(Nottingham Health Profile (NHP) and EQ-5D) outcome assessments in PH. METHODS: PH patients completed the instruments in a postal survey. Instruments were compared in terms of end effects, association with clinical indicators (Six Minute Walk Test (6MWT) and New York Heart Association class (NYHA)) and ability to discriminate between patients on the basis of symptom severity and perceived general health. RESULTS: In total, 91 patients participated (mean (SD) age: 52.6 (16.0), 64% female, mean (SD) duration of PH: 4.8 (6.0) years). End effects were slight in the CAMPHOR (Energy score = 10.1% floor/11.2% ceiling; Mood 19.3% floor) but substantial in the NHP. NHP floor effects ranged from 54.9% (Pain) to 11.9% (Physical Mobility) and ceiling effects from 32.5% (Energy) to 0.0% (Pain and Social). NYHA correlations with the NHP ranged from 0.59 (Physical Mobility) to 0.20 (Pain) and with the CAMPHOR from 0.60 (Functioning) to 0.47 (Overall Symptoms). 6MWT distance correlated 0.71 with CAMPHOR Functioning. All CAMPHOR, NHP (except Sleep) and EQ-5D scales discriminated between patients based on perceived general health (p < 0.01). The scales also distinguished between patients according to symptom severity (p < 0.01). All CAMPHOR scales (except Mood) distinguished between NYHA classifications (p ≤ 0.001). Of the generic measures only the NHP Energy and Physical Mobility scales discriminated according to NYHA. CONCLUSIONS: The CAMPHOR had fewer end effects, showed closer association with clinical indicators and greater sensitivity to NYHA class than the generic measures and is therefore recommended for assessing outcome in PH.

PREVALENCE, AWARENESS, TREATMENT, AND CONTROL OF HYPERCHOLESTEROLEMIA AMONG CHINESE AMERICANS

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OBJECTIVES: To assess the prevalence, awareness, treatment, and control of hypercholesterolemia among the Chinese Americans in New York City. METHODS: This is a community-based cross-sectional cohort study. Certified nurses conducted cardiovascular disease screenings among 456 Chinese Americans, 64% women, aged 18 years or older in 2003. Serum total cholesterol concentration was obtained. Risk factors such as smoking, exercise, blood pressure, body mass index, and waist-to-hip ratio were also recorded. Hypercholesterolemia is defined as serum total cholesterol concentration equal to or greater than 200 mg/dL or reported using cholesterol-lowering medications. Hypercholesterolemia awareness and treatment were assessed with standardized questions. RESULTS: The age-adjusted mean total cholesterol concentration in all study subjects was 198 mg/dL (95% CI, 194.28, 200.81) and the prevalence of hypercholesterolemia in our sample was 56%. Hypercholesterolemia awareness, pharmacologic treatment, and control on pharmacologic treatment were 43%, 16%, and 6%, respectively. Non-pharmacologic treatment alone accounted for 7%. In a Pearson correlation analysis, increasing age (p = 0.047) and blood pressure (both diastolic and systolic, p < 0.001) were independently associated with increased rates of serum concentration of cholesterol; increasing body mass index, waist-to-hip ratio, exercise, and smoking are not associated with increased in serum total cholesterol concentrations. CONCLUSIONS: The findings suggest that expanded effort is needed to improve hypercholesterolemia awareness, treatment, and control. Practitioners may need to take a more aggressive stance in screening and treating patients with lipid disorders-with or without existing coronary heart disease.

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CHRONIC VENOUS DISEASE: COMPLIANCE WITH TREATMENT

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OBJECTIVES: To describe the impact on real conditions of a treatment’s compliance. METHODS: Between May and July, 2002, 567 GP recruited 1049 female patients spontaneously consulting for CVD. The patients filled in questionnaires (CIVIQ, SF12 and Epworth) in order to evaluate the consequences of their disease. A patients subgroup with RA (treated with ruscus aculeatus, hesperidium methyl chalcone HMC & acide ascorbique Vit.C ) prescription was identified. RESULTS: The group with 2 tablets a day (n = 135) was called the “non observant group”: (NOG, n = 831). Before treatment, both groups were comparable in terms of average age (44.1 vs. 45), height and weight (BMI : 24.3 vs. 24.2). The risk factors have been compared: sedentary lifestyle, family history, underfloor heating, pregnancy. None are significant except sedentary lifestyle (NOG 55% vs. 0.66%, p < 0.0001, test ki2). No significant difference was observed between the NOG and the OG: CIVIQ : 34.3 v. 32 , SF12: Physical dimension: 48.2 v. 46.2, Mental Dimension: 42.5 v. 45, Epworth: 7.2 v. 7.8. After a seven day treatment, the same scales were administered. In the NOG, no QoL scale improved. In the OG, SF-12 Mental dimension, CIVIQ and Epworth scores significantly improved at D7 (with p respectively < 0.001, = 0.01, < 0.001). CONCLUSIONS: The compliance with treatment at recommended dosage clearly shows an improvement of specific and non specific quality of life scales at seven days. The future availability of an RA double dose tablet should improve treatment’s compliance by decreasing the intakes.

CHRONIC VENOUS DISEASE: CARE IMPACT

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CVD treatment is based on a double treatment, either conventional (contention or venotomics) or radical (sclerotherapy, surgery). OBJECTIVES: Describing the venotonic and contention association impact on the patients quality of life. METHODS: Between May and July, 2002, 567 GP’s recruited 1049 female patients spontaneously consulting for CVD. Two patient subgroups were identified: RA (treated with ruscus aculeatus, hesperidium methyl chalcone HMC & acide ascorbique Vit.C), RAC: (treated with RA and contention). RESULTS: In both subgroups RA (n = 697) and RAC (n = 269), risk factors were compared: sedentary lifestyle, family history, underfloor heater, pregnancy. Obesity and family history were found most often among the RAC patients (25% v. 16% and 50% v. 34%, p < 0.001 Ki2). At inclusion, specific (CIVIQ), non specific (SF12) quality of life (QoL) and daytime sleepiness (Epworth scale) were evaluated through a self-questionnaire. A total of 304 patients answered at D0 and D7. No significant difference was observed between the 2 groups RAC v. RA; CIVIQ: 32.3 v. 32.3, SF12: Physical dimension: 45 v. 46.9, Mental dimension: 43.7 v. 45, Epworth: 8.4 v. 7.5. After a 7-day treatment, the same scales were administered. In the RAC group, CIVIQ improved (p =