PCV134
HEALTH UTILITY OF ACUTE CORONARY SYNDROME PATIENTS FROM AN ASIAN POPULATION
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OBJECTIVES: To compare the health utility of Acute Coronary Syndrome (ACS) patients from an Asian population at baseline admission and 12 months post-ACS. Secondary objectives were to investigate the factors that affect health utility in the ACS patients and the impact of local tariffs on the HRQL assessment.
METHODS: The inclusion criteria were patients aged ≥18 years old, with a diagnosis of ACS (excluding UA), who agreed to participate in the study. The quality of life (QOL) of ACS patients was assessed using validated utility versions of the EQ-5D (time trade-off (TTO), standard gamble (SG)), at baseline and at 12 months post-admission. HRQoL were calculated using EQ-5D utility weights, health utility was calculated by Malaysian tariff weights, health utility was 0.75 during initial admission, increasing to 0.82 after 12 months (p < 0.001).
RESULTS: A total of 112 subjects were recruited into the study; the mean age of the patients was 64.6 years old (range: 21-92 years), 58% were male. Males had significant lower HRQoL scores compared to females (°°°). The average health utility score was 0.756 (± 0.11) at baseline admission and 0.773 (± 0.09) at 12 months (p = 0.004). Patients’ baseline QOL was significantly (°°°) lower on the self-care domain (0.67 vs. 0.77). The QOL of the patients improved significantly during the study period (°°°). There was a significant (°°°) improvement in the physical component (0.77 vs. 0.82) and mental component (0.63 vs. 0.77) between baseline and 12 months post-admission.
CONCLUSIONS: This study demonstrated that the Malaysian tariff was more appropriate in assessing the health utility of ACS patients. Although patients had lower QOL compared to the general population, their QOL improved significantly during the study period and was comparable to the general population.

PCV135
HEART-RELATED QUALITY OF LIFE IMPACT OF TRIPLE COMBINATIONS OF OLMEASARTAN MEDOXOMIL, AMLODIPINE BEYSLATE AND HYDROCHLOROTHIAZIDE IN SUBJECTS WITH HYPERTENSION
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OBJECTIVES: A secondary objective of a phase-III study spanning 54 weeks was to measure the impact of triple heart-related quality of life (HRQoL) of 2,600 patients ≥18 years of age with moderate-to-severe hypertension who were ending up receiving one of six doses of olmesartan/amlo/amlod/hctz (OLM/AH/HCTZ) using the MINICHL and EQSD instruments. METHODS: Descriptive statistics were used to measure the impact of the study period. Analysis of variance (ANOVA) was used to identify those factors (i.e., age, sex etc.) that could possibly have influenced HRQoL. Linear regression was used to assess the relationships between changes in blood pressure and HRQoL scores. RESULTS: At the start study, 90.8% of patients had Grade 2 or 3 hypertension, and at the end study 91.9% had normal/high-normal BP. Patients’ baseline MINICHL mood and somatic domains scores were 5.5 and 2.6. Over the study period HRQoL improved as both MINICHL scores decreased by 31-53%. Patients’ baseline EQSD index and VAS score was 9.0 and 73.4 respectively, increasing by 6% and 12% over the study period. Patients’ QALY gain over the 54 weeks study period was estimated to be 0.029 QALYs. Linear regression was unable to detect any correlation between the changes in blood pressure and HRQoL scores. The ANCOVA model showed that changes in patients’ HRQoL was likely to have been influenced by patients’ grade of hypertension at baseline, the amount of concomitant medication (“pill burden”) and patients’ antihypertensive treatment in the last 26 weeks of the study. CONCLUSIONS: OLM/AH/HCTZ reduced blood pressure and significantly increased blood pressure control whilst improving patients’ HRQoL. Reducing patients’ pill burden is likely to increase adherence to treatment and therefore improve blood pressure control. Hence, these combined antihypertensive agents physicians should consider the impact that pill burden has on adherence to treatment, achieving blood pressure control and patients’ HRQoL.

PCV136
TREATMENT PATTERNS AND QUALITY OF LIFE OF PATIENTS WITH NON-VALVULART ATRIAL FIBRILLATION: AN EXPERIENCE OF A TERTIARY HEALTH CARE PROVIDER IN SINGAPORE
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OBJECTIVES: This study aimed to determine anti-coagulant treatment patterns and stroke- and bleeding-related risk factors and to evaluate quality of life (QoL) in non-valvular atrial fibrillation (VFAVF) patients. METHODS: This study included consecutive patients undergoing long-term oral anticoagulation treatment at a single center. Patients ≥18 years old with VFAVF, no or oral anti-coagulant (NOAC) (dabigatran, rivaroxaban), and antiplatelet agents (AA) (acetylsalicylic acid, clopidogrel) were included. RESULTS: The study cohort included 121 patients. The mean age was 78.6 ± 11.7 years, 57% were men, 6.6% had diabetes, and 71.6% were on AA. AA group (p = 0.03), and regarding HAS-BLED-3 (high bleeding risk) was 23.1% (n = 23), 0% (n = 0), and 18.4% (p = 0.07), respectively. EQ-5D scale scores were 0.85±0.12 and 0.76±0.13 at baseline and 0.67±0.29 and 0.60±0.37 at 12th month for the warfarin and AA groups respectively; the decrease was significant in the warfarin group (p = 0.002) but not in the AA group (p = 0.249). The mortality rates during the study were 5.5 and 2.6. Over the study period HRQoL improved as both MINICHAL scores increased significantly (p = 0.001). CONCLUSIONS: The length of hospitalization was 25.5% in one-year follow-up. The patients’ treatment patterns were grouped as warfarin, new oral anti-coagulant (NOAC) (dabigatran, rivaroxaban), and antiplatelet agents (AA); (acetylsalicylic acid, clopidogrel). The rate of adverse events was 64.7%, major bleeding was 10.8%, stroke was 9.5%, and hospitalization was 25.5% in one-year follow-up. The patients’ treatment patterns were grouped as warfarin, new oral anti-coagulant (NOAC) (dabigatran, rivaroxaban), and antiplatelet agents (AA); (acetylsalicylic acid, clopidogrel).

PCV137
QUALITY OF LIFE IN PATIENTS WITH PERMANENT CARDIAC PACEMAKER IN THE SLOVAK REPUBLIC
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OBJECTIVES: 2579 permanent cardiac pacemakers (PCP) were implanted in Slovakia in the year 2012, 532 reimplantations were utilised in 475 resp. 98 between January 2012 and January 2013 in the Slovak Republic. Public there was not realised the study oriented on QOL in the patients with this treatment. METHODS: 100 patients with PCP were studied, women 58, men 42. The average age was 66.47, duration of illness 6.93 ± 5.73 months. 31 patients were married, 31 divorced or a widower, widow, single. Male patients had significantly lower HRQoL scores compared to females (°°°). The average health utility score was 0.756 (± 0.11) at baseline admission and 0.773 (± 0.09) at 12 months post-admission. Patients’ baseline QOL was significantly (°°°) lower on the self-care domain (0.67 vs. 0.77). The QOL of the patients improved significantly during the study period (°°°). There was a significant (°°°) improvement in the physical component (0.77 vs. 0.82) and mental component (0.63 vs. 0.77) between baseline and 12 months post-admission. CONCLUSIONS: This study demonstrated that a significant number of patients who should be on oral anticoagulants are still treated with AA and the negative effects of warfarin on QoL of patients as compared to AA. More data is needed with head-to-head comparison of warfarin and NOAC.

PCV138
THE EVALUATION OF THE HEALTH RELATED QUALITY OF LIFE AMONG ADULTS WITH HYPERTENSION
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OBJECTIVES: The aim of the study was a subjective evaluation of the quality of life among adults with diagnosed and treated hypertension. The paper also identifies social and clinical factors significantly influencing the quality of life of respondents. METHODS: 112 people took part in the study (38 women and 74 men), aged between 19 and 65 years old – in all cases hypertension was diagnosed and treated in a particular health care centre. As a main study tool a questionnaire WHOQOL-BREF in a Polish translation was applied. In addition, to evaluate the social and clinical factors significant influence the quality of life participants were asked to fill anonymous questionnaire prepared specially for this study. RESULTS: The results of the conducted studies indicate that people suffering from hypertension experience remarkably lower quality of life comparing to healthy people. Considerable discrepancies in terms of the quality of life were visible in physical and psychological domains of the WHOQOL-BREF questionnaire. It has been assumed that the quality of life of patients with hyper- tension is determined by both social (age, gender, education, economic status), and clinical (level of blood pressure, weight, the type of hypertensive therapy, the presence of coexisting diseases) conclusions. CONCLUSIONS: Chronic diseases, including hypertension, drastically affect the quality of life of patients. The evaluation of quality of life with hypertension is determined by numerous social and clinical factors. Thus, there is a need to consider the problem of hypertension and its treatment among adult people multidisciplinary – in order to improve their lives.