self-reported adherence results and any of the 4 factor scores; CONCLUSIONS: This factor scores for urban black HTN patients were analyzed to determine how experiences of patient's parents can be used to target increased perception of anti-hypertensive medication necessity and reduce patient-specific medication harm concerns.

PCV128
PLACE OF RESIDENCE AND EMPLOYMENT STATUS AFTER STROKE
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OBJECTIVES: To investigate the living and employment situation of patients after stroke, and examine whether this differs by degree of disability. METHODS: We conducted an observational retrospective study among 569 post-stroke patients and examined their living arrangement and employment status. The investigation period was divided into 3 intervals: <3, 3-6 and >6 months after stroke. All patients had their mRS (modified Rankine Score, ranging from 0 full health to 5 severely dependent) measured at 3 months after stroke, plus an additional mRS assessment if the stroke was more than 6 months ago. Patients were recruited in 10 regional and university hospitals across Belgium using a convenience sample stratified by mRS. RESULTS: Before their stroke the majority of patients lived at home (99%) despite the fact that 13% had a previous stroke. At 3 months after stroke an association was found between the time spent in an inpatient care facility (hospital, rehabilitation facility, nursing home) and the mRS (p<0.001 Weibull survival analysis, average inpatients days were 5, 14, 27, 73, 93, 67.0 and 73.4 for mRS 0-5 respectively). Between 3 and 6 months after stroke 16-20% of patients were staying in a rehabilitation facility and 5% in a nursing home, these were mostly patients with mRS >3. After six months all patients returned home, except patients with mRs <2 (40% home). Before stroke 15% were in those working before their stroke, 16-20% patients in mRS categories 0-2 were working again compared to none in mRS category 3-5, of which 14% took early retirement or leave of absence. CONCLUSIONS: Experiencing a mild stroke will not affect the patient's employment and living situation beyond the short term, however suffering a severe stroke is likely to lead to significant changes in place of residence and occupation.

PCV129
USESS-B ORAL HEALTH QUESTIONNAIRE VALIDITY AND RELIABILITY IN A MEXICAN DIABETIC, SYSTEMIC HYPERTENSION AND OBES Patients.
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OBJECTIVES: Evaluate validity and reliability of the USESS-B oral health questionnaire in a Mexican diabetic, systemic hypertensive and obese patients in the primary health care level. METHODS: Were studied 105 subjects with diabetes, systemic hypertension and/or over-weigh-obesity in the context of a diabetic's care group in the Instituto Mexicano del Seguro Social. Was applied an oral health questionnaire adapted USESS-B Oral Health Questionnaire (USESS-B) questionnaire. The questionnaire is divided in three main areas: oral health care habits, oral health and nutrition related habits, and oral health related symptoms and signs. Results:Construct validity: Confirmatory factor analysis of USESS-B Q present 75% of items included in the two main constructs: habits and perceptions each one including specific multi-item questionnaires (correlation coefficients ranged from 0.30 to 0.80, P<0.001); the discriminant validity was assessed by the internal consistency (Cronbach alpha: 0.55 for the construct habits and 0.71 for the construct perceptions). CONCLUSIONS: The USESS-B questionnaire shows significant validity and reliability, suggesting its use as an instrument useful to be a patient reported outcome in oral health in patients with chronic diseases.

PCV130
THE "VENOUS AGE": A NEW TOOL TO SENSITIZE PATIENTS TO THEIR VENOUS DISEASE
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OBJECTIVES: Many years ago, cardiologists developed on the basis of the Framingham study an "arterial age" which is very useful to sensitize patients to their cardiovascular risk. The purpose of the study was to develop a "venous age" to make people more aware of their venous disease and to better adhere to lifestyle and venous disease treatments. METHODS: The score calculation was based on an international epidemiological study conducted in 24 countries in the daily practice or general practitioners. The data base included patients with or without venous disease, whatever the reason for which they were consulting and whatever the level of their venous disease which was systematically described according the elements of the international CEAP classification. RESULTS: The study covers 126 239 patients with available data. Age of 18 years 38.8% had no sign of venous disease (C0), 22.9% had only functional symptoms (C0a), 40.6% had Telangiectasies or reticular veins, 34.8% varicose, 24.9% edema, 14.0% skin changes, 7.3% healed ulcers and 4.3% active ulcers. The statistical analysis has determined the number of years which must be added to the real age to get the "venous age" by comparison of the age of somebody who has no venous functional symptoms or physical signs. The results provide that number for women and men according the degree of disability and venous health satisfaction and health-related quality of life (HRQoL) related to anticoagulation therapy in patients with atrial fibrillation, including evaluating how well the mRS or stroke (home) does not differ to change in mRS compared to patients without atrial fibrillation. Thus a first attempt of creating a "venous age" will be certainly improved in the next future using more complex analysis based on risk factors or other criteria, but it seems already efficient to make people aware of their venous risk and to better adhere to lifestyle improvement and venous disease treatments.

PCV131
PREFERENCES REGARDING THE ATTRIBUTES OF ORAL ANTICOAGULANTS IN PATIENTS WITH ATRIAL FIBRILLATION RESULTS OF A DISCRETE CHOICE EXPERIMENT
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OBJECTIVES: Since the introduction of non-vitamin-K-antagonist oral anticoagulants (OACs), an additional option for stroke prevention in patients with atrial fibrillation (AF) compared to vitamin-K-antagonists (VKAs) is available. The objective of this study was to assess patients’ preferences regarding the attributes of these different treatment options. METHODS: We conducted a multicenter study among randomly selected physicians who were asked to recruit AF patients. Patients’ preferences were measured using a discrete-choice-assisted questionnaire. The patients were used a Discrete-Choice-Experiment (DCE) with four treatment dependent attributes (need of bridging: yes/no, interactions with food/nutrition: yes/no, need of INR controls/ dose adjustment: yes/no, frequency of intake: once/twice daily) and one comparison attribute (the OAC was compared to one of the current treat-ment options which is used under usual circumstances). RESULTS: The interviews were analyzed descriptively and based on a conditional logistic regression model. RESULTS: A total of 140 AF patients (age: 74±8.5 years, 57.0% male; mean CHA2DS2-VASc: 6.1±2.0, current medication: 27.1% rivaroxaban, 71.4% VKA, 1.4% other) could be interviewed. Regardless of type of medication, patients significantly preferred the attributes (level in order of patients’ importance) “once” for “frequency of intake” (binary-coded: once = 1, twice = 0, Coefficient = 0.954, p<0.001), “no interaction with food/nutrition” (yes vs. no: -0.842, p<0.001), “no dose adjustment: yes/no, interaction with food/nutrition: yes/no, need of INR controls/ dose adjustment: yes/no, frequency of intake: once/twice daily) and one comparison attribute (the OAC was compared to one of the current treatment options which is used under usual circumstances). preferences measured in the interviews were analyzed descriptively and based on a conditional logistic regression model. RESULTS: A total of 140 AF patients (age: 74±8.5 years, 57.0% male; mean CHA2DS2-VASc: 6.1±2.0, current medication: 27.1% rivaroxaban, 71.4% VKA, 1.4% other) could be interviewed. Regardless of type of medication, patients significantly preferred the attributes (level in order of patients’ importance) “once” for “frequency of intake” (binary-coded: once = 1, twice = 0, Coefficient = 0.954, p<0.001), “no interaction with food/nutrition” (yes vs. no: -0.842, p<0.001), “no dose adjustment: yes/no, interaction with food/nutrition: yes/no, need of INR controls/ dose adjustment: yes/no, frequency of intake: once/twice daily) and one comparison attribute (the OAC was compared to one of the current treatment options which is used under usual circumstances). The study was part of a larger research project and was approved by a local ethics committee. The project was registered with the German Clinical Trials register (DRKS00003702). RESULTS: A total of 140 AF patients (age: 74±8.5 years, 57.0% male; mean CHA2DS2-VASc: 6.1±2.0, current medication: 27.1% rivaroxaban, 71.4% VKA, 1.4% other) could be interviewed. Regardless of type of medication, patients significantly preferred the attributes (level in order of patients’ importance) “once” for “frequency of intake” (binary-coded: once = 1, twice = 0, Coefficient = 0.954, p<0.001), “no interaction with food/nutrition” (yes vs. no: -0.842, p<0.001), “no dose adjustment: yes/no, interaction with food/nutrition: yes/no, need of INR controls/ dose adjustment: yes/no, frequency of intake: once/twice daily) and one comparison attribute (the OAC was compared to one of the current treatment options which is used under usual circumstances). The study was part of a larger research project and was approved by a local ethics committee. The project was registered with the German Clinical Trials register (DRKS00003702). CONCLUSIONS: Our analyses, “once daily frequency of intake” was the most important attribute for patients’ choice followed by “no interactions” and “no dose adjustment”. Oral AOCs were preferred in 67% of the patients (95% CI: 58-75). A sensitivity analysis by limitation of the sample to patients with CHA2DS2-VASc score of >2 showed similar results. CONCLUSIONS: Our analyses, “once daily frequency of intake” was the most important attribute for patients’ choice followed by “no interactions” and “no dose adjustment”. Oral AOCs were preferred in 67% of the patients (95% CI: 58-75). A sensitivity analysis by limitation of the sample to patients with CHA2DS2-VASc score of >2 showed similar results.