PHS55
INQUALITIES AND AVOIDABLE COSTS OF IMAGING TEST IN THE DIAGNOSIS AND MONITORING OF PATIENTS WITH STROKE IN THE CANADIAN ISLANDS
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OBJECTIVES: To determine the variations and inequalities in accessing to diagnostic imaging tests in patients with stroke. Other objectives are to determine the degree of inadequate use of imaging and the subsequent avoidable costs at hospitals in the Canadian Islands. METHODS: Data on patients with a diagnosis of stroke were extracted from hospital databases during the period 2005-2010. Trends in the use of diagnostic imaging tests and management of stroke were analyzed. The first 5 years were analyzed. Inequalities in access to imaging tests were analyzed by using logistic regression models. The information was classified according to their scientific evidence in “adequate” or “inadequate”. Whenever imaging tests were classified as “inadequate”, avoidable costs were computed. RESULTS: A higher Charlson comorbidity index and younger age increase the chance of receiving MRI in patients with stroke. In addition, results show a slight increment in the use of MRI in recent years at four referral hospitals in the Canary Islands. We obtained a total avoidable cost of 0.27%. CONCLUSIONS: Although the variations found in the use of both tests are remarkable, only 0.3% of the total expenditure attributed to neuroimaging in patients with stroke could be avoided in a conservative scenario.

HEALTH SERVICES - Patient-Reported Outcomes & Patient Preference Studies

PHS56
EVALUATION OF TELEMEDICINE PROGRAM (ITHACA): INNOVATION IN THE TREATMENT OF ARTERIAL HYPERTENSION INCREASING THE COMPLIANCE AND ADHERENCE
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OBJECTIVES: To evaluate effectiveness of an interventional strategy (disease management program (DMP)) supported by a telemedicine platform in patients with mild/moderate hypertension. METHODS: Quasi-experimental design, paired data with control group (1:2, patients were matched by age and gender). Study population consisted on 407 patients from 4 primary care centers in Badalona (Barcelona, Spain) were followed-up during 2011. Study groups: intervention group (telemedicine program) and control group (usual clinical practice). The intervention consisted on establishing a permanent channel of interaction with the patient (telemedicine platform) and providing the patient with educational materials, clinical monitoring, SMS, phone calls, etc. Main measures: Demographic, co-morbidity, anthropometric and biochemical parameters, adherence to treatment, blood pressure control (BP: 140/90 mmHg), associated health care management costs and satisfaction surveys to professionals and patients. Statistical significance: p<0.05. RESULTS: A total of 750 patients were included (intervention group: n=250, control group: n=500). Mean age was of 64.2 years old 52.1% of patients were women. The control group was selected to show an optimal comparability in terms of demographic, social and clinical characteristics. The group composed of 200 patients with a current or past diagnosis of HCV, attending a specialist Hepatology outpatient service was recruited. Informed consent was obtained from all patients recruited and the study was approved by the institutional ethics review board. Information was collected on demographic and clinical parameters and patients were asked to complete the 5-level EQ-5D health-related quality of life (HRQL) questionnaire. Continuous variables were summarized with medians and standard deviations and compared using Students t-test. Categorical variables were summarized with proportions. P-values <0.05 were taken to indicate significance (p<0.05) or (p>0.05). There was a significant improvement in BP control (p<0.001) with the occupational therapy group showing a greater improvement than the usual exercise group. For patients with chronic HCV infection, health state utilities were as follows: Mild HCV 0.77 (+/-0.23). For patients with chronic HCV infection, health state utilities were as follows: Mild HCV 0.77 (+/-0.23). Moderate HCV 0.74 (+/-0.23). Cirrhosis 0.60 (+/-0.35). Patients who had received treatment for HCV had a higher mean utility score than patients who were never treated (0.8 versus 0.69, p<0.001). Patients with cirrhosis had significantly lower mean utility scores than those without (0.60 versus 0.75, p<0.001). CONCLUSIONS: HCV adversely affects HRQL, especially in those with cirrhosis. HCV treatment results in improved HRQL regardless of treatment outcome. This supports HCV treatment prior to the development of end-stage liver disease.

PHS57
COMPARING PREDICTORS OF SELF-REPORTED ADHERENCE TO MAMMOGRAPHY SCREENING GUIDELINES IN APPALACHIAN WOMEN WHO UTILIZE MOBILE AND STATIONARY FACILITIES
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OBJECTIVES: To assess the change of reported quality of life as an effect of occupational therapy in community-dwelling dependent elderly. METHODS: In a randomized controlled trial (RCT) we compared the effectiveness of occupational therapy in community-dwelling dependent elderly. A total of 230 participants aged 65-95 were randomly assigned to either an occupational therapy group that perform exercises according to their meaningful activities, or usual exercise group. The intervention program was a 1h session two or three times per week. We evaluated all participants on activity of daily living (Barthel index), BI) and health-related quality of life (Health Utilities Index Mark3, HUI3). Measurements were performed at baseline and after one month. RESULTS: Using linear mixed models, the occupational therapy group were improved their mean HUI3 score by one month from baseline (P=0.091; 0.10 vs. 0.18; the usual exercise group: 0.00: 0.00. There was a significant group-by-time interaction (P <0.001) with the occupational therapy group showing a greater improvement than the usual exercise group. However there was not a significant group-by-time interaction (P=0.05) by BI scores. CONCLUSIONS: Occupational therapy had beneficial effects on health-related quality of life in community-dwelling dependent elderly. The greatest effects were achieved through inclusion of a client-centered meaningful activity program.

PHS59
DEMOGRAPHICS AND HEALTH-STATE UTILITIES OF IRISH PATIENTS WITH HEPATITIS C INFECTION; USE OF THE 5-LEVEL EQ-5D QUESTIONNAIRE
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OBJECTIVES: Hepatitis C (HCV) is a major public health problem which is estimated to affect up to 30,000 people in the Republic of Ireland. There is little information regarding demographics or health-state utilities in this population in Ireland. We aimed to establish demographics and health-state utilities among patients with chronic HCV and differing degrees of liver disease. METHODS: A convenience sample of patients with a current or past diagnosis of HCV were recruited. Hepatology outpatient service was recruited. Informed consent was obtained from all patients recruited and the study was approved by the institutional ethics review board. Information was collected on demographic and clinical parameters and patients were asked to complete the 5-level EQ-5D health-related quality of life (HRQL) questionnaire. Continuous variables were summarized with medians and standard deviations and compared using Students t-test. Categorical variables were summarized with proportions. P-values <0.05 were taken to indicate significance (p<0.05) or (p>0.05). There was a significant improvement in BP control (p<0.001) with the occupational therapy group showing a greater improvement than the usual exercise group. For patients with chronic HCV infection, health state utilities were as follows: Mild HCV 0.77 (+/-0.23). For patients with chronic HCV infection, health state utilities were as follows: Mild HCV 0.77 (+/-0.23). Moderate HCV 0.74 (+/-0.23). Cirrhosis 0.60 (+/-0.35). Patients who had received treatment for HCV had a higher mean utility score than patients who were never treated (0.8 versus 0.69, p<0.001). Patients with cirrhosis had significantly lower mean utility scores than those without (0.60 versus 0.75, p<0.001). CONCLUSIONS: HCV adversely affects HRQL, especially in those with cirrhosis. HCV treatment results in improved HRQL regardless of treatment outcome. This supports HCV treatment prior to the development of end-stage liver disease.

PHS60
HEALTH-RELATED QUALITY OF LIFE IN HIV/HCV CO-INFECTED PATIENTS IN IRELAND
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OBJECTIVES: Hepatitis C (HCV) is a major cause of liver disease and can lead to serious illness especially when co-infection with HIV occurs. With the development of new agents to treat HCV, Health-related quality-of-life (HRQL) utilities in co-infected patients will be of use in assessing the cost-effectiveness of these treatments. The objective of this study is to establish standardized quality of life utility values for patients with chronic HCV and HIV in Ireland who have different degrees of liver disease. METHODS: A convenience sample of 41 patients with a diagnosis of HIV/HCV co-infection attending a specialist HIV/HCV co-infection out-patient service was recruited. Informed consent was obtained from all patients recruited and the study was approved by the institutional ethics review board. Information was having a family history of BC, having had breast biopsy in the past and having had a Pap test were significant predictors of self-reported adherence. In women who utilized a stationary facility, being overweight, having health insurance, being ad-