OBJECTIVES: Despite limited evidence, US and European guidelines recommend the use of IV vasodilators in addition to diuretics for the treatment of acute heart failure (AHF) patients who are not hypotensive. We investigated whether patients hospitalized for AHF and treated with IV loop diuretics in combination with IV nitrites (NT) or IV nesiritide (NES) achieve better outcomes compared to those receiving diuretics only (DOSE 2007–2010). US and European Hospital Cardiac Drug Databases were analyzed to identify patients first observed in a hospitalization with a primary diagnosis of AHF. Patients <18 years old, with hypotension, cardiogenic shock, myocardial infarction, and acute coronary syn- dromes were excluded. Patients receiving diuretics were matched pair-wise with patients receiving diuretics + NT or diuretics + NES using the propensity score approach. Outcomes included in-hospital mortality, hospital length of stay (LoS), and costs during the first AHF hospitalization. RESULTS: Diuretics + NT (N=4,401, mean age 70.1 years, 49.2% male) and diuretics + NES (N=2,254, mean age 70.4 years, 59.4% male) were matched to patients receiving longer LoS (7.1 days, respectively) vs diuretics patients (5.7 and 5.8 days for corresponding pairs, p<0.01). LoS in ICU was about 0.7 days longer (p<0.01) in both vasodilator cohorts vs diuretics alone. Mortality was similar to diuretics patients among diuretics + NT patients (1.1% vs. 1.0%, p=0.88) but higher among diuretics + NES patients (2.3% vs. 2.1%, p=0.05). Hospitalization costs were significantly greater in both vasodilator cohorts (diuretics: $8,949 vs diuretics + NT: $14,016, p=0.01; diuretics: $9,057 vs diuretics + NES: $14,120, p=0.01). CONCLUSIONS: This real-world study of patients hospitalized for AHF indicates that neither NT nor NES in addition to diuretics improve survival compared to diuretics alone, and are associated with both longer LoS (>1.5 days) and higher (5.7%) hospitalization total costs. These data raise the question as to whether currently utilized IV vasodilators are of value in the treatment of patient hospital- ized for AHF.

PCV15

SOCIAL NETWORKS HELP CONTROL HYPERTENSION
Shaya FT, Chirikov VV, Mullins CD
University of Maryland School of Pharmacy, Baltimore, MD, USA

OBJECTIVES: Cardiovascular health disparities continue to pose a major public health problem. We hypothesize that the use of existing social networks in hyper- tension management can help hypertension control rates. Through the Maryland Cardiovascular Promotion Program (MVP), we evaluated the effect of education administered within social clusters on the improvement of blood pressure in Afri- can Americans in the Baltimore metropolitan area. METHODS: MVP patients, compared to historical controls, were enrolled in the intervention group and asked to recruit peers to the program and form small groups to attend monthly hyperten- sion education sessions. Hypertension was identified when systolic blood pressure (SBP) ≥ 140 mmHg or diastolic blood pressure (DBP) ≥ 90 mmHg; and SBP > 130 mmHg or DBP > 80 mmHg in those with diabetes. We built logistic regression models at follow-up of 6, 12, and 18 months, to assess the likelihood of reaching goal (130/80 mmHg for diabetics and 140/90 mmHg for others), controlling for group assignment, diabetes, smoking, baseline hypertension, and demographics. We also built regression models for absolute reduction in BP. RESULTS: Out of 530 patients enrolled, 492 were African American. In the adjusted models, the MVP group had a larger drop in mean absolute SBP than the control, with the gap growing larger over time. The MVP group was more likely to ever reach treatment goal at 18 months (OR = 1.72, p = 0.06), and more likely to reach goal more than once at 12 months (OR = 2.61, p = 0.03) and 18 months (OR = 19.1, p < 0.001) of follow-up. CONCLUSIONS: Social networks and education have a positive impact on the management of hypertension. Such ap- proaches based on existing social networks in minority populations may help improve cardiovascular outcomes and address health disparities.

PCV16

DYNAMIC CHANGES AND LIFETIME SCORES FOR DIFFERENT ITEMS MEASURED BY WHOQOL-BREF FOR PATIENTS WITH DIFFERENT TYPES OF ISCHEMIC STROKE
Hung MC1, Lee LJH2, Jeng JS3, Wang JD4
1College of Public Health, National Taiwan University, Taipei, Taiwan, 2National Health Research Institutes, Maihai County, Taiwan, 3National Taiwan University Hospital, Taipei, Taiwan, 4National Cheng Kung University College of Medicine, Tainan, Taiwan

OBJECTIVES: Few studies have estimated the dynamic changes and lifetime scores of quality of life (QOL) among different types of ischemic stroke. The aim of this study was to quantify these changes to assist clinical decision. METHODS: The hospital-based cohort, which consisted of 10,102 patients with first-ever ischemic stroke during 1995-2007, was classified into 5 types: large artery atherosclerosis (LAA), lacune, cardioembolism, other determined, and undetermined etiologies. After linkage with the National Mortality Registry 1995-2008, we de- termined and extrapolated over a 600-month period based on the survival ratio between the patient’s and age- and sex- matched reference group’s survival as estimated by a semi-parametric method and hazard functions taken from the vital status of the National Health Insurance. WHOQOL-BREF questionnaire were administered on a cross- sectional sample of 748 patients to estimate the dynamic changes along different duration-to-dates. The survival functions were then multiplied with different facet scores of QOL to obtain the lifetime scores for patients with different types of ischemic stroke. Multiple regression analyses were carried out to assess the ef- fects of different risk factors for QOL after adjustments for age, sex, and education. RESULTS: Patients with LAA seemed to be affected the most in both survival and many facets of QOL, as demonstrated by lifetime scores of 35.6 (2.6), 31.7 (2.3), 32.7 (2.5) and 33.2 (2.5) score-months in mobility, positive feelings, sexual activity and participation in and opportunities for recreation or leisure, respectively. Compared with other types, cardio-embolism appeared to be affected the most over mobility, activities of daily living, work ability, thinking and learning. CONCLUSIONS: Among different types of ischemic stroke, LAA seemed the worst in both QOL and survival, reflecting their different needs. Future studies with more patients and different time points are required for better understanding of effective and acceptable health-related interventions.