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re-intervention at 5 years (7% vs. 15%); complexity of follow-up (with vs. without CT examination); risk of major complications (2% vs. 5%); additional cost of intervention (€0 vs. €2000). Patients preferences were elicited before treatment (NAIF) and after treatment with open surgery (OPEN) or endovascular procedure (EVAR). a segmentation conditional logistic regression model was applied to estimate relative importance (RI) assigned to each characteristic according to patients' experience with treatment. **RESULTS:** A total of 160 patients participated (aged 49–88 years, 91.7% male) from 9 hospitals. Fifty-two percent were NAIF at enrolment. Overall, half patients were treated with OPEN, half with EVAR. One most important characteristic, risk of procedural major complications, was considered more important by NAIF and EVAR than OPEN (RI = 31.7% and 22.0% vs. 11.0%). Additional costs were more important to OPEN (RI = 38.3%) than NAIF (25.2%) and EVAR (19.5%). Local anaesthesia was more important to EVAR (24.8%) than NAIF or OPEN (RI = 8.5%). Risk of repeating the procedure was similarly important to treated patients (RI = 17.5%), less to NAIF (RI = 12.3%). Recovery time was more important to OPEN (RI = 14.3%) and EVAR (RI = 10.3%) than NAIF (8.6%). Type of follow-up tests was least important, with OPEN and NAIF preferring less complex tests (RI = 4–10%), but EVAR preferring more complex tests (RI = 6%). **CONCLUSIONS:** Preferences depend on experience, knowledge and expectancies. Understanding patients' preferences can help physicians to optimize benefits of treatments.

**PCV112**

## QUALITY OF LIFE AND DEPRESSION AMONG ADULTS WITH TYPE 2 DIABETES MELLITUS, HYPERTENSION, AND OBESITY

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**OBJECTIVES:** Individuals with type 2 diabetes mellitus (T2DM) are known to have poorer quality of life and more depressive symptoms than those without diabetes, yet the impact may be in part due to comorbid conditions. This study compared quality of life and depression among adults with T2DM and comorbid hypertension (HTN) and obesity with adults reporting T2DM only. **METHODS:** Respondents to the Study to Help Improve Early evaluation and management of risk factors Leading to Diabetes (SHIELD), a large US survey, self-reported their height, weight, and comorbid conditions, and completed the Short Form- 12 (SF-12) and Patient Health Questionnaire (PHQ-9, depression assessment). Respondents reporting T2DM and HTN and obesity (body mass index [BMI] ≥30 kg/m$^2$) were identified and compared with a T2DM-only group. **RESULTS:** Respondents with T2DM and comorbid HTN and obesity (n = 1292) were similar to T2DM-only respondents (n = 349) in race, education, smoking, and cardiovascular disease history (all p > 0.05), but were younger and were more likely to be men and have lower income ($P < 0.01$). Respondents with T2DM, HTN and obesity had significantly lower Physical and Mental Component Summary scores (37.3 and 50.9, respectively) than T2DM-only respondents (45.8 and 53.5, respectively, $P < 0.0001$). Mean PHQ-9 scores were significantly higher among T2DM respondents with comorbid HTN and obesity (5.0 vs. 2.5, $P < 0.0001$), indicating greater depression burden. Approximately 16.5% of respondents with T2DM, HTN and obesity had moderate to severe depression (PHQ-9 scores ≥15), compared with 6.1% of respondents with T2DM only ($P < 0.0001$). **CONCLUSIONS:** SHIELD respondents with T2DM, HTN and obesity report a lower quality of both physical and mental health and more depression symptoms than the T2DM-only group. More research is needed to determine whether the poor quality of life and greater depression in this population affects self-management of their diabetes and comorbid conditions.

**PCV113**

## HEALTH-RELATED QUALITY OF LIFE OF PATIENTS UNDERGOING PERCUTANEOUS CORONARY INTERVENTION COMPARED TO HEALTHY SUBJECTS IN HONG KONG

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**OBJECTIVES:** This study aimed to investigate the health-related quality of life (HRQoL) of coronary heart disease (CHD) patients and healthy subjects in Hong Kong. **METHODS:** This study was a one-year prospective cohort with two groups of study populations, the patient group and healthy subject group. Thirty-three eligible patients were recruited from Prince of Wales of Hospital. The HRQoL data using Short-Form 36-item Health Survey (SF-36) were collected just after percutaneous coronary intervention (PCI) (baseline) and one year post-PCI. Thirty-five healthy subjects who were recruited from two elderly centres and parents of School of Pharmacy (SOP) students, were also interviewed by SF-36. This study consists of two parts. In the first part, the HRQoL data of healthy subjects were compared with patients at baseline and 1 year post-PCI respectively. In the second part, the improvement in HRQoL of PCI patients at baseline and 1 year post-PCI was compared. **RESULTS:** In the first part of study, healthy subjects had significantly ($P < 0.05$) higher scores in role-physical (79.3 ± 36.6 vs. 53.8 ± 48.1), vitality (65.1 ± 23.8 vs. 49.5 ± 33.7) and role-emotional (93.3 ± 15.8 vs. 72.7 ± 39.5) than the patients at baseline. Patients' HRQoL returned to similar level with healthy subjects after 1 year of PCI treatment. In the second part of the study, patients had significant ($P < 0.05$) improvements in bodily pain (12.7 ± 30.3) and vitality (16.1 ± 33.1) after 1 year. **CONCLUSIONS:** This study showed that the HRQoL of CHD patients was poorer than healthy population in Hong Kong, but returned to similar level as healthy population after 1 year of PCI treatment. In addition, significant HRQoL improvements had been seen in patients after 1 year of PCI, especially in bodily pain and vitality.

**PCV114**

## ABSENTEISM AND IMPAIRED QUALITY OF LIFE IN CHRONIC VENOUS DISEASE IN ROMANIA

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**OBJECTIVES:** To evaluate the impact of chronic venous disease (CVD) on patients' professional activity and its consequence on patients' quality of life (QOL) in Romania. **METHODS:** A large observational, multicentre, descriptive survey in CVD was implemented in Romania in 2009. Impact of CVD on patients' professional activities and QOL were documented based on a patient self-administered questionnaire. The CIVIQ-14 was used to assess QOL (score 0 for very good to 100 for bad QOL). Patient data were crossed with their general practitioner evaluations on the severity of the disease. **RESULTS:** Out of 2542 screened patients, 2294 filled in the questionnaire (90.2%). Among CVD patients, 7% had had hospitalization because of the disease, while 7% had changed their professional activities or had lost working days. Number of lost working days over the previous 5 years exceeded 1 week for most (40% lost >1 week, 35% >1 month, 16% <1 week). Patients who lost less than 1 working week, between 1 week and 1 month and more than 1 month due to CVD had a worsened QOL (respectively 28.71 ± 24.32, 31.4 ± 17.73 and 31.8 ± 16.69 CIVIQ-14 score) QOL scores paralleled the severity of CVD, going from 15.64 ± 14.94 in C0s patients (symptoms only, according to the CEAP) to 51.79 ± 30.43 in C6 (patients with ulcer). The presence of pain decreased QOL (30.49 ± 19.04). QOL scores associated to work absenteeism varied from 21.98 ± 15.05 to 49.49 ± 20.06 depending on absenteeism frequency (from 1 to 3 times respectively) **CONCLUSIONS:** CVD generates an important negative professional impact in Romania with productivity losses. Quality of life impairment occurs from the first symptoms of CVD and it is correlated to the work absenteeism duration and frequency. Three times out of work is associated to a QOL score comparable to the one quoted between grades 4 and 5 of the CEAP classification.

**PCV115**

## ASSESSMENT OF THE ASSOCIATION BETWEEN SUMMARY SYMPTOM MEASURES AND HEALTH STATUS OF PATIENTS WITH ISCHEMIC HEART DISEASE

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**OBJECTIVES:** This study compared five methods of summarizing symptom data and the association of these measures with the outcome health related quality of life (HRQL) in patients who had experienced an acute coronary syndrome event (ACS). **METHODS:** All patients listed in an ACS registry (treated for ACS and discharged from a university affiliated hospital) during a 3 year period were mailed a questionnaire that assessed symptom status, demographics, cardiac functional status and therapy, comorbidity, ACS type and HRQL (SF-8 and EQ-5D). The symptom survey included 24 symptoms and measured the occurrence, frequency, and distress associated with each symptom during the previous four weeks. Symptom summary measures included summed, averaged, and multiplicative (Symptom Product) values of each symptom characteristic. Bivariate correlations and multivariate regression analysis were used to assess the association of each symptom summary measure with HRQL, controlling for other patient, disease, and treatment characteristics. **RESULTS:** A total of 490 of 1217 patients (40%) responded. The mean age was 65.7 ± 11.3 years; 67.7% male;94.0% Caucasian;PCS-8 53.7 ± 10.5; MCS-8 49.5 ± 9.5; and EQ-5D VAS 73.6 ± 20.5. The Symptom Sum = 7.8 ± 4.9, Symptom Frequency Average = 2.5 ± 0.72, Symptom Distress Average = 2.2 ± 0.8, Symptom Distress Sum = 18.6 ± 14.8, and Symptom Product = 51.7 ± 48.3. Bivariate correlations demonstrated that the Symptom Sum and Symptom Product had the highest correlation (>0.54) with the HRQL domains, while Symptom Frequency Average was the lowest (0.24–0.33). The same pattern was seen with the multivariate regression model. The model adjusted R-square for the Symptom Sum and Symptom Product measures were higher than the other measures, with the Symptom Product having the highest correlation. The R-square values ranged for these two measures depending on the HRQL domain; PCS (0.38–0.44), MCS (0.33–0.35), EQ-5D (0.34–0.39). **CONCLUSIONS:** Researchers may consider using Symptom Sum or a Symptom Product measures when attempting to summarize the association of symptoms with HRQL in ischemic heart disease patients.

**PCV116**

## QUALITY OF LIFE IN CHRONIC SYMPTOMATIC HEART FAILURE PATIENTS IN SPAIN

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**OBJECTIVES:** To analyze, for the first time in a large Spanish population of heart failure patients, quality of life according to NYHA class II, III or IV using generic and specific quality of life questionnaires. **METHODS:** A descriptive analysis of a