effects other than bleeding and thrombosis (38.5% vs. 16.7%, p=0.004). Patients on TSOAC had a lower [better] mean QOL summary score compared to warfarin treated patients (39.7±11.3 vs. 46.8±19.8, p=0.03). Based on the results of the unadjusted linear regression model, patients treated with TSOAC had significantly better DASS QOL summary score (β= -7.65, 95% CI: -3.49, -1.82, p < 0.05), however, after adjusting for differences in patient groups, the effect of TSOAC on QOL became non-significant (β= 4.47, 95% CI: -5.06, 14.00, p=0.35) CONCLUSIONS: Differences in social-demographic characteristics between patients treated with warfarin and TSOAC were observed in an Asian population. After adjusting for patient social-demographic characteristics, TSOAC had no impact on treatment-related QOL.

PCV108
PRELIMINARY VERIFICATION OF THE DIAGNOSTIC ACCURACY OF THE SYNDROME DIFFERENTIATION QUESTIONNAIRE OF PHEGM AND BLOOD STASIS (SDQ-PBS)
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OBJECTIVES: SDQ-PBS was a validated and reliable diagnostic instrument for syndrome of PBS of angina patients. For well reception and wide application, it was important and necessary to verify the diagnostic accuracy of the syndrome dimension of the questionnaire before applications. METHODS: The Fisher’s discriminant model was established for syndrome of PBS dimension to determine weights of items. Angina patients (40-85 years old) diagnosed by coronary angiography or coronary computed tomography were selected. Comparison of SDQ-PBS syndromes of PBS (any syndromes) were diagnosed by 3 traditional Chinese medicine physicians. According to the Canadian Cardiovascular Society Classification (CCSC), subjects of PBS were divided into mild and severe degree. Final scores were calculated combining initial scores and weights of items. The diagnostic accuracy was preliminarily verified by comparison of final scores and diagnostic threshold. RESULTS: The Fisher’s discriminant model was established for mild and severe degree. The diagnostic accuracy was 94.77% and 100%. CONCLUSIONS: The diagnostic accuracy of the syndrome dimension of the questionnaire was high. For different degrees of severity, the treatment plan was different. In the future, more study will be conducted to further verify the diagnostic accuracy of the questionnaire.

CARDIOVASCULAR DISORDERS – Health Care Use & Policy Studies

PCV109
A SYSTEMATIC REVIEW, CRITICAL APPRAISAL AND ANALYSIS OF THE QUALITY OF ECONOMIC EVALUATIONS IN STROKE IMAGING
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OBJECTIVES: To review the quality of economic evaluations of acute stroke imaging to direct thrombolytic therapy and to identify areas for improvement in future economic evaluations. METHODS: We conducted systematic searches of electronic databases including Medline, EMBASE, CINAHL, Econlit, the NHS Economic Evaluation Database and the Tufts Cost-Effectiveness Analysis (CEA) Registry from January 1950 through July 2012. The selection criteria were: 1) full-text articles published in any language that reported economic evaluation results of two or more imaging inter-ventions for patients presenting with symptoms suggestive of acute stroke. Study quality was assessed by a 35-item checklist published by the British Medical Journal (BMI). RESULTS: A total of 1,063 citations were identified, and 5 met the inclusion criteria. Four of 5 papers were explicit in their analysis perspectives, which included health care system payers, hospital and other stroke service providers. Two studies reported results for 5-year time horizons and 3 reported lifetime results. All reported morbidity outcomes using the modified Rankin Scale score. The median quality score using the BMI tool was 84.4% (range = 71-93.5%). Three studies evalu-ated perfusion computed tomography (CTP) as a comparator to unenhanced CT (CT) but due to a paucity of data, assumed that CTP outcomes were equivalent to those for patients assessed by other imaging modalities. Most studies included post-thrombolytic intracranial hemorrhage states but most did not take into consider-ation the effects of AIS patients who could not tolerate contrast media or who incurred contrast-induced nephropathy (CIN). CONCLUSIONS: Economic evaluations in acute stroke imaging are of high quality with respect to published methodo-logical standards. However, the number of economic analyses of imaging is very limited. The inclusion of important clinical components of AIS imaging modeling including the incidence of CIN and recurrent stroke in addition to the incorporation of CTP-specific outcome data.

PCV110
FACTORS INFLUENCING MANAGEMENT OF PATIENTS WITH ATRIAL FIBRILLATION IN CANADA AND SWEDEN
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OBJECTIVES: To explore the reasons for not initiating or stopping VKA treatment in patients with atrial fibrillation (AF) at moderate to high risk of stroke, along with the reasons for considering some patients on VKA to be “difficult-to-manage”. METHODS: A retrospective review of 884 records was conducted with 24 Swedish physicians participating. Three cohorts of AF patients at moderate/high stroke risk (CHA2DS2-VASc score ≥ 2 points) were examined: a) VKA naive, b) had stopped VKA treatment or c) receiving VKA and considered “difficult-to-manage”. Variables related to patient sociodemographics, comorbidities with AF and its management and the reasons why patients a) never received VKA, b) stopped VKA, or c) were considered “difficult-to-manage”. RESULTS: In Canada, 187 patients were VKA naive; 72 patients were no longer taking VKA and 10 patients were taking VKA but managed “difficult-to-manage”. In Sweden, 195 patients were VKA naive; 6 patients were no longer taking VKA and 15 patients were taking VKA but managed “difficult-to-manage”.

PCV111
PHYSIOLOGICAL PARAMETERS CAN HELP GUIDE VENTILATION STRATEGY
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OBJECTIVES: To report the incidence of CIN and recurrent stroke in patients with CTP- correlated perfusion computed tomography (CTP) as a comparator to unenhanced CT imaging for direct thrombolytic therapy and to identify areas for improvement in future healthcare service provision. RESULTS: We undertook an audit to identify all patients presenting with heart failure over a 10 week period in a London Teaching Hospital (n = 214). The average age was 76.6±10.5, there were 30 males, 31 patients were of caucasian descent and 21 from ethnic minority, 2 patients were not categorised. There was a significant decrease from 160/100 mmHg to 145 mmHg in diastolic BP (p=0.001), a decrease in systolic BP of 10 mmHg in the abscence of BNP measurements. We also set out to assess adherence to new heart failure pharmacotherapeutic algorithm at our hospital, and to iden-tify the prevalence of atrial fibrillation, and other serology in patients presenting with chronic heart failure. METHODS: New pharmacotherapeutic algorithm was implemented in the community by nurse specialist and general practitioners. Patients with decompensated acute heart failure usually present to secondary and tertiary care. We undertook an audit to identify all patients presenting with heart failure over a period of 10 weeks. 21 patients were diagnosed as syndrome of PBS and non-PBS (any other syndromes) were diagnosed by 3 traditional Chinese medicine physicians. According to the Canadian Cardiovascular Society Classification (CCSC), subjects of PBS were divided into mild and severe degree. Final scores were calculated combining initial scores and weights of items. The diagnostic accuracy was preliminarily verified by comparison of final scores and diagnostic threshold: RESULTS: The Fisher’s discriminant model was established for mild and severe degree. Through the comparison of final scores and diagnostic threshold (8.5), 34 of 35 PBS subjects were diagnosed as syndrome of PBS, the diagnostic accuracy of the syndrome dimension was 97.14%. Of 9 non-PBS subjects, 1 was diagnosed PBS, the diagnostic accuracy was 88.89%. For subjects of mild and severe degree, 18 and 16 were diagnosed PBS respectively, the diagnostic accuracy was 94.77% and 100%. CONCLUSIONS: The diagnostic accuracy of the syndrome dimension of the questionnaire was high. For different degrees of severity, the treatment plan was different. In the future, more study will be conducted to further verify the diagnostic accuracy of the questionnaire.

pcv112
PERSONAL CARDIOVASCULAR HEALTH RISK ASSESSMENT AND MANAGEMENT IN THE WORKPLACE: A PILOT PROGRAM
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OBJECTIVES: To set up a model for effective workplace health management as an occupational health service for employees of a steel factory in southern Taiwan. METHODS: In compliance with the administrative regulation of the company’s policy, 51 male employees with persistent blood pressure (BP) higher than 160/100 mmHg, and 23 male employees with persistent fasting blood sugar (FS) higher than 200 mg/dl during the last three consecutive annual employee health examinations were identified through a process of cardiovascular risk assessment, and recruited into a health management program, which consisted of health education for diet control and regular exercise, mandatory weekly BP or postprandial blood sugar (PC) monitoring at company medical office for 3 months, and subject was required to submit proof of physician visit and drug treatment if the subject was noted to have BP higher than 140/90 mmHg or PC higher than 200 mg/dl in two consecutive measurements. Outcome evaluation was analyzed with descriptive statistics and analysis of covariance. RESULTS: At the end of the 3 months intervention, the number of hypertensive subjects decreased from 161 mmHg to 145 mmHg, diastolic BP from 104 mmHg to 94 mmHg, and 7 of them achieved satisfactory BP control under 120/80 mmHg. 50 male PC among the subjects decreased from 240 mg/dl to 240 mg/dl, and 5 of them achieved satisfactory PC control under 140 mg/dl. Out of the 46 subjects who filled out the program satisfaction survey, 97.8% were satisfied with the dietary control component of the health education course, 93.5% were satisfied with the exercise component. 97.8% were satisfied with weekly BP or PC measurements, and 58.7% would recommend the same program to their colleagues in the future. CONCLUSIONS: Company management policy is a key element in the success of workplace health management for the control of chronic diseases with high cardiovascular risk such as hypertension and diabetes.