PCV76

PATIENT FACTORS AFFECTING NON-ADHERENCE TO ANTICOAGULATION THERAPY IN AN INNER-CITY UNDERSERVED MINORITY POPULATION

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OBJECTIVES: Minority, underserved patients, such as African Americans and Hispanics, are at increased risk of anticoagulation related complications. Evidence shows that non-adherence has a negative influence on anticoagulation control. Therefore, the objective of the study was to identify patient factors affecting non-adherence with anticoagulation therapy in an inner-city, underserved minority population. **METHODS:** We conducted a cross-sectional survey of inner-city minority patients who received care at the University of Illinois at Chicago Antithrombosis Clinic. Data on socioeconomic and clinical characteristics, social support and factors associated with modes of transport to the clinic were collected by using survey questionnaires and reviewing medical records. Linear regression was performed to identify factors that could be potentially associated with non-adherence to anticoagulation therapy. **RESULTS:** A total of 243 African American (n=180) and Hispanic (n=63) patients participated in the survey. The mean age was 54.30 ± 17.49. The majority of the patients were female (72.84%), had an education level of high school or less (60.44%), an annual income of <$15,000 (44.09%), and had Medicare or Medicaid as their primary insurance (77.37%). The mean time in therapeutic range (TTR) was 49.29 ± 20.89% and mean non-adherence rate with anticoagulation therapy was 12.62 ± 13.81%. Linear regression analysis showed that patients with missed appointments ($p<0.01$), and Medicare as primary insurance ($p=0.03$) were more likely to be non-adherent, whereas married patients ($p<0.01$) were less likely to be non-adherent. **CONCLUSIONS:** Our findings show that patients are more likely to be non-adherent with anticoagulation therapy when they miss their clinic appointments and have Medicare as their primary insurance. In addition, marriage as a form of social support decreases the likelihood non-adherence. Future research is needed on developing interventions that would target and reinforce adherence behaviors, help develop self-efficacy and motivation based on each patient's lifestyle and social support system.

PCV77

UTILIZATION OF MEDICATIONS FOR SECONDARY PREVENTION OF CARDIOVASCULAR MORBIDITY AND MORTALITY IN MEDICARE BENEFICIARIES

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OBJECTIVES: To report the utilization of guideline recommended statins, angiotensin converting enzyme inhibitors (ACEI)/angiotensin receptor blockers (ARB), and beta-blockers (BB) for secondary prevention of coronary heart disease (CHD) in community-dwelling Medicare beneficiaries ≥65 years. **METHODS:** Data from the 2004-2006 Medicare Current Beneficiary Survey were utilized to conduct a retrospective, cross-sectional study. Community-dwelling Medicare beneficiaries ≥65 years of age indicating a past history of CHD or myocardial infarction were selected. All commercially available statins, ACEIs/ARBs, and BBs in the US, including brand, generic and combination products, were included. Medication possession ratio (MPR) was the proxy used for adherence, defined as ≥80% MPR. Descriptive statistics were used with sampling weights applied for all analyses. **RESULTS:** The 2004, 2005 and 2006 sample sizes were 2,338,741, 2,186,251, and 2,159,661, respectively. At least one prescription medication for statins was reported in 62.2%, 62.4% and 64.0% of beneficiaries in 2004, 2005 and 2006. Adherence in beneficiaries having at least one prescription for a statin was 44.6% in 2004, 47.4% in 2005, and 54.5% in 2006. In 2004, 2005, and 2006, 59.1%, 55.3%, and 56.5% of beneficiaries reported at least one prescription for an ACEI/ARB with 45.1%, 40.8%, and 57.2% of beneficiaries with at least one prescription for an ACEI/ARB achieving ≥80% adherence. At least one BB prescription was reported for 57.3%, 58.4%, and 61.5% of beneficiaries in 2004, 2005, and 2006, respectively. Adherence to BBs for those beneficiaries reporting at least one BB prescription was 35.1%, 44.5%, and 53.6% in 2004, 2005, and 2006, respectively. The percentage of beneficiaries reporting at least one prescription for all three medications in 2004, 2005, and 2006 were 27.5%, 26.3% and 29.4%. **CONCLUSIONS:** Utilization of guideline recommended pharmacotherapies for secondary prevention of cardiovascular morbidity and mortality in this US Medicare patient population have improved over time but remain suboptimal.

PCV78

COMPARING QUALITY OF LIFE IN A MALAYSIAN POST ACUTE CORONARY SYNDROME POPULATION USING EQ-5D UTILITY TARIFFS FROM DIFFERENT COUNTRIES

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OBJECTIVES: The objective of this research was to examine the differences in quality of life (QOL) results of Malaysian post-acute coronary syndrome (post ACS) patients calculated using utility tariffs from different countries. **METHODS:** This study utilizes primary data that was collected as part of a study on the cost-effectiveness of a cardiac rehabilitation programme at the Sarawak General Hospital, Malaysia. QOL of post ACS patients were obtained using English and Malay versions of the EQ-5D questionnaire that have been validated for use in the Malaysian population. QOL scores were determined using visual analogue scale (VAS) and calculated using a recently developed Malaysian utility tariff (derived from VAS valuation of Malaysians) as well as existing EQ-5D tariffs from several other countries. **RESULTS:** A total of 112 (female 11.6%, male 88.4%) post-ACS patients with an average age of 56 (10.38) years answered the EQ-5D questionnaire of which 110 were usable for analysis. The patients had average left ventricular ejection fraction (LVEF) of 50.2% on admission. Average length-of-stay in hospital and cardiac care was 6 and 3 days respectively. Mean quality of life was 59.7 on the VAS score and the mean predicted QOL index score using different tariffs from Malaysia, UK (TTO), UK (VAS), Japan (TTO), Korea (TTO), New Zealand (VAS) and US (TTO) were 0.80, 0.72, 0.72, 0.74, 0.83, 0.68 and 0.79 respectively. **CONCLUSIONS:** Recent research argues for the use of locally and culturally appropriate tariffs for different populations. QOL scores in this sample of post ACS were different when calculated using utility tariffs from different countries. Our findings suggest that the health preferences of Malaysians are unique compared to those of other countries and underscores the importance of applying country specific utility tariffs for QOL and cost effectiveness studies.

PCV79

SURVEY OF PATIENTS WITH ATRIAL FIBRILLATION ON THE USE OF WARFARI AND DABIGATRAN

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OBJECTIVES: To describe and compare characteristics of AF patients who have used warfarin or the newer anticoagulant, dabigatran. **METHODS:** Patient surveys were conducted via phone or internet from September to November 2011. Study patients were ≥18 years old, had a diagnosis of AF, and have used either warfarin or dabigatran. Characteristics differences were tested using chi-squared and ANOVA for categorical and continuous variables, respectively. **RESULTS:** Of those completed the survey, 204 were warfarin users and 160 were newer anticoagulant users (NAU). Mean patient age was 65.1. Patients were predominantly male (68.7%) and non-Hispanic white (91.2%). Nearly half (44.0%) of patients were obese and more than half (58.0%) had a Charlson Comorbidity Index (CCI) of ≥1. Average number of years with an AF diagnosis was 7. Patients were taking 6.26 medications on average. NAU were more likely to be female (36.9% vs. 27.0%), younger (60.93 vs. 68.36 years), diagnosed more recently (5.78 vs. 8.10 years), and had more education compared to warfarin patients (all $p<.05$). Levels of obesity (31.9% vs. 53.4%) and CCI burden of ≥1 (51.9% vs. 62.7%) were lower among NAU ($p<.05$). NAU were more likely to use an OTC medication (38.7% vs. 12.1%) or both a prescription and OTC medication (11.3% vs. 4.3%) to treat stomach-related symptoms ($p<.05$). NAU were more likely to have had a discussion about their treatment options with their physicians (36.9% vs. 24.5%) rather than have their physician prescribing (60.6% vs. 73.5%) ($p<.05$). NAU were significantly less likely to have considered switching their medication (10.7% vs. 31.9%). Among those considered switching, cost (62.5%) was the most common reason for NAU, and inconvenience factors for warfarin users. **CONCLUSIONS:** There were some characteristic differences among AF patients. Understanding patients' characteristics may be the first step in helping patients to be adherent to their stroke prevention medications.

PCV80

THE DEVELOPMENT AND VALUATION OF THE SHEFFIELD PREFERENCE BASED LEG ULCER QUESTIONNAIRE (SPVU-5D)

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OBJECTIVES: To describe the development of the Sheffield Preference-based Leg Ulcer patient questionnaire (SPVU-5D) and value the resulting health states. **METHODS:** Patient and clinician interviews (n=31) were used to identify items for inclusion. The psychometric performance of the items in the draft descriptive system were evaluated through a postal survey of venous ulcer patients (n=266). Factor and Rasch analysis were used to guide the choice of the final items. Preference weights for the final five item instrument were obtained through a time trade-off (TTO) valuation of a representative sample of the UK general population (n=160) using regression models incorporating individual level data. **RESULTS:** A total of 16 items were identified for inclusion. A response rate of 59% was obtained from the postal survey (n=156). Four items were excluded due to poor completion rates or floor/ ceiling effects. Factor analysis using promax rotation showed a two factor solution with Cronbach's alpha coefficient of 0.91 for 0.92. Rasch analysis showed six disordered items, which had item levels merged and the model refitted. The final descriptive system consisted of five items with between three and five levels. A fractional factorial design was employed to select 25 health states from the 720 defined by the final instrument. Predicted health state values were calculated and compared to the actual values derived from the TTO valuation. The best performing model (OLS model) predicted 25 out of the 26 health states valued in the TT0 to within 0.1, and the predicted value within 0.03, 69% of the time and within 0.05 92% of the time. The mean absolute error was 0.02. **CONCLUSIONS:** A bottom-up approach was used to design SPVU-5D. It is the only existing PRO which has utility values assigned to the health states it describes and so can be used within economic analysis of interventions for venous ulceration.

PCV81

IMPACT OF THE AWARENESS OF CARDIOVASCULAR DISEASE (CVD) RISK ON THE MANAGEMENT IN HYPERTENSIVE PATIENT IN KOREA

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OBJECTIVES: According to current guidelines for the primary prevention of cardiovascular disease (CVD), early risk stratification might be critical to planning appro-