

confirmed that patients who had a greater improvement in 6MWD (>40m) at week 12 of the study had higher mean scores than those with lower improvement (<40m). Furthermore, patients with better functional ability according to WHO classification had higher EQ-5D utility scores than those with lower ability. **CONCLUSIONS:** Results demonstrate the positive impact of riociguat on patient-reported health status among CTEPH patients.

## PCV142

## EFFECT OF INTERVENTION BY COMMUNITY PHARMACISTS ON AWARENESS OF CONTINUING TREATMENT AMONG PATIENTS WITH HYPERTENSION

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**OBJECTIVES:** Hypertension has few subjective symptoms and its treatment must be continued long term, as patients may stop visiting the hospital regularly and give up on lifestyle improvements. Therefore, the effective and brief coaching-style intervention program is essential in community pharmacies. The objective of this study was to investigate the effect of intervention by community pharmacists on the awareness of continuing treatment among patients with hypertension. **METHODS:** This study was designed as a cluster-randomized controlled trial with a 3-month intervention period. The subjects comprised adult patients with essential hypertension who had been taking antihypertensive medication for at least 3 months. Patients in the intervention group underwent a motivational interview with a pharmacist lasting around 3 minutes each time they received a prescription, while those in the observation group were provided with usual care. Both groups' patients were provided with a home blood pressure monitoring device and pedometer. The study outcome was awareness of the continuation of regular hospital visits, healthy diet, and appropriate exercise, rated on a 10-point scale from "Extremely important" to "Not at all important." **RESULTS:** Responses were obtained from 114 patients at 55 pharmacies (intervention group: 28, observation group: 27) that had enrolled in the study. A comparison of awareness before and after intervention showed that only awareness of regular hospital visits had improved in the observation group ( $p = 0.03$ ), whereas in the intervention group, awareness of both regular hospital visits ( $p = 0.04$ ) and appropriate exercise ( $p = 0.02$ ) showed improvement. **CONCLUSIONS:** The findings of this study revealed that intervention by community pharmacists may contribute to raising awareness of the need to continue exercise. This result implies that pharmacist can improve patients' ability to chronic disease management.

## PCV143

## THE QUALITY OF LIFE IN PATIENTS 12 MONTHS AFTER AN ACUTE CORONARY SYNDROME: RESULTS FROM THE PGRx-3 REAL WORLD DATASET

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**OBJECTIVES:** To measure the quality of life (QoL) of patients 12 months after an acute coronary syndrome (ACS). **METHODS:** PGRx-3 are multiusers, multi-countries, prospective Real World Datasets assembled to describe disease risk factors, burden of disease, disease management, treatment patterns and patient quality of life; they are also used for the study of the effectiveness and relative risk of medicines. More than 15 disorders have been studied with the PGRx methodology and extensive validation studies have been published. Patients are recruited by their physician in France, UK, Italy, Germany, Spain and in the US, and interviewed and/or fill a self-questionnaire. The French PGRx ACS registry has involved 218 investigators since October 2013, 90% of them being cardiologists. To date, 3725 patients have been included. The self-reported QoL was completed at 12 months, using the EQ-5D and SF-12 in a sample of 619 patients who had their follow-up visit between February and May 2015. **RESULTS:** 75% of patients were male, mean age at ACS was 67 years [SD=11], and 71% had a first-lifetime ACS. 12 months after the ACS, the mean score of EQ-5D was 0.72 [SD=0.24], the less favourable ratings were for pain and restriction in mobility, considered as "severe" in 10% and 12% of patients, respectively. Using the SF-12, 65% patients rated a "good" health, 80 (47%) had limited mobility, and 70% declared some pain interfering with normal life. **CONCLUSIONS:** 12 months after ACS, patients declared a rather good QoL, despite daily limited mobility, pain and discomfort.

## PCV144

## A SYSTEMATIC LITERATURE REVIEW ON THE IMPACT OF THERAPEUTIC INTERVENTIONS ON QUALITY OF LIFE IN SYSTOLIC HF RANDOMIZED CLINICAL TRIALS

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**OBJECTIVES:** Systolic heart failure (HF), is a progressive condition carrying a high risk of mortality, hospitalisation and having a significant detrimental impact on quality of life (QoL). Current therapies indicated for use in this patient population demonstrated beneficial effects on QoL, however the magnitude of effects remain debatable. This review was performed to identify QoL instruments (disease specific and generic) used in systolic heart failure, to estimate the impact of various pharmacological interventions. **METHODS:** Publications resulting from Randomised controlled trials (RCTs) as well as post-hoc analysis of RCTs from 1996 to October 21, 2014 were selected using pre-defined inclusion criteria. Critical appraisal of trials was performed using the NICE risk of bias tool. **RESULTS:** A total of 37 publications from 33 RCTs met the inclusion criteria. The main HF-specific QoL instruments used were the Minnesota Living with Heart Failure Questionnaire (MLHFQ) (8,004 patients) in 19 trials and the more recent Kansas City Cardiomyopathy Questionnaire (KCCQ) (12,101 patients) in four trials. The generic EQ-5D (VAS) was used in three trials whereas SF-36 was used in two trials. Four studies also reported correlations between end point changes in morbidity or mortality and change in QoL. Significant changes in QoL were found in 9 active and 5 placebo-controlled trials respectively,

which could be attributed to various pharmacological interventions. The critical appraisal concluded that the studies were of moderate quality. **CONCLUSIONS:** The majority of included RCTs used HF-specific questionnaires, to measure QoL. From 2009 onwards, the use of KCCQ increased compared to MLHFQ and KCCQ was administered to a comparatively larger study population. Thus, QoL data retrieved from studies using KCCQ are considered to be more representative of the real world. The inconsistency in reporting of QoL results in RCTs limited comparison of the treatment impact on QoL.

## PCV145

## APHERESIS TREATMENT IN GERMAN PATIENTS WITH SEVERE HYPERCHOLESTEROLEMIA - A PSYCHODRAMA MARKET RESEARCH

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**OBJECTIVES:** In Germany, apheresis is indicated for patients on maximally tolerated lipid lowering therapy (max LLT) with uncontrolled low density lipoprotein (LDL) levels over 12 months. The current application process restricts patients' access to apheresis although no other treatments are available. Despite its burdensome nature and invasiveness, this procedure offers an additional LDL lowering when max LLTs are insufficient. This psychodrama market-research aimed to understand the patients' perception of apheresis and how apheresis affects daily living. The core concept is to "ask without asking". **METHODS:** Eligible patients had severe hypercholesterolemia,  $\geq 1$  cardiovascular event, apheresis, and were  $\leq 72$  years of age. The conducted workshops focused on the following topics: 1) disease perception 2) perception of apheresis 3) anticipated impact of new therapies on patients' quality of life (QoL). Psychodrama techniques were used to investigate and gain insight into the perceptual and emotional world of the patients. A QoL questionnaire (SF-36) was applied before (QoL with apheresis) and after the workshop (imagination of QoL with a new therapy option). **RESULTS:** Four workshops took place in October 2014 in Munich (n=2), Berlin and Frankfurt. The average age was 63 years (N=26) and patients had broad experience with apheresis. The assessment on the disease perception led to feedbacks such as, "It doesn't hurt and that is bad!", "My whole life changed" or "The fear is in my head!". Perception of apheresis was ambiguous revealing cons ("invasive", "time-consuming") and pros ("life-saver", "effective"). The SF-36 evaluation demonstrated an increase in the overall QoL state for the majority of patients (n=20). **CONCLUSIONS:** Apheresis is seen as burdensome but necessary. Without alternatives, apheresis is considered important by patients, however, patients are eager to try new therapies offering more efficacious disease control and thereby avoidance of apheresis.

## PCV146

## A DISCRETE CHOICE EXPERIMENT (DCE) TO ELICIT PREFERENCES FOR ATTRIBUTES OF A BEDSIDE PHARMACOGENETIC TEST - PRELIMINARY RESULTS

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**OBJECTIVES:** To quantify preference weights (including willingness to pay = WTP) for attributes of a bedside pharmacogenetic test for the CYP2C19\*2 allele to permit personalization of antiplatelet therapy in patients with acute coronary syndromes (ACS). **METHODS:** This internet-based survey tool comprised of: patient demographics, a decision board and choice sets. Context was provided by way of a decision board that offered three treatment alternatives for hypothetical ACS patients, one of which offered pharmacogenetic testing. Respondents choosing the pharmacogenetic option were provided with 8 choice sets; each with two alternatives. Each alternative consisted of three attributes, each with three levels. Attributes (levels) included: how sample was taken (cheek swab, finger prick or draw blood); turnaround time for results (1 hour, 3 days, 1 week), and cost expressed as an additional annual insurance premium in Canadian dollars (C\$)(C\$0, C\$2, C\$10). A full factorial design was implemented. A conditional logit regression model was used to analyze the responses. The survey was disseminated to randomly selected respondents in Ontario (Canada), stratified by age, gender and education. **RESULTS:** Results are generalizable to the Ontario population. Among 328 respondents who completed an informed consent for the survey, 219 chose the pharmacogenetic test option providing 3472 observations. Exponential coefficients (standard errors) and p values are as follows: Turnaround; 1 week = 0.089 (0.13)  $p < 0.0001$ , 3 days = .243 (0.113)  $p < 0.0001$ , Sample extraction; finger prick = 1.043 (0.104)  $p = 0.683$ , cheekswab = 1.140 (0.100) = 0.19, cost = 0.63127 (0.032)  $p < 0.001$ . WTP in additional annual insurance premiums is C\$5.18 for one hour over a 7 day turnaround time and C\$3.06 over a 3 day turnaround. **CONCLUSIONS:** Respondents were 11 times as likely to choose a 1 hour turnaround time, and tended to prefer the cheekswab method. An incremental WTP was observed for more expedient sample turnaround time.

## CARDIOVASCULAR DISORDERS - Health Care Use &amp; Policy Studies

## PCV147

## IMPACT OF HEART FAILURE ON HOSPITAL ADMISSIONS AND MORTALITY IN SPAIN IN THE PERIOD 2009-2013

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**OBJECTIVES:** Heart failure (HF) is an important public health problem that depletes a large quantity of health resources. Around 2% of the adult population in developed countries suffers from HF. The high prevalence of HF in Spain, around 5%, is mostly determined by its population's progressive ageing. This study describes the impact of HF on hospital admissions, length of stay, hospitalization