

appropriate management. This study was performed to explore how different methods stratify the risk of CVD and how the awareness of CVD risk impacts its management in hypertensive patient. **METHODS:** A prospective, multi-center observational study was conducted in hypertensive patients aged > 40 years in Korea. CVD risk was assessed using the clinical algorithm (the National Cholesterol Education Program-Adult Treatment Panel III guideline) and carotid ultrasound (CUS). Physicians' CVD risk management patterns were assessed through chart review. Patients also completed a questionnaire before and 6 months after CVD risk assessment to determine self-reported behavioral changes. **RESULTS:** Among 294 (male 65%, 61±8 years), 14.9, 77.8 and 7.3% patients were determined to have low, moderate and high CV risk by CUS and 49.0 and 51.0% patients were low and high risk by clinical algorithm, respectively. Among 273 patients classified as having low-to-moderate CV risk by the clinical algorithm, approximately half of patients (51%, 138/273) were redefined as high risk by CUS. For the high-risk comparing to the low-risk patients based on CUS, physicians set more lowered target goals for the management of hypertension (25.8 vs. 3.6% of physicians, $P<0.001$), LDL-cholesterol (51.6 vs. 23.6% of physicians, $P<0.001$) and more changed the intensities of anti-hypertensive agent (4.9 vs. 1.2% of physicians, $P=0.047$). Patients reported higher rates of smoking cessation, dietary changes (reduced dietary sodium), and increased medication compliance at 6 month comparing to the baseline ($P<0.05$, respectively). **CONCLUSIONS:** This study shows that there is a significant difference in CVD risk level between clinical algorithm and CUS. However, proactive awareness of CV risk had major effects on physician and patient behaviors in CVD risk management.

PCV82

THE BURDEN: A NEW APPROACH TO EVALUATING VENOUS INSUFFICIENCY

Taieb C

CREES PFSA, Boulogne, France

OBJECTIVES: Evaluating the burden of a disease is a new way of measuring its impact on the lives of sufferers, as it takes into account all the problems caused by the illness. The ABC-V questionnaire was created and published in 2010 (Phlebology, 2010-25:280-285). **METHODS:** It was administered to a population under treatment with phlebotonic drugs (Ruscus aculeatus, Hespéridine méthyl chalcone, ascorbic acid) **RESULTS:** Sixty-five subjects were monitored for 56 days, average age 47±16.7, gender: 60% women, with an average BMI of 24.76±3.95. At inclusion and before treatment, the burden score was 32.8±17.6. No difference was observed according to gender (the male score was 33.6±20.2, the female 32.3±15.48 $p=0.4$), to age (35.2±12.4 in those older than 55 vs 31.15±20.2 in the younger age bracket ($p=0.2$); There was a difference, however, in the ABC-V score dependent on sport activity: 36.05 vs 27.68 ($p<0.02$) On days 28 and 56, the burden score was 22.6±13.9 and 19.6±13.8 respectively. The burden is therefore observed to have significantly and statistically reduced. The quantity of effect has been measured, and the burden is 27% reduced on the day 28 and 40% on day 56. Aside from averages, a reduction in burden was observed in nearly 93% of subjects. For 68% of subjects the reduction was greater than 30% by the 56th day. Greater reduction of burden was observed in subjects who took regular exercise, vs those who did not (41% vs 38%) and under 50 vs over 50 (47% vs 31%) The scores that improved the most were: treatment by GP (58%), daily life (52%) and psychological impact (54%) **CONCLUSIONS:** The ABC-V burden questionnaire was created and validated in 2010 (psychometric and cognitive debriefing). This study has demonstrated and confirmed its sensitivity to change. It is available in French, English, Italian and Spanish.

PCV83

PRELIMINARY ASSESSMENT OF THE UTILITY OF SHORT PERFORMANCE PHYSICAL BATTERY (SPPB) AND FERRANS AND POWER'S QUALITY OF LIFE QUESTIONNAIRE (QLI) IN ADVANCED HEART FAILURE PATIENTS

Hozayen SM¹, Soliman AM², Nelson BJ³, Hamel AV¹, Eckman PM¹

¹Cardiovascular Division, University of Minnesota, Minneapolis, MN, USA, ²College of Pharmacy, University of Minnesota, Minneapolis, MN, USA, ³Clinical and Translational Science Institute, University of Minnesota, Minneapolis, MN, USA

OBJECTIVES: Tests of exercise capacity and quality of life (QOL) questionnaires are used to predict outcomes in heart failure (HF) patients. The short performance physical battery (SPPB) and Ferrans and Power's quality of life index (QLI) are simple, free tests commonly used in geriatric and oncology patients, but data on their use in cardiovascular diseases is limited. We sought to assess their utility in advanced HF patients. **METHODS:** Ten patients with advanced HF scheduled for ventricular assist device implant were enrolled in this prospective, observational study. Multiple exercise capacity tests including maximal cardiopulmonary stress testing (CPX), 6 minute walk (6MWT), shuttle walk test (SWT), and SPPB were performed. Minnesota Living With Heart Failure (MLWHF) questionnaire, SF-36 v2™, and QLI were administered. Cardiac output was measured non-invasively by acetylene rebreathing. Data were reported in mean±SD. Pairwise correlations were calculated between exercise capacity tests and QOL questionnaires. **RESULTS:** Mean age was 62.1±8.6 years. The mean CPX duration was 5.6±2.9 minutes and CPX respiratory exchange ratio (RER) was 1.2±0.2. The 6MWT was 290±137 m, SWT distance was 167±97 m, and SPPB score was 7.7±2.6. MLWHF score was 69±15, mean SF-36 Physical Component Score (PCS) was 30±10, SF-36 Mental Component Score was 42±12, and QLI was 19.2±4. CPX maximal cardiac output was 5.8±3 at rest and 8.4±5.9 L/min at peak exercise. SPPB score showed a trend towards positive correlation with 6MWT ($r=0.6$, $p=0.06$), SF-36 PCS ($r=0.55$, $p=0.096$) and a negative correlation with MLWHF score ($r=-0.71$, $p=0.01$). QLI was positively correlated with CPX RER ($r=0.7$, $p=0.05$), 6MWT ($r=0.7$, $p=0.005$), SWT distance ($r=0.79$, $p=0.03$), and SF-36 PCS ($r=0.7$, $p=0.01$). **CONCLUSIONS:** SPPB and QLI cor-

related well to more laborious and technically demanding exercise capacity tests and generic QOL indices in advanced HF patients. Additional evaluation in a broader population of heart failure patients is needed.

PCV84

A COMPARISON OF CLINICIAN AND PATIENT VIEWS ON SYMPTOMS AND IMPACT OF POST-STROKE SPASTICITY

Atkinson MJ¹, Gillard P², Dunning K³, D'Ambrosio L⁴, Varon SF², Zorowitz RD⁵, Kissella B⁶

¹University of California, San Diego (UCSD), San Diego, CA, USA, ²Allergan, Inc., Irvine, CA, USA, ³University of Cincinnati, Cincinnati, OH, USA, ⁴Outcomes Science, Cambridge, MA, USA, ⁵The Johns Hopkins University School of Medicine, Baltimore, MD, USA, ⁶University of Cincinnati

Academic Health Center, Cincinnati, OH, USA

OBJECTIVES: To compare clinicians' and patients' views of post-stroke spasticity (PSS) symptoms and their impact on health-related quality of life (HRQoL). **METHODS:** Interviews were conducted with 13 clinicians specializing in the treatment of PSS. Emergent themes from these interviews were compared with the findings from 6 patient focus groups involving 59 patients. **RESULTS:** Clinicians described altered muscle tone and spasticity as distinct manifestations of upper motor neuron syndrome but suggested that patients do not distinguish between the two. Clinicians perceived patients to view spasticity as muscle tightness/stiffness that affects limb positioning, posture, and function, with patient values and coping strategies influencing the degree to which PSS impacts various domains of their lives. Existing HRQoL measures were thought to be too general and to overlook specific consequences associated with PSS. Patients described PSS in terms of movement difficulties, and not muscle characteristics. Specifically, patients characterized PSS as an inability to direct arm movements, position the hand, and grasp objects in the upper limbs; and, as an inability to walk, maintain balance, and minimize the risk of falls in the lower limbs. Ten HRQoL domains were found to fully represent the effects of PSS on individual well being: symptom impact, physical function, activities of daily living, ambulation and mobility, ambulation risk, social function, social support, loss of role function, appearance, and adaptive resiliency. **CONCLUSIONS:** While clinicians and patients generally agreed on the functional areas affected by PSS, clinicians tended to focus on diagnostic features of excess muscle tonicity and spasm whereas patients concentrated on the complex psychosocial effects of PSS - particularly the effects of disability on their sense of self and personal relationships. An understanding and assessment of the complex ways that PSS impacts patients' lives has clinical relevance, particularly in terms of screening for disabling PSS and treatment decisions.

PCV85

EFFECT OF SECONDARY PREVENTIVE MEASURES ON THE HEALTH RELATED QUALITY OF LIFE OF MYOCARDIAL INFARCTION PATIENTS

Shah J, Aparasu RR, Birtcher KK, Johnson ML

University of Houston, Houston, TX, USA

OBJECTIVES: To assess the effect of secondary preventive measures on the Health Related Quality of Life (HRQoL) of myocardial infarction patients. **METHODS:** The Medical Expenditure Panel Survey (MEPS) data from 2004 to 2008 were used to conduct a retrospective longitudinal study which included adults ≥ 18 years with myocardial infarction. The lifestyle modifications considered were smoking cessation, regular exercise and weight control. Pharmacotherapy was defined as the use of aspirin, beta-blockers, statins and ACEI/ARBs. HRQoL was determined on the basis of the SF-12 survey instrument. Two multiple linear regression models for physical component summary (PCS) and mental component summary (MCS) scores were conducted. The primary independent variables included the secondary preventive measures. The other predisposing, enabling and need variables were identified based on the Andersen Behavior Model. A p-value of 0.05 was considered to be statistically significant. **RESULTS:** Non-smokers had a significantly better MCS score as compared to smokers ($\beta = 2.88$; CI: 0.90 - 4.85; $p = 0.0053$). Regular exercise was significantly associated with improvement in PCS ($\beta = 3.28$; CI: 1.91 - 4.64; $p < 0.001$) and MCS ($\beta = 1.83$; CI: 0.23 - 3.42; $p = 0.0255$) scores whereas statin use was associated with an improvement in the MCS ($\beta = 3.31$; CI: 1.80 - 4.83; $p < 0.001$). Use of ACE/ARB, beta-blocker or aspirin and normal BMI, however, were not associated with improvement in HRQoL. **CONCLUSIONS:** Lifestyle modifications like smoking cessation and exercise combined with regular use of statins will help to improve HRQoL in patients with myocardial infarction. Thus these measures should be aggressively promoted among myocardial infarction patients.

PCV86

COMPARISON OF CHARLSON, ELIXHAUSER AND HRQOL-CI RISK ADJUSTMENT MEASURES IN PREDICTING HEALTH-RELATED QUALITY OF LIFE IN HEART FAILURE PATIENTS

Mehta HB, Aparasu RR, Johnson ML

University of Houston, Houston, TX, USA

OBJECTIVES: Comorbidities in Heart Failure (HF) patients are highly prevalent, adversely affecting health related quality of life (HRQoL). Health related quality of life-comorbidity index (HRQoL-CI) has been recently developed to risk adjust HRQoL. The aim of this study was to compare the performance of HRQoL-CI with Charlson and Elixhauser measures in predicting HRQoL in HF patients. **METHODS:** The Medical Expenditure Panel Survey 2002-2008 data was used for this retrospective cross-sectional study. All adults (age >18 years) diagnosed with HF were included in the study. International Classification of Disease, 9th Revision, Clinical Modification and Clinical Classification Codes were used to identify HF patients, as well as to construct different risk adjustment measures (D'hoore adaptation of Charlson, Elixhauser and HRQoL-CI). HRQoL is documented in MEPS using short form health survey (SF-12), with physical component score (PCS) and mental com-