to follow-up time without any bleed. Similar results were observed for CP consulta-
tions and hospitalizations (despite absence of a linear pattern). **CONCLUSIONS:** In
NVAF patients treated with VKA, the first and subsequent bleeds led to an increased
risk of healthcare resource utilisation. Healthcare payers, as well as patients and cli-
cians, would therefore benefit from clinical strategies to help prevent the first bleed.

**CARDIOVASCULAR DISORDERS – Patient-Reported Outcomes & Preference Studies**

PCV131

**BELIEFS ABOUT MEDICINES IN AN URBAN COMMUNITY HEALTH CENTER**

Barr JT, Conley M, Sluboski K, Griffith J

Northeastern University, Boston, MA, USA

**OBJECTIVES:** To describe a community health center population with hypertension
(HTN), whether patient beliefs concerning HTN medication use as revealed by
responses to Beliefs about Medicines Questionnaire (BMQ, Horne 1999) were affected by
nine variables: age, gender, education, family or friend with HTN or stroke, adher-
ence to taking medications, family history of HTN. **METHODS:** After approval from Northeastern University’s
Institutional Review Board, a convenience sample of patients was asked to com-
plete the BMQ prior to routine HTN follow-up appointments at a Boston community
health center between 5/2014-9/2014. Researchers screened for eligibility (English
speaking, taking anti-hypertensive medication), described the study, and requested
informed consent. Patients completed background demographic questions and a
hypertension medication modified BMQ. 18 items; levels: 5—strongly agree, 4—agree, 3—neither agree, 2—disagree, 1—strongly disagree. **RESULTS:** 80 patients answered 58% male, 55% age 18–64 years, 75% female. Overall BMQ factor scores were: Specific necessity (SN), 2.67±0.75; Specific beliefs (BS), 3.28±0.79; General Overuse (GO), 3.14±0.86 and General Harm (GH), 3.69±0.69. Correlation analyses indicated imperfect demographic variables on SN. However three factors were influenced by demographic variables: SN affected by gender (males 3.48±0.81, females 3.09±0.73, p=0.016) and living with some-
one (“Yes” 3.4±0.78, “No” 3.59±0.77, p=0.011); GH affected by gender (males 3.36±0.9, females 2.96±0.79, p=0.019), living with someone (“Yes” 3.0±0.86, “No” 3.80±0.83, p=0.05) and race (“white” 3.31±0.78, “black” 2.77±0.97, “latino” 3.40±0.80, “Asian”
2.5±0.70, p=0.02); and GH affected by adherence (“Yes” 3.77±0.68, “No” 3.36±0.63,
p<0.001) and being married (race “white” 3.85±0.84, “black” 3.50±0.84, “latino” 3.50±0.64, “Asian”
2.81±0.95, p<0.007). **CONCLUSIONS:** This study provides BMQ factor scores for urban
HTN patients. Additionally insight is provided into the effect of patient demographics
and life characteristics on BMQ factor scores. Individual patient BMQ scores may help
the potential to assist health providers in tailoring patient-specific medication counseling
programs to increase perception of need for anti-hypertensive medication necessity
and reduce patient-specific medication harm concerns.

PCV132

**QUALITY OF LIFE AND EMOTIONAL IMPACT OF A FIXED DOSE COMBINATION OF ANTIHYPERTENSIVE DRUGS IN PATIENTS WITH UNCONTROLLED HYPERTENSION**

Schmieder RE1, Frank E1, Alexandre AF2, Bramlage P1

1Universitätsklinikum Erlangen, Erlangen, Germany, 2Daiichi Sankyo Europe, Munich, Germany,

**OBJECTIVES:** To describe health-related quality of life (HRQoL) from a patient’s perspective and to assess the validity of the EQ-5D-5L, the new Japanese scoring for health state val-
uation in health-related quality of life (HRQoL). **METHODS:** We have to mind the differences when use it.

PCV133

**A SYSTEMATIC REVIEW OF CARDIOVASCULAR EVENT UTILITIES IN EUROPE**

Blieden M1, Smith D1, Becker BT1, Fauci CP2, Gandia SB1

1Evidera, Lexington, MA, USA, 2Amen. Inc., Thousand Oaks, CA, USA

**OBJECTIVE:** This systematic literature review (SLR) aimed to identify and evaluate utilities reported for acute and chronic stroke, myocardial infarction (MI), and angina in Europe. **METHODS:** A systematic literature search was conducted using PubMed, the Cochrane Literature Database, and EMBASE. The search period was from 1992 and January 2015 using keywords for cardiovascular (CV) events and utilities. Studies reporting utilities for stroke, angina, acute coronary syndrome (ACS), and MI were included. An ongoing review in examining utilities for heart fail-
ure (HF). **RESULTS:** Forty-six articles were excluded from reviews on stroke Europe. Method of elicitation, severity of disease, and time since event may impact utility values. Future studies of CV event utilities should evaluate the differences in utility values by type of respondents and method of elicitation.

PCV135

**HEART-RELATED QUALITY OF LIFE IN HEART FAILURE PATIENTS: HEALTH UTILITIES AND PREDICTIVE DETERMINANTS**

Gojborzita I1, Escobar A1, Bilbao A1, Garcia-Perez L2, Navarro C3, Quiroa R4

1Basurto University Hospital (Irakasteko) – XEREDINESS, Bilbao, Spain, 2Dirección del Servicio Canario de la Salud – XEREDINESS, Santa Cruz de Tenerife, Spain, 3Hospital General de Sabadell, Barcelona, Spain, 4Cantarana, Spain

**OBJECTIVES:** To describe how health-related quality of life(HRQoL) is being affected by heart failure(HF).**METHODS:** Seventy-one consecutive HF patients were consecutively recruited and followed-up for 12 months, upon discharge from hos-
titals due to admission for HF. Besides clinical variables, patient reported outcomes,
utilities. Studies reporting utilities for stroke, angina, acute coronary syndrome (ACS), and MI were included. An ongoing review in examining utilities for heart fail-
ure (HF). **RESULTS:** Sixty-four articles were excluded from reviews on stroke Europe. Method of elicitation, severity of disease, and time since event may impact utility values. Future studies of CV event utilities should evaluate the differences in utility values by type of respondents and method of elicitation.

PCV136

**QUALITY OF LIFE OF PATIENTS EXPERIENCING CANCER-ASSOCIATED THROMBOSIS**

Desu S1, Lloyd AJ2, Holm MV3, Lee AY4

1LSEH & Ugent, Brussels, Belgium, 2Bladon Associates, Oxford, UK, 3LEO Pharma A/S, Ballerup, Denmark, 4University of British Columbia and Vancouver Coastal Health, Vancouver, BC, Canada

**OBJECTIVE:** Cancer patients are at high risk of venous thromboembolism (VTE), provoked by the cancer, chemotherapy or co-morbidities. The CASTL trial invest-

A397