to follow-up time without any bleed. Similar results were observed for CF consultations.

CONCLUSIONS: In NVAF patients treated with VKA, the first and subsequent bleeds led to an increased risk of healthcare resource utilization. Healthcare payers, as well as patients and clinicians, would therefore benefit from clinical strategies to help prevent the first bleed.

CVDAS: Comparison of EQ-5D-5L and new Japanese Scoring in Stroke Patients

OBJECTIVES: To clarify the difference between the interim EQ-5D-5L score and the new Japanese scoring and to evaluate the validity of them. METHODS: Five hundred and sixty two patients who received rehabilitation program in six hospitals were asked to administer the EQ-5D-5L. Their occupational therapists were simultaneously administered the EQ-5D-5L as proxy respondents to assess their health-related quality of life (HRQL) of patients. The EQ-5D-5L was calculated by the interim value set and new Japanese scoring algorithm. The new algorithm used TTO model was developed by Japanese EQ-5D team as the national tariff. Pearson's correlation coefficient was used to evaluate the concurrent validity of the scores. RESULTS: The mean age of patients was 67.1 years. Three hundred and twenty one were male (60.1%). The mean scores of the interim EQ-5D-5L score and Japanese scoring were 0.513 (95%CI: 0.493-0.538) and 0.547 (95%CI: 0.526-0.567), respectively. Significantly resulted by t scores were observed by the modified Rankin scale (mRS) in: mRS 0.805 vs 0.850, mRS2 (0.682 vs 0.729), mRS3 (0.604 vs 0.618), mRS4 (0.400 vs 0.410), mRS5 (0.081 vs 0.201). In particular, the strong difference was observed in 5 level of the modified Rankin scale (0.805 vs 0.946). The correlation between the interim value set score and new Japanese scoring was 0.946. CONCLUSIONS: The new Japanese tariff for EQ-5D-5L indicated high validity, but had a few differences with the interim value. We have to mind the differences when use it.

PCV134 A SYSTEMATIC REVIEW OF CARDIOVASCULAR EVENT UTILITIES IN EUROPE

OBJECTIVES: 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: Nine electronic databases were searched (PubMed, Embase, Cochrane) between 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 is examining utilities for heart failure (HF).

RESULTS: Sixty-four articles were reported in studies in Europe. Study designs included trials (17), surveys (21), observational cohorts (22), and post-hoc analyses (such as economic evaluations) (4). (5). Utilities reported were elicited from general populations evaluating hypothetical health states. Across the studies, average utilities varied substantially in each of the CV events (stroke: 0.14 to 0.96; MI: 0.32 to 0.9; angina: 0.36 to 0.85). Severity of disease, time since event, and method of elicitation all appeared to impact utility values. Three studies reporting utilities elicited from general populations (stroke: 0.14 to 0.5, MI: 0.45, angina: NR) tended to report lower utilities than those obtained from CV patients. The ranges of utility values from the general population were similar to those in the most recent published vignette study (Matza, 2015) which distinguished between chronic post-event health states and acute health states and includes the event and its immediate impact (stroke: 0.33 to 0.52, ACS: 0.67 to 0.82).

CONCLUSIONS: This SLR identified a wide range of utility values for stroke, angina, and MI in 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 respondent and method of elicitation.

PCV135 ULTRASOUND-RELATED QUALITY OF LIFE IN HEART FAILURE PATIENTS: HEALTH UTILITIES AND PREDICTIVE DETERMINANTS

OBJECTIVES: To describe how health-related quality of life (HRQL) is being affected by cardiac ultrasound (UST) and to determine predictive determinants of HRQL in HF patients and analyze their relationships with different clinical and patient variables.

METHODS: 1398 HF diagnosed patients in Bucovina Country hospitals were consecutively recruited and followed-up for 12 months, upon discharged from hospita due to admission for HF. Besides clinical variables, patient's self-reported outcomes, EQ-5D-3L, SF-12 and Minnesota Living with Heart Failure (MLHF) questionnaires, were recorded on inclusion, 6 and 12 months. Utilities were calculated with Spanish EQ-5D-3L TTO tariff. For biviar analysis, parametric or non-parametric differences in means, proportions and correlations were used, as appropriate. We explored determinants of baseline utility and drivers of change over 1 year with OLS regression with robust standard errors. RESULTS: Mean age was 78.0 years (SD:10.2), 88.3% older than 65, 61.3% men, 34.1% had left ventricular ejection fraction of 50% or more, 28.8 months mean disease duration, median=2 of Charlson Index, and 28.3% of HF had an ischemic origin. Mostly, patients were rated as NYHA II (56.4%) or III (40.4%). Only 78.8% patients were alive after 12 months. EQ-5D Mobility and Usual Activities dimensions were the most affected (81.7% and 82.1% patients reporting problems). Usual EQ-5D ceiling effect was not seen in HF patients: 6.3% patients reported no problems at all. Mean(SD) basal utility index was 0.430±0.401, but increased after Ultrasound (29.4%) and metabolic syndrome (21.1%) being the most prevalent. Following patients (63.5±11.8 years, 47.0% female) were recruited in Austria and Germany. Participants, would therefore benefit from clinical strategies to help prevent the first bleed.

CONCLUSIONS: Ultrasound (UST) have a big impact in patients with heart failure, changing the perception of patients in terms of their health status. The knowledge of predictive determinants may help both prevent HF and improve patients HRQL.

PCV132 QUALITY OF LIFE AND EMOTIONAL IMPACT OF A FIXED DOSE COMBINATION OF ANTIHYPERTENSIVE DRUGS IN PATIENTS WITH UNCONTROLLED HYPERTENSION

OBJECTIVES: Uncontrolled hypertension can be associated with some significant psychological symptoms, but also with a significant emotional burden. However, so far only few studies have investigated emotional burden and its determinants. Therefore the knowledge of effective treatment strategies on the physical and mental aspects of quality of life for hypertensive patients remains unclear. Here, we analyze changes in health-related quality of life in patients receiving a fixed dose combination (FDC) of the three antihypertensive drugs olmesartan, amlodipine and hydrochlorothiazide.

METHODS: A series of questions about patients’ perceptions regarding the impact of uncontrolled hypertension on their lives were incorporated into the SeviTarget study it was carried out between 2012 and 2013. Patients completed three questionnaires on their overall health, their attitudes and level of apprehension about managing blood pressure (Schmieder J Hypertens 2013) and SF-12 at baseline and at a follow-up visit 24-week later or at the last available visit.

RESULTS: A total of 5,833 patients (63.5±11.8 years, 47.0% female) were recruited in Germany, Austria and Poland. High proportion of patients had cardiovascular risk factors, with diabetes mellius (29.4%) and metabolic syndrome (21.1%) being the most prevalent. Following approximately 24-week of treatment, the mean reduction in systolic/diastolic BP was 29.0±14.0mmHg. Patients’ responses to the questionnaires demonstrated improvements in many factors related to quality of life. At baseline only 33.5% of patients described their current state of health as good or excellent, while at follow-up this value had risen to 75.8%. Responses regarding physical factors such as symptoms and limitations in activities, and mental factors such anxiety associated with treatment, all improved during antihypertensive drug treatment. Changes to more optimistic responses were more likely for patients that achieved a target BP of <140/90mmHg.

CONCLUSIONS: The study demonstrates the great improvements in quality of life that can be achieved with effective management of hypertension.