refusal of VTE prophylaxis is the most common documented reason these doses are not administered. A small number of patients and nursing units account for a vast majority of refused doses. We have initiated a mixed-methods investigation to determine what patient, nursing unit, and culture of care-level factors may explain refusal of these doses.

PCV69 IMPACT OF COMMUNITY PHARMACIST-LED COUNSELING ON IMPROVING MEDICATION ADHERENCE

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OBJECTIVES: To assess the impact of pharmacist-led face-to-face counseling on prescription first refill rate in patients who are new to statins or thyroid medications.

METHODS: A retrospective pre-post with case-control cohort study design was employed. In May 2010, two community pharmacies implemented face-to-face counseling-trained pharmacists at the site of care when patients initially filled their statin or thyroid prescriptions. Patients’ first refill rate, defined as the percentage of patients who refilled their prescriptions within a two-week’s period after exhaustion of their initial fill, was assessed as the primary outcome measure. Similar computations were performed for patients’ who filled their study medications at the two stores, 12-months prior to the intervention program. Additionally, two control pharmacy stores were selected based on pharmacy type, operational years of stores, prescription volume, and corresponding population characteristics. Refill rates in the pre and post-periods were also computed for control stores. A chi-square test was performed to investigate the relationship between face-to-face intervention and patients’ first refill rate.

RESULTS: Test stores that implemented face-to-face counseling, conducted interventions on 81 new to therapy patients in the pre-period, while a total of 73% (new to therapy patients) were included in the pre-period. A total of 73 and 81 new to therapy patients were selected from control stores in the pre and post-periods respectively. For test stores, chi-square analyses showed a significant increase in the refill rates in the post-period (51.1% Vs Post-period: 61.7%, p < 0.005). CONCLUSIONS: Pharmacist-led face-to-face counseling had a positive impact on patient’s refill behavior. The study showed an early impact of the program; additional larger pilot studies and longer follow-up period are needed to better understand the full benefit of the program.

PCV70 VARIATIONS IN THE IMPACT OF ILLNESS PERCEPTIONS AND MEDICATION BELIEFS ON MEDICATION COMPLIANCE OF ELDERLY Versus GERIATRIC HYPERTENSIVE PATIENTS: A COMPARATIVE ANALYSIS

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OBJECTIVES: To measure and compare the extent of medication compliance in elderly and geriatric hypertensive cohorts. To evaluate the role of illness perceptions and investigate how medication beliefs and dimensions of illness perceptions, might impact medication compliance outcome in hypertension. METHODS: A cross-sectional research design, utilizing convenience sampling strategies and self-administered surveys of elderly hypertensive residents living in New York City senior care centers (N = 117). Medication compliance was measured using Morisky’s test; medication beliefs were measured using Beliefs about Medication Questionnaire (BIPQ). Illness perceptions were assessed with the Brief Illness Perception Questionnaire (BIPQ). The study also measured working-adults.

CONCLUSIONS: Medication adherence was calculated as the proportion of days covered (PDC). Participants were “adherent” when PDC ≥ 80%. Persistence was measured as a ≥35-day gap between drug refill. Logistic regression and cross-proportional hazards models evaluated potential predictors of adherence and persistence.

RESULTS: For patients 65 years and older, the adherence’ intervention was calculated as 57% (64 days covered) in the pre-intervention period and 64.7% (PDC = 0.01) was observed in the intervention cohort (0.61[SD = 0.27]) versus control (0.51[SD = 0.30]). Switching statins and titration adjustments were significant predictors of adherence. Adjusting for covariates, the intervention (OR = 1.28[95% CI, 1.01, 2.68]) was more likely to be adherent to statins versus control. Mean adherence with statins in the intervention was 61.3% (277 days) compared to 71.3% (257 days) for control participants. The intervention was less likely to experience a refill gap (OR = 0.69[95% CI, 0.51, 0.92]) versus control. For antihypertensive drugs (N = 639), mean PDC in the intervention was 0.65 (SD = 0.27) versus 0.60 (SD = 0.28) for control (p = 0.05). Predictors of adherence included race/ethnicity, polypharmacy, and depression. The intervention group (OR = 1.32[95% CI, 1.07, 2.68]) was more likely to be adherent versus control. Mean persistence with antihypertensive medications in the intervention cohort was 291-days versus 257-days for control. No significant difference in persistence seen between intervention and control. CONCLUSIONS: This RCT showed improved adherence to statin and antihypertensive medications among the intervention cohort. Findings from this study would be useful in guiding ongoing efforts to optimize cardiovascular drug adherence targeted toward uninsured working adults.

PCV72 THE RISK OF STROKE AND PREVENTATIVE STEPS AMONG PATIENTS DIAGNOSED WITH ATRIAL FIBRILLATION IN THE UNITED STATES

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OBJECTIVES: This study examined stroke risk and preventative steps among US patients diagnosed with atrial fibrillation (AF). METHODS: Data were extracted from the US 2010 National Health and Wellness Survey, an annual, Internet-based, cross-sectional database of 75,000 adults (age ≥ 18). Stroke risk was assessed with CHADS2, determined by presence of congestive heart failure, hypertension, diabetes mellitus, old age (≥75 years old), and history of stroke or transient ischemic attack. Low- (CHADS2 = 0), moderate- (1), and high- (≥ 2) risk patients reported which steps if any, they took to prevent stroke: low fat or low sodium diet, regular exercise, smoking cessation, weight loss, blood pressure or cholesterol reduction, or use of baby aspirin, anglogenic, warfarin, clopidogrel, or other medications. High-risk patients were compared with low and moderate-risk patients, adjusting for sociodemographic and health characteristics using logistic regression models.

RESULTS: Among 1,350 respondents diagnosed with AF (projected US prevalence of 1.49%), 308 (22.8%) were low, 473 (35%) moderate, and 569 (42.2%) high risk of stroke. High- vs. low-risk patients were significantly more likely to take any preventative steps (60.5% vs. 34.1%, respectively; OR = 2.75, p < 0.001). Furthermore, high-risk patients were significantly more likely to take steps to lower their blood pressure (OR = 3.83, p < 0.001), cholesterol (OR = 2.46, p < 0.007), use clopidogrel (OR = 2.027) or other stroke prophylactic medications (OR = 3.32, p < 0.003) compared with low-risk patients. No differences were observed on lifestyle modification such as diet, exercise or smoking cessation. CONCLUSIONS: These results suggest, US adults at high risk of stroke are more likely to take steps to lower high blood pressure, cholesterol, use medications to prevent stroke, compared with low-risk individuals. No significant differences emerged on diet, regular exercise, smoking cessation and aspirin use. Higher risk correlated with higher prevention, yet there remains an unmet need for increased targeted treatment and lifestyle changes for high-risk AF patients.

PCV73 CONSTRUCT VALIDITY OF HEALTH UTILITIES INDEX (HUI) JAPANESE VERSION: CROSS-SECTIONAL STUDY FOR STROKE IN JAPAN

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OBJECTIVES: To assess the measurement properties and validity of Health Utilities Index Mark 3 (HUI3) Japanese version for stroke patients in Japan. METHODS: The HUI3 was administered 553 patients with stroke who were admitted in seven hospitals. Proxies of the patients completed Japanese version of the HUI3 questionnaire at the start phase of rehabilitation. Patients were categorized using modified Rankin scale (MRS). The construct validity was assessed by analyzing the degree to which lower score on the HUI3 scores correlated positively with MRS. RESULTS: Mean global score was as follows: MRS 1 = 0.62 (SD = 0.22), MRS 2 = 0.48 (SD = 0.28), MRS 3 = 0.27 (SD = 0.24), MRS 4 = 0.00 (SD = 0.18), MRS 5 = -0.23 (SD = 0.11). Worst mean score was ambulation (0.20) and, swallowing, speech, and dexterity (0.58). CONCLUSIONS: Our results indicate the productive future for Japanese HUI3 use and showed precise measuring properties of the HUI3 Japanese version in assessing health status for stroke patients.

PCV74 ASSESSMENT OF KNOWLEDGE ABOUT HYPERTENSION (HTN) AMONG HYPERTENSIVE PATIENTS IN SOUTHERN PUNJAB, PAKISTAN

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OBJECTIVES: To assess the measurement properties and validity of Health Utilities Index Mark 3 (HUI) Japanese version for stroke patients in Japan. METHODS: The HUI3 was administered 553 patients with stroke who were admitted in seven hospitals. Proxies of the patients completed Japanese version of the HUI3 questionnaire at the start phase of rehabilitation. Patients were categorized using modified Rankin scale (MRS). The construct validity was assessed by analyzing the degree to which lower score on the HUI3 scores correlated positively with MRS. RESULTS: Mean global score was as follows: MRS 1 = 0.62 (SD = 0.22), MRS 2 = 0.48 (SD = 0.28), MRS 3 = 0.27 (SD = 0.24), MRS 4 = 0.00 (SD = 0.18), MRS 5 = -0.23 (SD = 0.11). Worst mean score was ambulation (0.20) and, swallowing, speech, and dexterity (0.58). CONCLUSIONS: Our results indicate the productive future for Japanese HUI3 use and showed precise measuring properties of the HUI3 Japanese version in assessing health status for stroke patients.