WHEN SHOULD PATIENTS BE SWITCHED FROM VKA TO NEW TREATMENT: DEVELOPMENT AND PILOT TESTING OF A SELF-REPORTED QUESTIONNAIRE TO TARGET PATIENTS WHO WOULD BENEFIT MOST

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OBJECTIVE: To develop and validate a self-reported questionnaire to help physicians to select Atrial Fibrillation (AF) patients eligible for a treatment change in the prevention of Thrombo-Embolic event (TEE). **METHODS:** An Advisory Committee (AC) of 4 specialists was set up. A conceptual model specific of prevention of TEE in AF patients and treatment switch issues was derived from literature, 5 cardiologist and 6 AF patient interviews. Clinician and patient interviews were conducted using a semi-structured interview guide covering broad concepts with open-ended questions. Systematic analysis produced a list of detailed concepts and then a test questionnaire, which were both independently validated by the AC. Five cardiologists were asked to comment on the relevance and comprehensiveness of each item; 5 AF patients completed the questionnaire and were then asked to provide general comments regarding the questionnaire and detailed comments regarding each element. A revised questionnaire was produced and then validated by the AC. **RESULTS:** The concepts identified from the literature were: patient expectations, fears and satisfaction; perception of treatment; importance of patient preference in treatment choice; and influential factors for patients in treatment choice. After clinician and patient interviews, 16 global concepts and 75 detailed concepts were retained. The test questionnaire included 43 items in 11 sections: "your illness", "your anticoagulant treatment", "expected benefits", "perceived benefits", "expected risks", "perceived risks", "biological follow-up", "visits to the doctor", "changes to the anticoagulant treatment", "constraints", "changes of treatment". Six items were excluded by the AC and 1 was added after the clinician and patient tests. The pilot questionnaire included 38 items in 11 sections. **CONCLUSION:** This pilot questionnaire could help physicians in the choice of treatment and patient management by taking perceptual and behavioural factors into account. The questionnaire needs to undergo item reduction, scoring and validation before use in clinical practice.

A LITERATURE REVIEW OF PATIENT-REPORTED OUTCOMES (PRO) USED IN ATRIAL FIBRILLATION

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OBJECTIVES: The objective of the literature review was to describe generic and specific PRO instruments developed and/or used in atrial fibrillation. The review focuses 1) on the description of generic and specific PRO instruments, including Quality of life, Symptoms, Activities of Daily Living and Patient Satisfaction and 2) on the use of PRO instruments in clinical trials of patients with atrial fibrillation. **METHODS:** A systematic literature review of published studies was conducted using MEDLINE (1966–2004), EMBASE (1974–2004) and the Mapi Research Trust databases. Only studies with named, referenced PRO instruments used in patients with atrial fibrillation were reviewed. Based on the review of the domains covered and the availability of psychometric properties for all the instruments retrieved, a selection of instruments was further analyzed for their psychometric properties and their use in randomized clinical trials. **RESULTS:** Forty-five PRO instruments have been identified: 18 cardiac-specific, 17 generic and 10 psychological instruments. After examination of the domains assessed and the availability of psychometric properties, 19 of the 45 instruments were further analyzed. From these 19 instruments, only 5 instruments (2 cardiac-specific, 2 generic and 1 psychological instrument) were found to have good psychometric properties, including sensitivity to change in randomized clinical trials. **CONCLUSIONS:** Despite the large amount of PRO identified, only two cardiovascular disease-specific instruments were found to be well validated in patients with atrial fibrillation and to be responsive to change in randomized clinical trials.

PHARMACOTHERAPY AND OUTCOMES AMONG VETERANS WITH CHRONIC HEART FAILURE (2000–2002)

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OBJECTIVES: To examine patterns of pharmacotherapy and outcomes among patients with chronic heart failure (CHF). **METHODS:** We identified a national cohort of patients with CHF in the Department of Veterans Affairs (VA) beginning October 1, 1999 (FY00) and tabulated use of cardiovascular agents, 1-year all cause and CHF (DRG 127) hospital use and survival from FY00 through FY02 (September 30, 2002). We determined health care costs from inpatient, ambulatory and outpatient pharmacy services, and calculated the relative share of these costs across VA medical centers. **RESULTS:** The total number of patients ranged from 261,054 in FY00 to 299,462 in FY02. The average age (sd) ranged from 70.1 (10.4) to 71.1 (10.4). Therapeutic classes where use increased included: angiotensin-converting enzyme (ACE) or angiotensin II inhibitors (66.7% to 69.3%); beta-blockers (43.2% to 54.0%); statins (42.0% to 51.9%); and spironolactone (9.7% to 12.0%). Classes where use decreased included: digitalis (38.1% to 34.1%) and calcium channel blockers (35.7% to 32.4%). Diuretic use was relatively constant at 73%. All cause and CHF hospitalization decreased from 26.8% to 22.1% and 5.0% to 4.0%, respectively. One-year mortality decreased from 9.6% to 8.7%. Hospital costs per patient at risk for hospitalization (all patients) decreased from $4933 to $4268 (2002). The relative share of costs of care for hospitalization (about half of total costs) thus decreased overall while costs for ambulatory care and pharmacy services increased slightly. **CONCLUSIONS:** Pharmacotherapy patterns in the VA exhibited evidence-based practice. All cause hospitalization, hospitalization for heart failure and mortality all decreased. Hospitalization costs decreased, resulting in a net decline in the cost of health care delivery for these patients. Findings suggest that provision of good pharmacological care is improving outcomes and shifting the costs of care from inpatient to outpatient pharmacy and ambulatory care.

COST EFFECTIVENESS ANALYSIS OF BISOPROLOL TREATMENT FOR HEART FAILURE

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