the cardiology wards with unstable angina and myocardial infarction and under- went a diet and physical activity procedure, were randomized into control group where, standard care is provided and intervention group where, Pharmaceutical care was provided with tailor made counseling about diseases, drugs, diet and lifestyle modifications. Quality of Life assessment was done with EQ-5D-5L and MacNewQuestionnaires by intervention method at 3 months, 6 months, 12 months. RESULTS: 213 participants were randomized into control group (n = 105) and intervention group (n = 108). Socio-demographic characteristics at baseline are similar between two groups. At baseline, Global Scores of MacNew questionnaire of both the groups have similar scores (3.03 ± 1.29 & 2.89 ± 1.12). At 12 months, scores of 3.22 ± 0.91 and 5.47 ± 1.45 were observed for control and intervention group respectively. EQ utility values at base line were 0.46 ± 0.17 and 0.47 ± 0.16. At 12 months, utility values were 0.11 ± 0.25 and 0.66 ± 0.23 observed for control and intervention group respectively. EQ Visual analog scores at base line were 59.57 ± 15.41 and 61.01 ± 13.34. At 12 months, scores of 73.38 ± 5.19 and 85.13 ± 4.62 was observed for control and interventional groups respectively. CONCLUSIONS: Pharmaceutical care significantly improves the quality of life of the patients who underwent angioplasty procedure.

PCV51 MENTAL COMPONENT OF THE QUALITY OF LIFE INCREASED ACCORDING TO THE LEVEL OF OBESITY

Ong S., Zhou X.1

1University of Toyama School of Medicine, Toyama, Japan, 2Beijing University of Chinese Medicine, Beijing, China

OBJECTIVES: Obesity was said to be one of the important risks for mortality. Incidence of overweight and obesity was associated with the association between obesity and quality of life. The study provides a finding in the question using a cross-sectional survey conducted in China. METHODS: A total of 1,281 hypertensive residents in China aged 35 years or older were included in the analysis. The short-form SF-36 (SF-36) was used to measure the quality of life. It consisted of physical and mental domains. The highest score was 100 and 0 for the lowest in each domain. Level of obesity was classified using body mass index (BMI), namely, less (< 18.5), normal (18.5-24), overweight (24.8-28), obese (28+) according to the Chinese classification. Means of physical and mental domains were calculated for the degree of obesity, adjusted for age, gender, marital status, education level, and exercise habits. Difference in quality of life among the levels of obesity was tested by the analysis of variance. RESULTS: There were lean (n=34, normal (n=503), overweight (n=521), obese (195) subjects with hypertension. Men occupied 53% and 37% for aged 60 years or older. Significant risk factors lowering the quality of life were women, elderly, low education and exercise. Adjusted mean (standard error) of physical domain was 64±3 (lean), 70±1.2 (normal), 71±1.2 (overweight), 71±1.6 (obese), where the p-value was 0.17. Whereas, the adjusted mean of mental domain was 69±3 (lean), 72±1.1 (normal), 76±1.6 (overweight) and 76±1.6 (obese), where the p-value was 0.018. CONCLUSIONS: A significant increase in the mental component of quality of life was found accord- ing to the level of obesity, however no trend was observed in the physical compo- nent.