MEASURING HEALTH RELATED QUALITY OF LIFE AFTER STROKE

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OBJECTIVES: The EQ-5D is a multiattribute health status measure that can be used to derive preferences-based index scores for HRQL assessment. The objective of the study was to elicit the Visual Analogue Scale (VAS) and the Time Trade-off (TTO) scores of minor (independent after stroke) and major (dependent after stroke) stroke survivors, from social tariffs obtained from general population samples. METHODS: A cross-sectional study of 350 stroke survivors was conducted in Spain. They were stratified as minor and major stroke, depending if they required help from another person for everyday activities. The EQ-5D questionnaire was administered to stroke survivors. Responses to the questionnaire were converted in single scores along a continuum extending from death (0.0) to full health (1.0). RESULTS: The VAS and TTO scores varied considerably across minor and major stroke survivors. The minor and major stroke survivor, mean VAS scores were 0.71 (0.23) and 0.33 (0.27) respectively and mean for TTO scores were 0.73 (0.28) and 0.21 (0.43) respectively. Minor and major stroke survivors were a significant predictor of VAS and TTO scores. CONCLUSIONS: Minor and major stroke survivors had a substantial influence on VAS and TTO scores, as measured by the EQ-5D. Patients with major stroke had much lower scores. Our data support the EuroQol as a useful measure of health status after stroke. Its simplicity is a definite advantage, because many stroke survivors find more complex instruments difficult to complete without help.

PROJECTED LIFE YEAR GAINED AND OTHER BENEFITS OF EZETIMIBE CO-ADMINISTRATION IN CHD PATIENTS NOT ATTAINING TOTAL CHOLESTEROL GOAL WITH STATIN MONOTHERAPY IN FINLAND

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OBJECTIVE: To project the impact of Ezetimibe 10 mg (EZ10) co-administration for typical CHD patient not attaining TC goal with simvastatin 10 mg (S10) monotherapy in Finland on remaining life expectancy, mean TC reduction, and percent reaching goal. METHOD: A decision-analytic model is used to project benefits of lipid therapy. Clinical trial data on the distribution of TC changes was used to project the percent of patients reaching TC goal with ezetimibe co-administered with current statin therapy compared to titration (up to the maximum approved dose of Simvastatin 80mg) to attain goal TC. Impact of TC changes on life expectancy was projected using Framingham risk equations and non-coronary mortality rates from Statistics Finland. In the base case the model was run for a 55 year old male on treatment with S10 and having TC = 6 mmol/L, and HDL = 1.1 mmol/L. The benefits were also obtained for men and women aged 35 to 75 years with TC 5.5 to 8.0 mmol/L. RESULTS: For a 55-year-old male CHD patient with TC = 6 mmol/L while on S10, Ezetimibe co-administration with simvastatin is projected to increase the remaining life expectancy from 10.8 to 11.24 years compared to statin titration where 42% not at goal are titrated at each dose (titration strategy I) and from 11.09 to 11.24 years compared to statin titration where all patients not at goal were titrated to attain goal (titration strategy II). Projected additional patients at TC goal per 100 treated and mean TC reduction are 10 and 3.66% for titration strategy I, 57 and 14.5% for titration strategy II, and 65 and 18.28% for EZ10 co-administration with S10. CONCLUSION: For the patient profile studied EZ10 co-administration with current statin is projected to bring more patients to goal and may increase survival time compared to titrating statin.

IS THE MLHF QUESTIONNAIRE VALID FOR INTERNATIONAL MULTICENTRIC STUDIES?

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OBJECTIVE: Most of Health Related Quality of Life (HRQL) questionnaires were developed in English language countries and their use is extended to other countries after adaptation. However, with few exceptions, little is known about scores equivalence across countries. Minnesota Living with Heart Failure Questionnaire (MLHFQ) is a widely used specific HRQL instrument for patients suffering from heart failure. For this disorder, the New York Heart Association classification (NYHA) is the usual severity indicator. The aim of this study was to assess the MLHFQ scores for each NYHA class and equivalence across countries. METHODS: Data came from 13 countries (2780 individuals). A general linear model (adjusted by age and gender) was constructed to confirm whether or not MLHFQ scores and NYHA class were consistent across countries. METHODS: Data came from 13 countries (2780 individuals). A general linear model (adjusted by age and gender) was constructed to confirm whether or not MLHFQ scores and NYHA class were consistent across countries. METHODS: Data came from 13 countries (2780 individuals). A general linear model (adjusted by age and gender) was constructed to confirm whether or not MLHFQ scores and NYHA class were consistent across countries.