related well to more laborous and technically demanding exercise capacity tests and generic QoL indices in advanced HF patients. Additional evaluation in a larger study of the population of heart failure patients is needed.

PCV84 A COMPARISON OF CLINICIAN AND PATIENT VIEWS ON SYMPTOMS AND IMPACT OF POST-STROKE SPASTICITY
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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 stroke and with 59 patients with spasticity. 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 capture the effects of PSS on individual well-being, including: symptom impact, physical function, activities of daily living, ambulation and mobility, ambulation risk, social function, social support, role of function, appearance, and adaptive residency.

CONCLUSIONS: While clinicians and patients generally agreed on the functional domains affected by PSS, there was a tendency to consider these interventions impacting excess muscle tone and spasticity 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
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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 significant.

RESULTS: Non-smokers had a significantly better MCS score as compared to smokers (β = 2.88; CI: 0.90 – 4.85; p = 0.0053). Regular exercise was significantly associated with improvement in PCS (β = 3.28; CI: 1.91 – 4.64; p < 0.001) and MCS (β = 1.83; CI: 0.23 – 3.42; p = 0.0255) whereas statin use was associated with an improvement in the MCS (β = 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
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OBJECTIVES: Comorbidities in Heart Failure (HF) patients are highly prevalent, adversely affecting health-related quality of life (HRQoL). HR-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 Elixhuuswe measures in predicting HRQoL in HF patients.

METHODS: The Medical Expenditure Panel Survey (MEPS) data from 2000-2008 were 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 Classification Codes were used to identify HF patients, as well as to construct different risk adjustment measures (D’hoore adaptation of Charlson, Elixhuuswe and HRQoL-CI). HRQoL is documented in MEPS using short form health survey (SF-12), with physical component score (PCS) and mental com-