to follow-up time without any bleed. Similar results were observed for GP consultations and hospitalizations (despite absence of a linear pattern). **CONCLUSIONS:** In NVAF patients treated with VKA, the first and subsequent bleeds led to an increased risk of healthcare resource utilisation. Healthcare payers, as well as patients and clinicians, would therefore benefit from clinical strategies to help prevent the first bleed.

CARDIOVASCULAR DISORDERS – Patient-Reported Outcomes & Patient Preference Studies

PCV131
BELIEFS ABOUT MEDICINES IN AN URBAN COMMUNITY HEALTH CENTER HYPERTENSION POPULATION

Barr JT, Conley M, Sluboski K, Griffith J
Northeastern University, Boston, MA, USA

OBJECTIVES: To determine in an urban community health population with hypertension (HTN), whether patient beliefs concerning HTN medication use as revealed by responses to Beliefs about Medicines Questionnaire (BMQ, Horne 1999) were affected by nine variables: age, gender, education, family or friend with HTN or stroke, adherence, living with someone. **METHODS:** After approval from Northeastern University's Institutional Review Board, a convenience sample of patients was asked to complete the BMQ prior to routine HTN follow-up appointments at a Boston community health center between 5/2014-9/2014. Researchers screened for eligibility (English speaking, taking anti-hypertensive medication), described the study, and requested informed consent. Patients completed background demographic questions and a hypertension medication modified BMQ (BMQ: 18 items; 5 levels: 5=strongly agree, 1=strongly disagree; 4 factors). **RESULTS:** 99 patients averaged 58.3yo±11.7SD, 52.3% female. Overall BMQ factor scores were: Specific Necessity (SN), 2.67±0.75; Specific Concerns (SC), 3.28±0.79; General Overuse (GO), 3.14± ±0.86 and General Harm (GH), 3.69±0.69. Initial bivariate analyses indicate no differences in impact of demographic variables on SN. However three factors were influenced by demographic variables: SC affected by gender (males 3.48±0.81, females 3.09±0.73, p=0.014) and living with someone ("Yes" 3.14±0.78, "No" 3.59±0.77, p=0.01); GO affected by gender (males 3.36±0.9, females 2.96±0.79, p=0.019), living with someone ("Yes" 3.03±0.86, "No" 3.40±0.83, p=0.05), and race ("white" 3.31±0.78, "black" 2.77±0.97, "latino" 3.40±0.80, "Asian" 2.5±0.70, p=0.02); and GH affected by adherence ("Yes" 3.77±0.68, "No" 3.36±0.63, p=0.02) and race ("white" 3.83±0.54, "black" 3.50±0.84, "latino" 3.50±0.64, "Asian" 2.81±0.95, p=0.007). CONCLUSIONS: This study provides BMQ factor scores for urban HTN patients. Additionally insight is provided into the effect of patient demographics and life characteristics on BMQ factor scores. Individual patient BMQ scores have the potential to assist health providers in tailoring patient-specific medication counseling programs to increase perception of need for anti-hypertensive medication necessity and reduce patient-specific medication harm concerns.

PCV132
QUALITY OF LIFE AND EMOTIONAL IMPACT OF A FIXED DOSE COMBINATION OF ANTIHYPERTENSIVE DRUGS IN PATIENTS WITH UNCONTROLLED HYPERTENSION

Schmieder RE[1], Fronk E[2], Alexandre AF[2], Bramlage P[3]
[1]*Universitätsklinikum Erlangen, Erlangen, Germany,* [2]*Daiichi Sankyo Europe, Munich, Germany,* [3]*IPPMed, Cloppenburg, Germany*

OBJECTIVES: Uncontrolled hypertension can be associated with not only physical symptoms, but also with a significant emotional burden. However, so far only few studies described the emotional burden. Furthermore, the effects of antihypertensive therapies on the physical and mental aspects of quality of life for hypertensive patients remain unclear. Here, we analyse changes in health-related quality of life in patients receiving a fixed dose combination (FDC) of the three antihypertensive drugs olmesartan, amlodipine and hydrochlorothiazide. **METHODS:** A series of questions about patients' perceptions regarding the impact of uncontrolled hypertension on their lives were incorporated into the SeviTarget study. It was carried out between 11/2012 and 12/2013. Patients completed three questionnaires on their overall health, their attitudes and level of apprehension about managing blood pressure (Schmieder J Hypertens 2013) and SF-12 at baseline and at a follow-up visit 24-week later or at the last available visit. **RESULTS:** A total of 5,831 patients (63.5±11.8 years, 47.0% female) were recruited in Austria and Germany. High proportion of patients had cardiovascular risk factors, with diabetes mellitus (29.4%) and metabolic syndrome (21.1%) being the most prevalent. Following approximately 24-week of treatment, the mean reduction in systolic/diastolic BP was 29.0/14.0mmHg. Patients´ responses to the questionnaires demonstrated improvements in many factors related to quality of life. At baseline only 33.3% of patients described their current state of health as good or excellent, while at follow-up this value had risen to 75.8%. Responses regarding physical factors such as symptoms and limitations in activities, and mental factors such anxiety associated with treatment, all improved during antihypertensive drug treatment. Changes to more optimistic responses were more likely for patients that achieved a target BP of <140/90mmHg. **CONCLUSIONS:** The study demonstrates the great improvements in quality of life that can be achieved with effective management of hypertension.

PCV133
COMPARISON BETWEEN THE INTERIM EQ-5D-5L SCORE AND THE NEW JAPANESE SCORING IN STROKE PATIENTS

Noto S[1], Izumi R[1], Shiroiwa T[2], Igarashi A[3], Ikeda S[4], Fukuda T[5], Saito S[6], Shimozuma K[7], Kobayashi M[8], Moriwaki K[9], Ishida H[10]
[1]*Niigata University of Health and Welfare, Niigata, Japan,* [2]*National Institute of Public Health, Wako, Japan,* [3]*University of Tokyo, Graduate School of Pharmaceutical Sciences, Tokyo, Japan,* [4]*International University of Health and Welfare, Otawara, Japan,* [5]*National Institute of Public Health, Wako, Saitama, Japan,* [6]*Okayama University, Okayama, Japan,* [7]*Ritsumeikan University, Kusatsu, Japan,* [8]*CRECON Medical Assessment Inc., Tokyo, Japan,* [9]*Kobe Pharmaceutical University, Kobe, Japan,* [10]*Yamaguchi University, Ube, Japan*

OBJECTIVES: To clarify the difference between the interim EQ-5D-5L score and EQ-5D-5L Japanese scoring, and to evaluate the validity of them. **METHODS:** Five hundred and twenty six patients who received rehabilitation program in six hospitals were asked to administer the EQ-5D-5L. Their occupational therapists were simultaneously administered the EQ-5D-5L as proxy respondents to assess their health-related quality of life (HRQL). The score of the EQ-5D-5L were calculated by the interim value set and new Japanese scoring algorism. The new algorism used TTO model was developed by Japanese EQ-5D team as the national tariff. Pearson's correlations were used to evaluate the concurrent validity of the EQ-5D-5L. **RESULTS:** Mean age of the patients was 67.1 years. Three hundred and twenty one were male (60.1%). The mean scores of the interim EQ-5D-5L score and Japanese scoring were 0.515 (95%CI; 0.493-0.538) and 0.547 (95%CI; 0.526-0.567), respectively. Significantly results in two tariffs were observed by the modified Rankin scale (mRS) in: mRS1 (0.805 vs 0.850), mRS2 (0.682 vs 0.729), mRS3 (0.604 vs 0.618), mRS4 (0.400 vs 0.410), mRS5 (0.081 vs 0.201). In particular, the strong difference was observed in 5 level of the modified Rankin scale (0.081 vs 0.201). The correlation between the interim score and new Japanese scoring was 0.946. **CONCLUSIONS:** The new Japanese tariff for EQ-5D-5L indicated high validity, but had a few differences with the interim value. We have to mind the differences when use it.

PCV134
A SYSTEMATIC REVIEW OF CARDIOVASCULAR EVENT UTILITIES IN EUROPE

Blieden M[1], Smith D[1], Becker BT[1], Paoli CJ[2], Gandra SR[2]
[1]*Evidera, Lexington, MA, USA,* [2]*Amgen, Inc., Thousand Oaks, CA, USA*

OBJECTIVES: This systematic literature review (SLR) aimed to identify and evaluate utilities reported for acute and chronic stroke, myocardial infarction (MI), and angina in Europe. **METHODS:** A SLR was conducted in Embase, PubMed, and the grey literature between 1992 and January 2015 using keywords for cardiovascular (CV) events and utilities. Studies reporting utilities for stroke, angina, acute coronary syndrome (ACS) and MI were included. An ongoing review is examining utilities for heart failure (HF). **RESULTS:** Sixty-four articles reported on studies in Europe. Study designs included trials (17), surveys (21), observational cohorts (22), and post-hoc analyses such as meta-analyses (4). Nearly all (53) reported EQ-5D utilities; only three elicited utilities from general populations evaluating hypothetical health states. Across the studies, average utilities varied substantially in each of the CV events (stroke: -0.14 to 0.961; MI: 0.323 to 0.9; angina: 0.36 to 0.845). Severity of disease, time since event, and method of elicitation all appeared to impact utility values. Three studies reporting utilities elicited from general populations (stroke: 0.14 to 0.55, MI: 0.45, angina: NR) tended to report lower utilities than those obtained from CV patients. The ranges of utility values from the general population were similar to those in the most recent published vignette study (Matza, 2015) which distinguished between chronic post-event health states and acute health states and includes the event and its immediate impact (stroke: 0.33 to 0.52, ACS: 0.67 to 0.82). **CONCLUSIONS:** This SLR identified a wide range of utility values for stroke, MI, and angina in Europe. Method of elicitation, severity of disease, and time since event may impact utility values. Future studies of CV event utilities should evaluate the differences in utility values by type of respondent and method of elicitation.

PCV135
HEALTH-RELATED QUALITY OF LIFE IN HEART FAILURE PATIENTS: HEALTH UTILITIES AND PREDICTIVE DETERMINANTS

Gorostiza I[1], Escobar A[1], Bilbao A[1], Garcia-Perez L[2], Navarro G[3], Quirós R[4]
[1]*Basurto University Hospital (Osakidetza) - REDISSEC, Bilbao, Spain,* [2]*Dirección del Servicio Canario de la Salud - REDISSEC, Santa Cruz de Tenerife, Spain,* [3]*Corporació Parc Tauli Clinic, Sabadell. Barcelona, Spain,* [4]*Costa del Sol Hospital, Marbella, Spain*

OBJECTIVES: To describe how health-related quality of life(HRQL) is being affected by disease in heart failure(HF) patients; moreover, to measure health utility values in HF patients and analyze their relationships with different clinical and patient variables. **METHODS:** 1398 HF diagnosed patients in Basque Country hospitals were consecutively recruited and followed-up for 12 months, upon discharged from hospital due to admission for HF. Besides clinical variables, patient reported outcomes, EQ5D-3L, SF-12 and Minnesota Living with Heart Failure(MLHF) questionnaires, were recorded on inclusion, 6 and 12 months. Utilities were calculated with Spanish EQ5D3L TTO tariff. For bivariate analyses, parametric or non-parametric differences in means, proportions and correlations were used, as appropriate. We explored determinants of baseline utility and drivers of change over 1 year with OLS regression with robust standard errors. **RESULTS:** Mean age was 78.0 years(SD:10.2), 88.9% older than 65; 53.7% men, 54.1% had left ventricular ejection fraction of 50% or more, 28.8 months mean disease duration, median=2 of Charlson Index, and 28.3% of HFs had an ischemic origin. Mostly, patient were rated as NYHA II(56.4%) or III(40.4%). Only 78.8% patients were alive after 12 months. EQ5D Mobility and Usual Activities dimensions were the most affected (81.7% and 82.1% patients reporting problems). Usual EQ5D ceiling effect was not seen in HF patients: 6.3% patients reported no problems at all. Mean(SD) basal utility index was 0.430(0.401), but increased after 12 months follow-up[0.565(0.398)] probably due to survival bias. Mean utility values were significantly lower at baseline for those who died before the end of study (diff.=-0.155; p<0.001). Baseline mean utility index correlated negatively with MLHF total score (r=-0.388;p<0.001). Sex, age, and baseline Charlson, MLHF and ejection fraction were predictive of HRQL at 12 months, but not NYHA. **CONCLUSIONS:** HF affects deeply to patients' HRQL; the scope of predictive variables differ over time.

PCV136
QUALITY OF LIFE OF PATIENTS EXPERIENCING CANCER-ASSOCIATED THROMBOSIS

Dewilde S[1], Lloyd AJ[2], Holm MV[3], Lee AY[4]
[1]*SHE & UGent, Brussel, Belgium,* [2]*Bladon Associates, Oxford, UK,* [3]*LEO Pharma A/S, Ballerup, Denmark,* [4]*University of British Columbia and Vancouver Coastal Health, Vancouver, BC, Canada*

OBJECTIVES: Cancer patients are at high risk of venous thromboembolism (VTE), provoked by the cancer, chemotherapies or co-morbidities. The CATCH trial inves-