

Scale (MARS-5), valid and reliable instruments, amongst other questions. The TSQM yields scores on effectiveness, side-effects, convenience, and global satisfaction domains. Non-adherence was defined as a score of ≤ 24 and adherence as a score of 25 on MARS-5. Multivariate logistic regression and multivariable linear regression were performed to identify patient characteristics (age, gender, number of medications, severity, and hypertension drug class) and self-reported reasons associated with non-adherence and treatment satisfaction. **RESULTS:** Between November 2011 and June 2012, 556 MediGuard.org members completed a survey related to an ACE or ARB: ACE=358 (64.4%), ARB=198 (35.6%). Patients had mean age of 62.4 (SD:10.5) years (ACE=61.7 years, ARB=63.6 years) and 56.3% were female (ACE=58.1%, ARB=53.1%). Overall, 51.5% reported medication non-adherence. The mean TSQM score on effectiveness was 70.4(19.3), side-effects was 95.6(13.8), convenience was 84.6(14.0), and global satisfaction was 67.4(19.2). Forgetting, don't like to take pills/give injection, and gender were significantly associated with non-adherence ($p<0.05$). Age, gender, and don't like to take pills/give injection were significantly associated with effectiveness, side-effects, and convenience domain ($p<0.05$), respectively. Age and don't like to take pills/give injection were significantly associated with global satisfaction ($p<0.05$). **CONCLUSIONS:** In addition to patient characteristics, patient preferences are important to potentially improve adherence and satisfaction to hypertension medications.

PCV88

VENOUS THROMBOEMBOLISM: A SYSTEMATIC LITERATURE REVIEW TO IDENTIFY MULTI-ATTRIBUTE UTILITY VALUES FOR USE IN ECONOMIC MODELS

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OBJECTIVES: To identify multi-attribute utility (MAU) values associated with venous thromboembolism (VTE) events and to select values for use in economic models. **METHODS:** A systematic review of the literature was conducted including database searches and hand-searching of relevant studies. The database search included utility studies or RCTs reporting utility scores. The disease area and population were restricted to VTE and adults, respectively. All identified economic evaluations were hand-searched in order to explore utilities from different economic evaluations. Utility sources from three previously developed economic models for rivaroxaban were also explored. Studies reporting the 8 SF-36 components were transformed to EQ-5D using a mapping model outlined by Ara and Brazier (2008). **RESULTS:** The database search identified 576 citations, of which 20 studies were included in the review. The hand-search identified 1 study. Two additional studies were identified from the economic models, giving a total of 23 studies. Of the 23 studies, 2 studies reported MAUs; 7 studies used direct preference based measures such as the time trade off technique and the remaining 14 studies used non-preference based measures such as SF-36. Of the 14 non-preference based measures, 5 reported mean SF-36 scores for all components and were transformed to EQ-5D. A total of 50 utility values were extracted from the studies. The selection process identified the following utility scores: 0.62 for DVT, 0.63 for PE and 0.7855 for VTE long-term complications. **CONCLUSIONS:** There was a large variation in the extracted utilities (0.04-0.992). Long-term disutility has greater influence than acute. Cost-utility analyses should model the relationship between acute VTE events and long-term disutility to capture all health related quality of life impairment.

PCV89

EXPERIENCE SAMPLING TO OBTAIN HEALTH STATE VALUATIONS

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OBJECTIVES: To solve problems with recall and aggregation bias in the measurement of utilities it was suggested to determine experienced health moment-by-moment using the Experience Sampling Method (ESM). This study describes a first test of feasibility and validity. **METHODS:** In total 160 persons were included (4 groups with N=40; tinnitus, anxiety/depression, atherosclerosis, general public). ESM data (including health, mood and contextual factors) were collected electronically for six days using a beep questionnaire (10 random times a day) and an end-of-day questionnaire. In the beep questionnaire a beep-VAS, anchored as the EQ-5D VAS, was included. In the end-of-day questionnaire the EQ-5D items were also included, and used to calculate EoD-Utility. Directly before and after the ESM-period the EQ-5D and Hospital Anxiety and Depression Scale (HADS) were administered, and used to calculate Before and After utility and VAS scores. Feasibility, subjective data and convergent validity of ESM, and differences between scores were analyzed. The relation between beep-VAS, health and mood at beep level were determined with multilevel analyses. **RESULTS:** All participants completed the ESM period and before and after questionnaires. Correlation between beep data (mean per day) and EoD reports are high for well-being ($r=.836$) and feeling sick ($r=.737$). Correlations between beep anxiety/depression and the HADS scores are high ($r=.627$; $r=.565$). In the tinnitus and general public groups, the aggregated beep-VAS scores (0.65;0.82) are lower than the Before-VAS scores (0.68;0.89) and After-VAS scores (0.71;0.91). The aggregated EoD-Utility scores (0.80;0.95) are not different from the After-Utility scores (0.79;0.96). However, in the tinnitus group the EoD-utility score (0.80) is higher than the Before-Utility score (0.74). Results of the other groups, and multilevel analyses will be presented at the conference. **CONCLUSIONS:** Feasibility and validity of ESM were satisfactory. Health state scores obtained moment-by-moment using ESM differ from the scores obtained by using the traditional approach.

PCV90

A NOVEL CONCEPTUAL MODEL OF CAREGIVER BURDEN IN CHRONIC HEART FAILURE: A QUALITATIVE STUDY

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OBJECTIVES: To develop a conceptual model that captures the types of burden and associated impacts experienced by chronic heart failure (CHF) caregivers. **METHODS:** Qualitative interviews were conducted with 24 adult CHF caregivers from 2 US cities. The 60-minute interviews involved exploratory questions about the CHF caregiving experience and its impact on caregivers' quality of life. Data were analyzed based on Grounded Theory methods. **RESULTS:** Caregivers were 53±11 years, 67% female, 33% non-Caucasian, 37% children of the CHF patients, 17% patient's spouse and 63% resided with the CHF patient. Qualitative analysis indicated 4 domains of caregiver burden: (1) *physical burdens* included tiredness, health deterioration, physical effort, lack of sleep; (2) *emotional/psychological burdens* included feeling overly depended on, worried, guilty, mentally drained, stressed, a loss of independence, sadness, and feeling overwhelmed; (3) *social burdens* included spending less time with family and friends and the decline in the quality of those relationships, as well as impact on sexual relationships, (4) *impact on caregivers' lifestyles* included a lack of time for themselves and non-caregiving tasks, changing plans, having to stay near to the patient, and the impact at work and on the caregiver-patient relationship. Many external factors were also described by the caregivers as impacting the level of burden, such as the patient's health status or mood, the volume of the caregivers' tasks and the level of support from others. This data has been captured in a conceptual model of CHF caregiver burden. **CONCLUSIONS:** The burdens placed on CHF caregivers are multifaceted. The understanding of these burdens within a valid conceptual model will allow the development of instruments to measure the level of CHF caregiver burden. Further research is required to understand and quantify the link between CHF patients' symptomology and the level of burden that this places on caregivers.

PCV91

THE IMPACT OF ATRIAL FIBRILLATION SYMPTOMS IN THE HEALTH RELATED QUALITY OF LIFE IN SPANISH POPULATION (ULISES STUDY)

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OBJECTIVES: To assess the impact of symptoms in patients with Atrial Fibrillation (AF) through AF-QoL, a specific questionnaire to measure Health Related Quality of Life (HRQoL). **METHODS:** Observational cross-sectional study in cardiologist setting. Patients included were >18 years old with paroxysmal AF (AFPar) or persistent AF (AFPer). Main clinical variables: type of AF, NYHA functional stage, symptoms frequency and duration and CHADS2 index. AF-QoL has 18 items and 3 domains: psychological, physical and sexual activity, and scores standardized between 0 (worst HRQoL) and 100 (best HRQoL). **RESULTS:** A total of 824 patients were included: 513 (62.3%) with AFPar and 311 (37.7%) with AFPer. 56.1% were male and mean (SD) age was 68.2 (11.3) years. Patients with AFPar were younger than AFPer ($p<0.001$), 82.8% and 26.1% of patients with AFPar had palpitations and dyspnea vs. 62.4% and 44.7% of AFPer ($p<0.001$). AFPar was associated to higher thromboembolism risk by CHADS2 ($p<0.001$). Global mean (SD) score for AF-QoL was similar between both types of AF: 51.23 (23.76) in AFPar and 46.68 (24.48) in AFPer, but differences were observed in physical domain having AFPar a higher mean score than AFPer ($p=0.003$). Multivariate analysis showed that being male, having presence of mild or no symptoms, practicing exercise, having NYHA stage I and II and not having emergency visits was related with higher score of HRQoL ($R^2=0.32$; $p<0.0001$). **CONCLUSIONS:** AF symptoms have a high impact in HRQoL of patient. Therapies able to reduce severity of symptoms and number of emergency visits will have a positive impact on HRQoL in patients with AF.

PCV92

COMPARISON OF THE PSYCHOMETRIC PROPERTIES OF THE CAMBRIDGE PULMONARY HYPERTENSION OUTCOME REVIEW (CAMPFOR) AND THE SF-36 IN PATIENTS WITH PULMONARY HYPERTENSION

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OBJECTIVES: The Cambridge Pulmonary Hypertension Outcome Review (CAMPFOR) and the Medical Outcomes Study Short Form 36 (SF-36) are widely used to assess outcome in pulmonary hypertension (PH) patients. The CAMPFOR is a PH-specific measure consisting of three scales; symptoms, activity limitations and needs-based QoL. The SF-36 is a generic health status questionnaire consisting of 36 items and eight domains. The aim of this study was to compare the psychometric properties of these two measures in a population with PH. **METHODS:** Participants were recruited from six specialist PH centres in Australia and New Zealand. They completed the CAMPFOR and SF-36 at two time points, two weeks apart. The questionnaires were assessed for distributional properties (% scoring minimum and % scoring maximum), internal consistency (Cronbach's alpha), test-retest reliability (minimum required correlation coefficient = 0.85) and construct validity (CAMPFOR scores by WHO functional classification). **RESULTS:** The sample comprised 65 participants (mean (SD): age = 57.2 (14.5) years; male n (%): 14 (21.5)). Most of the participants were in WHO functional class II (27.7%) or III (61.5%). A high proportion of participants recorded the maximum score for the SF-36 social functioning (21.3%) and role emotional (25.0%) domains, signifying insensitivity. Test-retest reliability was below the required level for six of the eight SF-36 domains,