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

Simplier D1, Folkeski R2, McDonald H3, Diamantopoulo A4
1Symmetron Limited, Elstree, Herts, UK; 2 Bayer Schering Pharma AG, Wuppertal, Germany; 3Bayer Inc., Toronto, ON, Canada

OBJECTIVES: To identify multi-attribute utility (MAU) values associated with venous thromboembolism (VTE) events and to select values for use in economic models. A systematic literature review of the literature was conducted including database searches and hand-searching of relevant studies. The database search included utility studies or ICTs reporting utility scores. The disease area and population were restricted to VTE and adults, respectively. All identified economic evaluation studies were included in order to determine the utility values from three previously developed economic models for rivaroxaban were also explored. Studies reporting the 8 SF-36 components were also included. The final SF-36 values were transformed to EQ-SD using a mapping model. 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 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. The 14 non-preference based measures, 5 reported mean SF-36 scores for all components and were transformed to EQ-SD. 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 0.73 for Acute VTE. Cost-utility analyses should model the relationship between acute VTE events and long-term utility to capture all health related quality of life impairment.

EXPERIENCE SAMPLING TO OBTAIN HEALTH STATE VALUATIONS

Maastricht University Medical Centre, Maastricht, The Netherlands; 2Maastricht University, Maastricht, The Netherlands; 3University of Plymouth, Plymouth, UK; 4UMC, Maastricht, The Netherlands

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 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

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

Arribas F1, Mantull E2, Lobet X3, Pèluru N4, Badia X5
1Hospital Universitario de 12 de Octubre, Madrid, Spain; 2SANOFI AVENTIS S.A., BARCELONA, Spain; 3IMS Health S.A., Barcelona, Spain; 4IMH Health, Barcelona, Spain

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) of AF patients. METHODS: Observational cross-sectional study in a real world setting. Patients included were >18 years old with paroxysmal AF (APAF) or persistent AF (PAF). 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 PAF and 311 (37.7%) with PAF. 51.6% were male and mean (SD) age was 68.2 (11.3) years. Patients with PAF were younger than AF-P (p<0.001); 83.8% and 63.1% of patients with PAF had palpitations and dyspnea vs. 62.4% and 44.7% of AF-P (p<0.001). AF-P 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 APF and 46.68 (24.48) in PAF, but differences were observed in physical domain having AF-P a higher mean score (p=0.003). Multivariable analysis showed presence of mild or no symptoms, practicing exercise, having NYHA stage I and II but not having emergency visits was related with higher score of HRQoL. CONCLUSIONS: AF-P symptoms have a high impact in HRQoL of patient. These findings are able to reduce the amount of emergency visits will have a positive impact on HRQol in patients with AF.