This was especially evident for SPC patients in the 40–64 year age group (0.71 for SPC, 0.69 for FC) and patients with two or more comorbidities (0.73 for SPC, 0.69 for FC) (P= 0.0011). However, no statistical significance was observed for the difference both in persistence and the BP change between the two groups. **CONCLUSIONS:** Our study suggests that compliance tends to be improved by the use of SPC compared with FC. Unlike the previous western studies, it was hard to find a significant increase in persistence or BP change with SPC therapy in this study.

PCV132

HEALTH RELATED QUALITY OF LIFE AND DEVICE-ACCEPTANCE IN PATIENTS WITH IMPLANTABLE CARDIOVERTER-DEFIBRILLATORS AND TELEMONITORING

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OBJECTIVES: Telemedical systems (TMS) and data management for implantable cardioverter-defibrillators (ICD) promise to reduce costs and optimize patient care. Depressive symptoms are common among patients with an ICD and the health related quality of life (HRQoL) is affected by the underlying disease and the implanted device, respectively. TMS might improve the HRQoL of patients and ICDs acceptance due to closer monitoring and, thereby, an increased level of perceived safety. In this RCT, changes in the level of depression, HRQoL and ICD-acceptance over a period of six months after ICD-implantation were investigated. **METHODS:** A total of 161 patients (80.7% male; age: 64,1±14,6; 82% with coronary disease, 11% with DCM) with an ICD were randomized at the day of implantation into intervention (n=82) or control group (n=79). The intervention group was equipped with a telemonitoring-system that transferred ICD-data from the patients' home to the medical practitioner. The control group received regular care. Patients were asked to fill out three questionnaires (the generic EQ-5D, the depression specific HADS and the device specific FPAS); the follow-up period was six month, with postal surveys on a monthly basis. **RESULTS:** Nine patients dropped out before survey completion. A total of 140 patients filled out at least two sets of questionnaires and were included in the analyses. After six months the mean improvement in the HRQoL (EQ-5D-Index) in the telemonitoring group was 10.7 points compared to baseline (p=.006) while the mean change in HRQoL in the control group was 5.5 (p=.138). FPAS and HADS-D showed small but non-significant advantage for the telemonitoring group. **CONCLUSIONS:** Preliminary results suggest that TMS have the ability to improve HRQoL of patients with ICDs. Results on effects towards depression and anxiety and enhancement of ICDs acceptance are also promising. Since ICDs are used in chronic diseases a longer follow-up period seems to be required to validate the effects.

PCV133

FURTHER VALIDATION OF A NEW QUESTIONNAIRE TO MEASURE SATISFACTION WITH MEDICAL CARE IN PATIENTS WITH ATRIAL FIBRILLATION (SAFUCA) IN SPAIN

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OBJECTIVES: To assess convergent and divergent validity of a new questionnaire (SAFUCA) developed to measure satisfaction with medical care in patients with non valvular atrial fibrillation. **METHODS:** The 25-item reduced version instrument was administered along with the Treatment Satisfaction Questionnaire for Medication (TSQM), and 5 Visual Analog Scales (VAS) measuring: Health Related Quality of Life (HRQoL), Effectiveness and Overall Satisfaction assessed by the patient; and Effectiveness and Tolerability assessed by the clinician. A convenience sample of 230 patients recruited at 7 health centers (5 hospitals and 2 primary care centers) in Spain was used. Second Order Exploratory Factor Analysis (SO-EFA) and correlation with VAS scales were computed. **RESULTS:** SAFUCA dimensions correlated (p<0.001) higher with corresponding TSQM dimensions (e.g.: Effectiveness r=0.450, Convenience r=0.457, Undesired Effects r=-0.340, Overall satisfaction r=0.651), while SO-EFA made evident differences regarding the assessment of satisfaction with INR controls, interference in QoL and Medical Care. Correlation pattern between VAS scores was significantly different between primary care centers and hospitals, with a higher correlation between patient and clinician scores observed in primary care (e.g.: Effectiveness r_{PC}=0.430 vs. r_H=0.057). Similarly, correlation patterns between VAS concurrent scales and SAFUCA dimensions differed between center types. While high correlations between Effectiveness dimension and patient satisfaction VAS were observed in both cases (r_{PC}=0.521 vs. r_H=0.516), correlation of Tolerability with Undesired Effects differed between centers (r_{PC}=-0.474 vs. r_H=-0.085). **CONCLUSIONS:** The 25-item questionnaire exhibits good convergent and divergent validity values. Differences between types of health care centers in correlation patterns were meaningful and worth of further research.

PCV134

HEALTH RELATED QUALITY OF LIFE AT SIX MONTHS POST DISCHARGE IN PATIENTS WITH HEART FAILURE

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OBJECTIVES: There are few studies in Spain about outcomes at six months in terms of health-related quality of life (HRQoL) in patients hospitalized by heart failure (HF). The objective of the study was to evaluate changes in HRQoL from baseline to six months post discharge in patients with HF through three questionnaires, SF-12, EQ-5D-3L and Minnesota Living with Heart Failure questionnaire (MLHFQ). **METHODS:** This is a prospective study with 976 patients admitted by HF. Patients completed questionnaires during their hospitalization and at six months. The MLHFQ is a specific instrument which has 21 items with an overall scale, physical (8 items) and emotional (5 items) subscales. MLHFQ items are scoring from 0 (best) to 5 (worse). Total score ranges from 0 to 105, physical domain from 0 to 40 and emotional from 0 to 25. SF-12 has two dimensions, Physical Summary Score (PCS) and Mental Summary Score (MSC) which scores range from 0 (worst) to 100 (best). EQ-5D has been measured according to the Spanish tariffs by time trade-off and the visual analogic scale. We used general linear model to study gains in each dimension adjusted by baseline score, age, gender and readmissions in the previous 6 months. **RESULTS:** Mean age was 76.0 (SD=10.4), there were a 53.3% of men and 33.1% of readmissions in the previous six months. Regarding all questionnaires and dimensions, baseline status influence in gains, the worse the baseline the more the gains. Likewise men have greater gains and patients readmitted lower in all domains. Age has an influence in all domains but emotional dimension of MLHFQ and MSC of SF-12. **CONCLUSIONS:** Adjusted by baseline score and readmissions, men have greater improvements in all domains of MLHFQ, SF-12 and EQ-5D. On the other hand, the younger the patients the higher the improvement is, however age does not have any influence in psychological domains.

PCV135

INTERNATIONAL NORMALIZED RATIO (INR) MONITORING AND PERCENT TIME IN THERAPEUTIC INR RANGE (TTR) HAVE IMPACT ON PATIENT'S QUALITY OF LIFE? APPLICATION OF BETA REGRESSIONS IN A PROSPECTIVE 3 MONTHS SETTING

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OBJECTIVES: Warfarin anticoagulation is monitored using international normalized ratio (INR); specified with the narrow/wide 2.0–3.0/1.9–3.5 therapeutic target range, and converted to time in the therapeutic range (TTR, total percentage of time the INR reading is within the INR therapeutic range). We explored the impact of I) INR monitoring and II) TTR on patients' quality of life (QoL). **METHODS:** A total of 647 unselected patients visiting 3 health centres in Pirkanmaa district (31.01–11.02.2011), Finland participated to prospective study. To assess INR monitoring or TTR and QoL, Beta regressions were applied in Stata and EQ-5D-3L-based QoL (Smithson&Verkuilen transformation) 3 months after the baseline visit was the dependent variable. The covariates were $CHADS_2$(congestive heart failure, hypertension, age>75, diabetes mellitus, stroke) score, other comorbidities, baseline QoL, time difference (days) between dependent variable measurement and mean TTR time point (subgroup model), and INR monitoring (yes/no in total population) or TTR % (subgroup model). **RESULTS:** A total of 28 patients (46.43% male; means: age 73.21 years, $CHADS_2$-score 2.39, other comorbidities amount 1.71, baseline QoL 0.8334, INR tests 4.21, 66.31%/82.86% INR measurements on the narrow/wide range) had INR measurements ("warfarinization group") during the 3 months follow-up. 27 patients had calculable TTR (Rosendaal method) that was 69.29%/86.66% on the narrow/wide range. In the beta regression (N 393, +1 marginal change), $CHADS_2$-score (-0.021), other comorbidities amount (-0.030), baseline QoL (+0.350), and INR monitoring (p=0.299, -0.042, SE 0.044) predicted QoL. The mean adjusted QoL with/without INR monitoring in the warfarinization-like group was 0.794/0.836. In subgroup Beta regression including only warfarinization patients, higher TTR levels predicted lower QoL (p<0.050, +1 %-unit marginal change -0.006 [SE 0.007]; discrete change -0.284 in the wide range from 35.3% to 100.0%). **CONCLUSIONS:** INR monitoring may predict QoL loss and, surprisingly, higher TTR predicts lower QoL. Larger studies are needed to confirm the potential relationship between TTR and QoL.

PCV136

CORONARY ARTERY DISEASE, DIABETES, AND HEALTH-RELATED QUALITY OF LIFE: FINDINGS OF A COHORT STUDY FROM INDIA

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OBJECTIVES: Assess health-related quality of life (HRQoL) of patients with CAD. **METHODS:** The main observational study cohort enrolled consecutive patients admitted in ICU at tertiary care hospital and diagnosed with CAD. Demographic information, risk factors for CAD, and angiographic findings were collected. EQ-5D was administered at 1-year follow-up. EQ-5D levels were dichotomized: 'no problems' (level 1), 'any problem' (levels 2 and 3). Linear stepwise regression was used to assess predictors of all 5 health states (mobility, self-care, usual activities, pain/discomfort, anxiety/depression). The independent variables studied include age, hypertension, diabetes, CHF, gender, prior MI, final diagnosis, MI type, and final treatment. Respondents reporting problems EQ-5D dimensions were stratified by presence of diabetes and compared. **RESULTS:** Of 960 CAD patients enrolled for the main cohort study (30% diabetic), 306 (male, 230; diabetics, 64) responded HRQoL questionnaire at 1-year. On liner regression, presence of diabetes was independent predictor of 4/5 EQ-5D HRQoL dimensions: mobility (p=0.019), problems performing usual activities (p=0.041), pain/discomfort (p<0.001); anxiety/depression (p=0.001). At 1-year, mean EQ-5D utility index score and VAS score were significantly lower for diabetes vs non-diabetics (0.76±0.13 vs. 0.83±0.15, p=0.0003 and 67.8 ± 8.8 vs. 73.6±5.4, p=0.0001, respectively) with more problems with performing usual activities (56.3% vs. 41.3%, p=0.04), pain or discomfort (51.6% vs. 17.8%, p=0.0001) as well as anxiety/depression (32.8% vs 14.9%, p=0.002). **CONCLUSIONS:** Among CAD

patients with diabetes, HRQoL was lower across all health dimensions measured by the EQ-5D; except mobility and self-care. Individualised therapeutic management programs could be considered in order to improve the HRQoL of CAD patients with diabetes.

PCV137
TRANSLATION AND CULTURAL ADAPTATION OF PATIENT PERCEPTION OF ARRHYTHMIA QUESTIONNAIRE IN POLAND
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OBJECTIVES: Patient Perception of Arrhythmia Questionnaire (PPAQ) is a disease-specific questionnaire designed to measure symptoms and health-related quality of life in patients suffering from a group of arrhythmias collectively called supraventricular tachycardias (SVT). There is no valid translation of PPAQ available in Poland, which hinders research in this area with Polish arrhythmia patients. The aim of this study was to conduct initial content validity testing through translation and cultural adaptation of the English language version of the PPAQ to the Polish language. **METHODS:** The whole project was conducted according to ISPOR Principles of Good Practice for the Translation and Cultural Adaptation Process for Patient-Reported Outcomes (PRO) Measures published in 2005. **RESULTS:** In 2011, the PPAQ was translated into Polish and cultural adaptation was performed on 20 patients with SVT (12 male, age 54.9±17.4). Issues concerning close meanings of symptom names and language-dependant gender-related distinctions were identified. The former was solved by cooperation with experts in arrhythmia and latter by incorporating patients' preferences during cognitive debriefing. **CONCLUSIONS:** The Polish translation was well accepted by patients during this translation and initial content validity testing. Issues arisen during the translation process may recur in other translations and be resolved in similar manner.

PCV138
HEALTH-RELATED QUALITY OF LIFE IN PATIENTS ALONG FIRST YEAR POSTSTROKE IN SPAIN
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OBJECTIVES: Atrial fibrillation (AF) 5-folds stroke risk, which results in death or disability in 80% of individuals and one-year mortality approaches 50%. The objective of the present study was to analyze the health-related quality of live (HRQoL) one year post-stroke in patients with or without AF and the burden of caregivers. **METHODS:** We performed an observational, multicenter, naturalistic and prospective study that included 16 stroke units from different Spanish regions. We used EQ-5D and VAS to test patients HRQoL and Zarit Burden Inventory to estimate the caregiver burden. We collected information at hospital entry for patients, 3 and 12 months post-stroke both for patients and carers through direct physician interviews. **RESULTS:** A total of 321 stroke patients were recruited, 160 with and 161 without AF. EQ-5D was completed by 274 patients - 127 with AF and 147 without AF -, and VAS by 249 - 113 with and 136 without AF -. The average utility scores of EQ-5D were 0.57, 0.62, and 0.65. We found a statistically significant difference between AF and non-AF obtained at hospital entry (p=0.029) and 12 months post-stroke (p=0.023). There were no differences between hospital visits (p=0.112). If we took into consideration the age of patients, the absence or presence of AF in EQ-5D scores, lost its significance (p=0.099). VAS average scores were 45.81, 44.15 and 45.74. VAS results showed non-significant differences neither by AF presence (p=0.396) nor time (p=0.613). Caregiver burden was higher in AF than non-AF patientes (46.47 vs 40.93 2nd visit and 45.29 vs 38.73 3rd visit) and the difference was statistically significant (p=0.007 and p=0.002). **CONCLUSIONS:** Stroke has a deep impact on patients HRQoL with no improvement over time. In the same line, caregivers also support an important burden related to stroke and specially in AF patients.

PCV140
TREATMENT SATISFACTION IN PATIENTS WITH ATRIAL FIBRILLATION ON NEW ORAL ANTICOAGULANTS AS MEASURED WITH PACT-Q2: PREFER IN AF REGISTRY
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OBJECTIVES: The great majority of patients with atrial fibrillation (AF) require anticoagulation in order to prevent strokes or other thromboembolic events. We aimed at obtaining detailed and current information on patients' satisfaction with their ongoing anticoagulation treatment. **METHODS:** PREFER in AF (The PREvention oF thromboembolic events – European Registry in Atrial Fibrillation) is a current non-interventional study performed in France, Germany, Austria, Switzerland, Italy, Spain and UK. A total of 7243 consecutive patients with ECG-confirmed AF in the previous 12 months are followed up prospectively. The 'Perception of Anticoagulant Treatment Questionnaire' is a valid and reliable instrument that allows the assessment of patients' expectations (PACT-Q1) and satisfaction regarding anticoagulant treatment, as well as patients' opinion about treatment convenience of use (PACT-Q2). **RESULTS:** A total of 5049 patients (69.7%) received antithrombotic treatment and were willing to fill out the PACT-Q2 questionnaire at baseline. 77.1% of these were on vitamin K antagonists (VKAs), 6.4% on new oral anticoagulants (NOACs), 5.2% on antiplatelets (AP) and 11.0% on VKA+AP combinations. In the "convenience" dimension, the overall score (0-100 range) was 82.9 ±17.3. The score was higher in the NOAC group (88.1 ± 13.0) compared to the VKA (82.1 ± 17.5), AP (87.0 ± 17.9) or VKA +AP groups (83.2 ± 16.8), respectively. In the "anticoagulant treatment satisfaction" dimension of the PACT-Q2, the overall score was 63.4 ±15.9. Again, this score was higher in the NOAC group (66.6 ±16.6) compared to the VKA (63.2 ±15.9), AP (63.7 ±16.8), or VKA + AP groups (62.8 ±15.0), respectively. **CONCLUSIONS:** Overall, patients on current anticoagulation achieve relatively high values on the convenience scale, but moderate values on the satisfaction scale. While differences in group size and patient characteristics need to be taken into account, patients on NOACs compared to patients on VKAs tend to rate their convenience and treatment satisfaction higher.

PCV141
CHRONIC PATIENTS' WILLINGNESS TO PAY FOR AN ALTERNATIVE DRUG WITH INNOVATIVE CHARACTERISTICS
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OBJECTIVES: Aim of the study was to investigate whether chronic patients are willing to pay an extra amount of money in order to switch to another drug that it is either on patent, more effective or simpler in dose. **METHODS:** A cross-sectional study was conducted among 1600 chronic patients suffering from diabetes, hypertension, COPD and Alzheimer. Logistic regression analysis was carried out to explore the factors that influence patients' decision on willingness to pay (WTP) for an alternative drug with innovative characteristics. **RESULTS:** Of the 1600 patients approached, 1594 responded to the survey (99.6%). A total of 40% stated that they would be willing to pay more for a patent drug, 57.5% for a more effective drug and 37.5% for a simpler in dose drug. The average additional amount per month that they would be willing to spend was estimated at 23.6€ for a patent drug, 24.1€ for a more effective drug and 21.9€ for a simpler in dose drug. Statistical analysis revealed that WTP for a patent drug was statistically significant related with the patient's income (OR,1.24;95%CI, 1.14-1.34) while WTP for a more effective or a simpler in dose drug was positively related with the patient's income (OR,1.25;95%CI, 1,13-1,39 and OR, 1,14;95%CI, 1.05-1.24 respectively) and educational level (OR,1.06;95%CI, 1,01-1.13 and OR, 1.06;95%CI, 1.01-1.13, respectively). **CONCLUSIONS:** Half of chronic patients demonstrate absolute willingness to increase spending for an innovative drug, which highlights the significance they attribute to pharmaceuticals for the management of their condition. The remaining's 50% reluctance may be attributed to the extended trust on their current pharmaceutical treatment and to the efforts and money spent in order to control their condition. However, patients with higher socioeconomic status are more likely to express WTP which reflects the economic burden imposed by chronic conditions, and the role of education in shaping patient attitudes.

CARDIOVASCULAR DISORDERS – Health Care Use & Policy Studies

PCV143
EVALUATION OF THE LENGTH OF HOSPITAL STAY FOR PATIENTS WITH ATRIAL FIBRILLATION
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OBJECTIVES: Identification of differences in the length of hospital stay for patients with atrial fibrillation (AF) with and without oral anticoagulation (OA). Longer stays of patients could lead to an economical burden for the hospital because of the Diagnosis Related Groups (DRG) system in Germany and the compensation with case-based lump sum. **METHODS:** We conducted a retrospective study using an electronic DRG benchmarking database. This database contains DRG data from 208 hospitals in Germany with over 2,800,000 inpatient cases per year. In total, 10,912,922 cases from the year 2010 to 2012 were analyzed. 661,845 cases fulfilled the inclusion criteria and were analyzed according the statistical analysis plan including matched pair analyses. **RESULTS:** Cases with AF and surgical intervention compared to cases without AF and with surgical intervention have a significantly longer pre-operation length of stay (+0.74 days) and a significantly longer hospital stay (+1.5 days). Furthermore cases with chronic AF (=AF+OA) have a significantly longer total length of stay in the hospital (+0.86 days). For the cases with AF and bleeding vs. cases without bleeding, there is no significant difference in the total length of stay, but there is a significantly longer stay of 0.82 days compared to the average length of stay in the DRG-catalogue. **CONCLUSIONS:** Patients with AF and with or without OA could be an economic burden for the hospital, because the increased length of stay in hospital leads to higher costs whereas the existing compensation diagnosis-based lump sum is not affected by increased treatment days. The new oral anticoagulants could lead to shorter stays of patients with AF by shortening the bridging periods compared to OA like vitamin K antagonists. Further studies should be conducted to figure out the causes for longer hospital stays of patients with AF.

PCV144
ADHERENCE TO WARFARIN TREATMENT IN BRAZIL: SYSTEMATIC REVIEW OF THE LITERATURE
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