SIONS: The risk of AVB in SND patients is increased in cases with AF history. The strategy of primary AAI implantation in SND is cost-saving in patients with no history of AF but no such profit is observed in the group with the history of AF.

CARDIOVASCULAR

CARDIOVASCULAR—Quality of Life/Utility/Preference Studies

CHRONIC VENOUS DISEASE AND DEPRESSIVE SYMPTOMATOLOGY

Guex JJ1, Myon E2, Marionneau N2, Taieb C1
1Societe Francaise de Phlebologie, Nice, France; 2Health Economics & Quality of Life Dept, Boulogne-Bilancourt, France

OBJECTIVES: The objective of our study was to assess depressive symptomatology (DS) among CVD affected women. METHODS: Symptomatic women patients suffering from CVD (CEAP C0 to C4), aged over 18, newly treated by their GP with a phlebotropic drug were enrolled in the study. Every patient completed a self-questionnaire including the CES-D scale at day 0, day three and seven. A score over 17 indicates a probable DS. RESULTS: This analysis includes the first 371 patients assessed at day 0, D3 and D7. The mean age was 45.0 years old (SD = 11, n = 370). The mean CES-D scores at day 0, D3 and D7, were respectively 14.9 (SD = 10.2), 13.7 (SD = 8.9) and 12.8 (SD = 10.1). The results highlight a possible DS in our population (score over 17) for 36.3%, 32.3% and 29.0% respectively at day 0, D3 and D7 (p < 0.01, n = 328). Patients that have expressed a probable DS were 74 at inclusion (22.0% of the population); they show a significant improvement of their status assessed by CES-D. From those 74 patients, only 50 still had a score over 23 at D3 and 46 at D7 showing a decrease of 37.8% of the number of patients expressing a probable DS (p < 0.0001, n = 74, matched test J0-J7). CONCLUSIONS: In the study of Ried assessing depressive symptoms in older women (age 65 to 75), 23.1% of women reported high depressive symptoms (CES-D score over 16). CVD result in psychological effects that seriously affect patients’ lives. Following patient management and the use of a phlebotropic drug the prevalence of DS decreased rapidly showing evidence of the relevance of this management.

CHRONIC VENOUS DISEASE AND HEALTH STATUS

Guex JJ1, Myon E2, Marionneau N2, Taieb C1
1Societe Francaise de Phlebologie, Nice, France; 2Health Economics & Quality of Life Dept, Boulogne-Bilancourt, France

OBJECTIVES: The objective of our study was to assess health status among women suffering from CVD. METHODS: Symptomatic women patients suffering from CVD (CEAP clinical classes C0 to C4), aged over 18, newly treated by their GP with a phlebotropic drug were enrolled in the study. Every patient had to complete a self-questionnaire including the SF-12 scale at day 0, day 3 and day 7. The SF-12 is a generic measure of health status. The SF-12 is composed of two dimensions, a Physical Component Summary (PCS-12) and a Mental component Summary (MCS-12). The results are standardised on the general US population (mean score of 50 (SD = 10)) so results for 1 can be meaningfully compared with the other. The lower the score is the worse is the impact on patients’ quality of life. RESULTS: This analysis includes the first 399 patients assessed at day 0, day 3 and day 7. The mean age was 45.0 years old (SD = 11, n = 370). At inclusion time (n = 374), MCS-12 and PCS-12 were respectively 44.7 (SD = 10.6) and 46.4 (SD = 8.4); at day 3 and day 7, these dimensions were respectively: D3; 46.5 (SD = 10.2) and 46.2 (SD = 7.8). For the mental dimension, the difference was statistically significant (p = 0.0001). CONCLUSIONS: These results suggest that CVD has a great impact on women. The SF-12 mean scores were below those of the age- and gender-matched general population. The patient management and the use of a phlebotropic drug demonstrated an improvement on the mental health status of the patient and a decrease of the impact of pain interfering with patients normal work.

CHRONIC VENOUS DISEASE: PATIENTS PROFILE

Guex JJ1, Myon E2, Marionneau N2, Taieb C1
1Societe Francaise de Phlebologie, Nice, France; 2Health Economics & Quality of Life Dept, Boulogne-Bilancourt, France

OBJECTIVES: The objective of our study was to describe the profile of French women suffering from Chronic venous disease (CVD). METHODS: Symptomatic women patients suffering from CVD (CEAP clinical classes C0 to C4), aged over 18, newly treated by their GP with a phlebotropic drug were enrolled in the study. They completed a self-questionnaire including the SF-12, the CES-D and the CIVIQ scales at day zero, day three and seven. RESULTS: This analysis includes the first 399 patients assessed at inclusion. Mean age was 45.0 years old (SD = 11, n = 370). A total of 65.7% have a professional activity, 32% practice sport, 33% are smokers, 78.4% gave birth already and 50% are under oral contraceptive. A total of 9.1% wear compression stockings. At inclusion (n = 374), MCS-12 and PCS-12 were respectively 44.7 (SD = 10.6) and 46.4 (SD = 8.4); and the mean CIVIQ score was 32.6 (SD = 1.1). Concerning the CES-D, the mean score were 14.9 (SD = 10.2), the results highlighting a possible depressive symptomatology in 36.3% of our population (score 17), and a probable depressive symptomatology in 22.0% of our population (score 23). CONCLUSIONS: CVD has a great impact on women. The SF-12 mean scores were below those of the age- and gender-matched general population. Women with CVD report greater risk of high depressive symptoms, compared to the study of Ried where 23.1% of women did (CES-D score 16, age 65 to 75). The impact of CVD on patients daily life is high even if it seems relative compared to the mean scores obtained when initially validating the CIVIQ; for example for patients suffering venous insufficiency of lower limb and arterio-tis mean score was 53.08 (SD = 14.9), unfortunately comparison data with patients suffering CVD are lacking.

VALIDATION OF THE CAMBRIDGE PULMONARY HYPERTENSION OUTCOME REVIEW (CAMPHOR) QUESTIONNAIRE

Meads DM1, McKenna SP1, Dougherty NJ1, Doward LC1, Pepke-Zaba J1
1Galen Research, Manchester, UK; 2Papworth Hospital NHS Trust, Cambridge, UK

OBJECTIVES: The CAMPHOR is the first patient-completed instrument specific to Pulmonary Arterial Hypertension (PAH). It consists of separate scales assessing Overall Symptoms (sub-divided into Energy Level, Breathlessness and Mood sub-scales), Physical Functioning and Quality of Life (Qol.). We report findings from a validation study. METHODS: Patients were recruited from Papworth Hospital, Cambridge, UK for a postal survey. They completed the CAMPHOR and the Nottingham Health Profile (NHP) on the first occasion, then two weeks later completed the CAMPHOR and EQ-5D. Internal consistency was