OBJECTIVES: Assess patient medication compliance and hypertension goal achievement using the Morisky survey along with education resources included in the AdhereRx program.

METHODS: This study was undertaken in a hospital outpatient pharmacy. Patient presented with an antihypertensive medication prescription was asked to complete the Morisky survey. Results were entered into the AdhereRx website. The most recent blood pressure measurement was recorded. Based on the Morisky score, the pharmacist browsed the online library and provided appropriate printed educational materials from the website in conjunction with individual verbal counseling to the patient.

RESULTS: Of the 91 men and women with a mean age of 57.56 (standard deviation, 12.09) years, 21% had low to medium level and 79% had a high level of medication adherence. The most common reason patients stopped taking their medication was “forgot to take their medication” followed by “careless”, followed by “stop medication when feel better” and “stop medication when feel worse”. More patients in the high adherence group achieved blood pressure goal than patients who scored low or medium adherence, 83% vs. 63% respectively (p < 0.001). Patients who had low adherence required more antihypertensive agents to control their blood pressure. In a Pearson correlation analysis, high medication adherence is associated with increased rates of blood pressure goal attainment (p < 0.01).

CONCLUSIONS: There is a strong positive correlation between medication adherence and blood pressure goal attainment. The AdhereRx web-based program is easy to use and provides specific tools to help practitioners educate their patients to improve medication adherence.