OBJECTIVES: To identify factors associated with HRQoL in patients with hypertension. The paper also identifies correlations between changes in blood pressure and HRQoL scores.

RESULTS: A total of 112 subjects were recruited into the study. Analysis of covariance (ANCOVA) was used to identify those factors (i.e. age, sex etc.) that could possibly have influenced HRQoL. Linear regression was used to assess the relationship between changes in blood pressure and HRQoL scores. However, concepts related to anticoagulation treatment satisfaction and HRQoL are important to patients and should be included in clinical trials, particularly as the burdens and benefits of anticoagulants evolve over time.

PCV313

HEALTH UTILITY OF ACUTE CORONARY SYNDROME PATIENTS FROM AN ASIAN POPULATION

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OBJECTIVES: To compare the health utility of Acute Coronary Syndrome (ACS) patients from an Asian population at baseline admission and 12 months post-ACS. Secondary objectives were to investigate the factors that affect health utility and the impact of new medication on the Asian UK tariffs in this study. METHODS: This was a retrospective study. Utility data was obtained from ACS patients who were admitted to a tertiary-care, general hospital in Malaysia and agreed to participate in the study. The quality of life (QoL) of ACS patients was measured using validated language versions of the EQ-5D tariff. In this study, five tariffs were compared: the Malaysian tariff (mTariff), the UK tariff (fTariff), and the EQ-5D tariff (EQ-5D), plus two additional tariffs that were based on the EQ-5D tariff: the EQ-5D-5L tariff (EQ-5D-5L) and the EQ-5D-5L tariff with PCMK (EQ-5D-5L/PCMK).

RESULTS: Among the statistically significant factors were gender, age, and the duration of illness. The smallest QoL occurred in patients with congestive heart failure (CHF) and those who were admitted to the hospital for the first time. The EQ-5D-5L/PCMK tariff gives the incentive to take more attention to older, divorced, widower/widows and patients with multiple comorbidities, as the impact of these factors on QoL is higher than that of other factors. The EQ-5D-5L tariff was used to calculate the QoL in the study population. The EQ-5D-5L/PCMK tariff was used to calculate the QoL in the study population.

CONCLUSIONS: Our study has demonstrated that a significant number of patients who should be on oral anticoagulants are still treated with and the negative effects of warfarin on QoL of NVAF patients as compared to AA. More data is needed with long-term follow-up analysis of comparison of warfarin and NOAC.

PCV317

QUALITY OF LIFE IN PATIENTS WITH PERMANENT CARDIAC PACEMAKER IN THE SLOVAK REPUBLIC

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OBJECTIVES: To evaluate the health-related quality of life (HRQoL) in patients with permanent cardiac pacemaker (PCPM) implanted in Slovakia in the year 2012. 532 reimplantations were utilised in 475 resp. 98 years old patients. Up to 2012 all the Slovaks Republic patients with PCPM had been evaluated by the same method. Our study evaluated the quality of life indexed in cardiovascular patients according to PCPMs. The difference between QoL of PCPM and QoL of patients without PCPM is considerable.

RESULTS: The quality of life (QoL) of patients with PCPM was evaluated using the Short Form 36 (SF-36) and the Mini-Health Insurance Questionnaire (Mini-HI). The SF-36 was used to assess the physical and mental health status of the patients. The Mini-HI was used to assess the economic impact of the PCPM on the patients. The economic impact of the PCPM was measured in terms of the cost of the PCPM, the cost of the medical care associated with the PCPM, and the cost of the lost productivity due to the PCPM.

CONCLUSIONS: Our study has demonstrated that the QoL of patients with PCPM is significantly better than the QoL of patients without PCPM. The QoL of patients with PCPM is comparable to the QoL of patients with no medical condition. Therefore, the PCPM has a certain impact on the QoL of patients with PCPM. The PCPM has a positive impact on the QoL of patients with PCPM.

PCV318

THE EVALUATION OF THE HEALTH RELATED QUALITY OF LIFE AMONG ADULTS WITH HYPERTENSION

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OBJECTIVES: The aim of the study was a subjective evaluation of the quality of life among adults with diagnosed and treated hypertension. The paper also identifies social and clinical factors significantly influencing the quality of life of respondents.

METHODS: 112 people took part in the study (38 women and 78 men), aged between 19 and 65 years old – in all cases hypertension was diagnosed and treated in a particular health care centre. As a main study tool a questionnaire WHOQOL-BREF in a Polish version was applied. In addition, in order to evaluate the social and clinical factors that influence the quality of life participants were asked to fill anonymous questionnaire prepared specially for this study.

RESULTS: The results of the conducted studies indicated that people suffering from hypertension experience remarkably lower quality of life comparing to healthy people. Considerable discrepancies in terms of the quality of life were visible in physical and psychological domains of the WHOQOL-BREF questionnaire. It has been assumed that the quality of life of patients with hypertension is determined by both social (age, gender, education, economic status), and clinical (level of blood pressure, weight, the type of hypertensive therapy, the presence of coexisting diseases). CONCLUSIONS: Chronic diseases, including hypertension, disturb the quality of life of patients. The QoL of patients with hypertension is determined by numerous social and clinical factors. Thus, there is a need to consider the problem of hypertension and its treatment among adult people multidisciplinary – in order to improve their lives.

PCV319

TREATMENT SATISFACTION IN PATIENTS WITH VENOUS THROMBOEMBOLISM AS MEASURED WITH PACT-Q2: PREFER IN VTE REGISTRY

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OBJECTIVES: This study aimed to determine anti-coagulant treatment patterns and stroke- and bleeding-related risk factors and to evaluate quality of life (QoL) in non-venous thromboembolism (VTE) patients. METHODS: A comparative observational study included ≥18-year-old patients (n=213) diagnosed with VASD, CHADS2, CHA2DS2-VASc, HAS-BLED scores and EQ-5D scale were used to assess risk factors and patient’s QoL. Results were recorded for patients from 1 to 11th month. RESULTS: The rate of adverse events was 6.7%, major bleeding was 10.8%, stroke was 5.9%, and hospitalization was 25.5% in one-year follow-up. The patients’ treatment patterns were grouped as warfarin, new oral anticoagulant (NOAC) (dabigatran, rivaroxaban), and antiplatelet agents (ASA, clopidogrel, acetylsalicylic acid, dipyridamole). Patient numbers for the groups at baseline, and 6th and 12th months, respectively, were 92, 74, 41 for warfarin, 2, 13, 14 for NOAC, and 39, 25, 26 for AA. The distribution of patients among the warfarin, NOAC, and AA groups in one-year follow-up were 7.6%, 0.0%, and 10.3%, respectively. CONCLUSIONS: Our study has demonstrated that a significant number of patients who should be on oral anticoagulants are still treated with and the negative effects of warfarin on QoL of NVAF patients as compared to AA. More data is needed with long-term follow-up analysis of comparison of warfarin and NOAC.
A total of 2985 patients were willing to fill out the PACT-Q2 questionnaire both at VKA, Etienne, France, 5Hospital Universitari Germans Trias i Pujol, Barcelona, Spain, 6Daiichi Sankyo patient identifier helped map patients across the inpatient and emergency set-

characteristics and ER diagnoses associated with pacemaker implants in an inpa-

tive. Cardiac pacemakers are used to treat severe and/or symptomatic bradycardia, 
diagnosis of heart conditions. Thus, looking at the gender based use of ER prior to 
cian's guidebook. The emergency room (ER) also serves as a medical space for initial 

differences lead to disparate health and treatment outcomes between the genders, 

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treatment comparable to other treatment schemes.

We aimed to understand treatment satisfaction over time under eve-

events (VKA), and Non-VKA oral anticoagulants (NOAC) for therapy. We assessed 

Objectives:

Ludwigshafen, Germany, 4Centre Hospitalier Universitaire Saint-Etienne, Hopital Nord, Saint 

convenience and treatment comparable to other treatment schemes.

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dL. 22.0% of CV RE patients with new events had a LDL-C

patients in the same cohort without new events (n

were 19.1% and 57.7%, respectively.

who received LMWH

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1, Hallberg S.

2, Zhu G.

3, De Caterina R.

5, Reimitz P.E.

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94.4% for heparin/VKA and 98.2 ±12.33/100.4 ±12.93 for NOACs (all

PCV140

TREATMENT SATISFACTION IN PATIENTS WITH ATRIAL FIBRILLATION ON NO ORAL ANTAGO

ALOCOAGULANTS AS ASSESSED WITH FACT-Q2 AT BASELINE AND 12-

2, Zamorano J.L.

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the most in the NOAC group. In the “anticoagulant treatment satisfaction” dimen-

sion, the score at BL/6 months was 78.9 ±17.62/76.2 ±18.20 points for

patients on NOACs rated their convenience and treatment satisfaction substantially higher than patients on heparin/VKA.

PCV141

PRIMARY PACEMAKER INSERTION: GENDER DIFFERENCES IN PRIOR ER UTILIZATION

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OBJECTIVES: Men’s and Women’s health care experiences differ as they age. These differences lead to disparate health and treatment outcomes between the genders, especially in the area of cardiac health, which has significant disease burden in the US. Women experience symptoms that ‘deviate’ from the ones outlined in a clinician’s guidebook. The emergency room (ER) also serves as a medical space for initial diagnosis of heart conditions. Thus, looking at the gender based use of ER prior to a cardiac pacemaker insertion can help understand the differences from a gender perspec-

tive. Cardiac pacemakers are used to treat severe and/or symptomatic bradycardia, heart block or a combination of both. This study explored gender differences in characteristics and ER diagnoses associated with pacemaker implants in an inpa-

PCV142

LDL-C GOAL ATTAINMENT IN PATIENTS WITH HYPERLIPIDEMIA - ESTIMATES FROM POPULA-

TION-BASED REGISTER DATA IN SWEDEN

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1Quantify Research, Stockholm, Sweden, 2Amgen, Inc., Thousand Oaks, CA, USA, 3Strategic 

Healthcare Solutions, LLC, Morriston, MD, USA, 4Upssala University, Upssala, Sweden, 5Linköping University, Linköping, Sweden, 6TMS Health, Stockholm, Sweden

The findings of the study were inconclusive in terms of the differences between the genders in terms of characteristics like race, primary payer, age, etc. However, more men had ER visits than women (52 43% vs 47.57%). The top diagnosis in the ER was cost (87.6% vs 93%). Syncope was seen 3 0% of dis-

Atrial fibrillation was the only ER diagnosis which women experienced more than men.

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