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 EFFECTS OF INTERVENTION BY COMMUNITY PHARMACISTS ON AWARENESS OF CONTINUING TREATMENT AMONG PATIENTS WITH HYPERTENSION Shoji M1, Okada H2, Onda M3, Sakane N1, Nakayama T1
1Osaka University of Pharmaceutical Sciences, Osaka, Japan, 2National Hospital Organization Kyoto Medical Center, Kyoto, Japan, 3Kyoto University, Japan
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 treatment in case of therapy (more use of ED). Therefore, continuous low-intensity 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 was a prospective, single-centred study 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 outcomes were 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: Results 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 = 0.04) 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 Nordon C1, Abenham L2, Worsfold A3, Amnal B1, Rossignol M1, Gromadzi-Bensouda L1
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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 is 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-reported questionnaire. The French PGRx ACS registry has involved 218 investigators since 2006, in France, UK, Italy, Germany, Spain and in the US, and interviewed and/or fill a self-reported questionnaire. The French PGRx ACS registry has involved 218 investigators since 2006. Exponential coefficients (standard errors) and p values are provided with a home blood pressure monitoring device and pedometer. The study outcomes were 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: Results 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 = 0.04) 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.

PCV144 A SYSTEMATIC LITERATURE REVIEW ON THE IMPACT OF THERAPEUTIC INTERVENTIONS ON QUALITY OF LIFE IN SYSTOLIC HF RANDOMIZED CLINICAL TRIALS George A1, Deschaseaux CF2, Agrawal P1, Heinrich L1, Ghosh P1
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OBJECTIVES: Systolic heart failure (HF), is a progressive condition carrying a high risk of morbidity, hospitalization and mortality 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 study was performed to identify QoL instruments (disease specific and generic) that have been used to measure 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 identified using pre-defined inclusion and exclusion criteria. Critical appraisal of trials was performed using the NICE risk of bias tool. RESULTS: A total of 17 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) and the Seattle Angina Questionnaire (SAQ), (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 KCQ increased compared to MLHFQ and KCQ was administered to a comparatively larger study population. Thus, QoL data retrieved from trials using KCQ may be more comparable. The inconsistency in reporting of QoL results in RCTs limited comparison of the treatment impact on QoL.

PCV145 APHRESIUS TREATMENT IN GERMAN PATIENTS WITH SEVERE HYPERCHOLESTEROLAEMIA - A PSYCHODRAMA MARKET RESEARCH Schmid T1, Michalovitch G2
1Amgen GmbH, Munich, Germany, 2Amgen GmbH, Munich, Germany
OBJECTIVES: In Germany, apheresis is indicated for patients on maximally tolerated lipid lowering therapy (MLLT) with persistent elevated LDL concentrations. Apheresis to reduce LDL over levels of 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 current therapy fails. Apheresis 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 would change.” 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 availability of apheresis.

PCV146 A DISCRETE CHOICE EXPERIMENT (DCE) TO ELICIT PREFERENCES FOR ATTRIBUTES OF A BETTER PHARMACOGENETIC TEST – PRELIMINARY RESULTS Papadimitropoulos M1, Pechivanoglou P1, Coley D2, Wells G1, Si D3, Grootendorst P4
1University of Toronto, Toronto, ON, Canada, 2THETA (Toronto Health Economics and Technology Assessment Collaborative), Toronto, ON, Canada, 3University of Ottawa Faculty of Medicine, Ottawa, ON, Canada, 4University of Ottawa Heart Institute, Ottawa, ON, Canada
OBJECTIVES: To quantify preference weights (including willingness to pay - WTP) for attributes of a betadice pharmacogenetic test for the CYP2C19*2 allele to permit permutation of patient and physician choices. METHODS: This internet-based survey tool comprised of: patient demographics, a decision board and choice sets. Context was provided by way of a decision situation relevant to these patients with chronic heart disease, one of which offered pharmacogenetic testing. Respondents choosing the pharmacogenetic option were provided with 8 choice sets; each with two alternatives. Each alternative was composed of three attributes, each with three levels. Attributes (levels) included: how sample was taken (cheek swab, finger prick or draw blood), turn-around time for results (1 hour, 3 days, 1 week), and cost expressed as an additional annual insurance premium in Canadian dollars ($C3/$C5/$C10). 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<0.001, 3 days = 0.683 <0.001, Sample extraction, finger prick = 1.943 (0.134) p<0.001, 1 cheekswab = 1.140 (0.100) <0.19, cost = 0.637 (0.023) p<0.001. WTP in additional annual insurance premium is $C5.18 for one hour over a 7 day turnaround time and $C3.06 over a 3 day turnaround time. CONCLUSIONS: Respondents were willing to pay on average 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 & Policy Studies

PCV147 IMPACT OF HEART FAILURE ON HOSPITAL ADMISSIONS AND MORTALITY IN CANADA IN THE PERIOD 2009-2013 Obradors M1, Figueras M2, Villoro R2, González-Domínguez A1, Merino M1, Hidalgo A1
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OBJECTIVE: 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

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