QUALITY OF LIFE OF PATIENTS WITH HYPERTENSION USING THE 2007 NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY (NHANES) OF KOREA
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OBJECTIVES: This study was to compare health-related quality of life of patients with hypertension to people without hypertension. METHODS: Using the 2007 NHANES of Korea, EuroQol (EQ-5D) was used to estimate a relation between quality of life and hypertension. In the analysis, adults (age ≥25 years old) at the time of the survey were included. EQ-5D as well as each 5 category such as mobility, self-care, usual activity, pain/discomfort and anxiety/depression were considered for the analysis. For the estimation in EQ-5D, a generalized linear model with a logit link and the binomial family was used because EQ-5D was a proportion variable and had high negative skewness. In each specific category, there were 3 categories indicating good (1) to worse (3). Thus, ordered logit regressions were used for the analyses. In all analyses, age, gender, types of insurance, income, years of education and comorbidity conditions were included. Survey weights were incorporated in the analyses to consider the survey design. RESULTS: A total of 2767 subjects was available. Among those, 518 (18.7%) had a hypertension based on self-report on whether they had hypertension or not. Mean (SD) in quality of life of patients with hypertension was 0.84 (0.19), while mean (SD) of patients without hypertension was 0.93 (0.12). Among patients with hypertension, 51.7% were elderly (age ≥ 65 years) and 59.5% were female. Comparing patients without hypertension, 16.6% were elderly and 37.1% were female. Patients with hypertension as compared to people without hypertension were lower in quality of life by ~0.2 (p-value: 0.038) after controlling other factors. Patients with hypertension were worse in mobility and usual activity, but self-care, pain/discomfort and anxiety/depression had no difference from people without hypertension. CONCLUSIONS: Patients with hypertension as compared to people without hypertension were lower in quality of life mostly due to difficulties in mobility and usual activity.

IMPACT OF THE MEDICARE PART D DONUT-HOLE ON PATIENTS WITH HYPERTENSION OR HYPERLIPIDEMIA
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OBJECTIVES: The impact of Medicare’s Part D coverage gap (donut hole) on drug utilization was examined among patients with hypertension and/or hyperlipidemia, comparing treatment for asymptomatic (hypercholesterolemia and hypertension) and symptomatic (GL, depression, and pain) conditions. METHODS: The study sample consisted of patients from the 5% Medicare (A, B, and D) files with a diagnosis of hypertension and/or hyperlipidemia in 2005 and full-year (2006) fee-for-service, Medicare Part D and low-income subsidy (LIS) and non-LIS eligibility. Study outcomes included any drug use, adherence (percent days covered (PDC) ≥80), and discontinuation (≥30-day continuous gap). The study employed a quasi-experimental design using a pre- (prior to donut hole) and post- (during donut hole) periods comparing three patient groups (non-LIS: without coverage, generic only coverage, and brand / generic coverage during the gap) with a contemporaneous control group (LIS: no coverage gap). A difference-in-difference approach was used with multiple regressions controlling for demographic characteristics, Medicare enrollment status, area-level information, and clinical risk. RESULTS: The donut hole was associated with statistically significant decreases in any use and PDC adherence, along with a decrease in the likelihood of a discontinuation for both lipid lowering and antihypertensive drugs. The magnitude of impact was largest among patients without donut-hole drug coverage: 1.1% to 4.1% drop in probability of drug use; 4.4% to 12.1% decrease in adherence; and 4.5% to 12.5% increase in discontinuations (p < 0.01 for all). Impact was smallest among patients with both generic/brand drug coverage relative to the LIS controls. The donut hole had no impact on probability of using symptomatic drugs (anti-ulcer agents, antidepressants, and pain-killers). CONCLUSIONS: The donut hole was associated with statistically significant decreases in any use and PDC adherence, along with a decrease in the likelihood of discontinuation for both lipid lowering and antihypertensive drugs. The magnitude of impact was largest among patients without donut-hole drug coverage: 1.1% to 4.1% drop in probability of drug use; 4.4% to 12.1% decrease in adherence; and 4.5% to 12.5% increase in discontinuations (p < 0.01 for all). Impact was smallest among patients with both generic/brand drug coverage relative to the LIS controls. The donut hole had no impact on probability of using symptomatic drugs (anti-ulcer agents, antidepressants, and pain-killers). CONCLUSIONS: The donut hole was associated with statistically significant decreases in any use and PDC adherence, along with a decrease in the likelihood of discontinuation for both lipid lowering and antihypertensive drugs. The magnitude of impact was largest among patients without donut-hole drug coverage: 1.1% to 4.1% drop in probability of drug use; 4.4% to 12.1% decrease in adherence; and 4.5% to 12.5% increase in discontinuations (p < 0.01 for all). Impact was smallest among patients with both generic/brand drug coverage relative to the LIS controls. The donut hole had no impact on probability of using symptomatic drugs (anti-ulcer agents, antidepressants, and pain-killers). CONCLUSIONS: The donut hole was associated with statistically significant decreases in any use and PDC adherence, along with a decrease in the likelihood of discontinuation for both lipid lowering and antihypertensive drugs. The magnitude of impact was largest among patients without donut-hole drug coverage: 1.1% to 4.1% drop in probability of drug use; 4.4% to 12.1% decrease in adherence; and 4.5% to 12.5% increase in discontinuations (p < 0.01 for all). Impact was smallest among patients with both generic/brand drug coverage relative to the LIS controls. The donut hole had no impact on probability of using symptomatic drugs (anti-ulcer agents, antidepressants, and pain-killers). CONCLUSIONS: The donut hole was associated with statistically significant decreases in any use and PDC adherence, along with a decrease in the likelihood of discontinuation for both lipid lowering and antihypertensive drugs. The magnitude of impact was largest among patients without donut-hole drug coverage: 1.1% to 4.1% drop in probability of drug use; 4.4% to 12.1% decrease in adherence; and 4.5% to 12.5% increase in discontinuations (p < 0.01 for all). Impact was smallest among patients with both generic/brand drug coverage relative to the LIS controls. The donut hole had no impact on probability of using symptomatic drugs (anti-ulcer agents, antidepressants, and pain-killers). CONCLUSIONS: The donut hole was associated with statistically significant decreases in any use and PDC adherence, along with a decrease in the likelihood of discontinuation for both lipid lowering and antihypertensive drugs.