

lation-related PROs were identified: 1) Sawicki questionnaire (assesses treatment satisfaction and HRQoL); 2) Perception of Anticoagulant Treatment Questionnaire (PACT-Q); 3) Duke Anticoagulation Satisfaction Scale (DASS); 4) Anti-Clot Treatment Scale (ACTS) (based on the DASS conceptual model); and 5) Deep Venous Thrombosis Quality of Life (DVTQoL) (assesses HRQoL outcomes related to a primary event of DVT and includes items assessing anticoagulation burden). All of the measures except the Sawicki questionnaire involved anticoagulated patients in the process of item generation and refinement. The ACTS and the DASS exhibited the strongest measurement properties. To a limited degree, the ACTS, DASS, and Sawicki questionnaire have demonstrated responsiveness in clinical trial settings. **CONCLUSIONS:** Although some of the identified measures have shown responsiveness in clinical trials, this review concluded that no existing measure appears likely to support an FDA or EMA PRO label claim in anticoagulation-related treatment satisfaction or HRQoL. However, concepts related to anticoagulation treatment satisfaction and HRQoL are important to patients and should be included in clinical trials, particularly as the burdens and benefits of anticoagulants evolve over time.

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 and the impact of using local versus UK tariffs in the analysis. **METHODS:** Primary data was obtained from ACS patients who were admitted to a tertiary-care, general hospital in Malaysia and agreed to participate in the study. The quality of life (QoL) of ACS patients was elicited using validated language versions of the EQ-5D (three severity level) patient reported outcome instrument. QoL data was collected at baseline during initial admission for ACS and at 12-months post-admission. Patient demographic and clinical data were extracted from medical records. Health utility scores were calculated using EQ-5D utility tariffs from Malaysia and the UK population tariff. **RESULTS:** A total of 112 subjects were recruited into the study of which 104 were used in the primary analysis. Mean age of patients in the analysis dataset was 56.1 years, 88% were male and duration of admission was 6.3 days. Calculated by Malaysian tariff weights, health utility was 0.75 during initial admission, increasing to 0.82 after 12 months ($p=0.012$). Among the statistically significant factors associated with lower baseline utility were diagnosis of NSTEMI/unstable angina compared to STEMI ($p=0.045$), and female sex ($p=0.038$). Utilities calculated using the Malaysian tariff was consistently higher than those calculated using the UK tariff. ACS utility at baseline was 0.75 and 0.62 ($p<0.001$) while utility after 12 months was 0.82 and 0.72 ($p<0.001$) respectively. **CONCLUSIONS:** This study investigates several factors that may impact the QoL outcomes of Malaysian ACS patients. It also found significant differences in utility values calculated by Malaysian and UK tariffs, which indicate that the use of local tariffs is more appropriate.

PCV135

HEALTH-RELATED QUALITY OF LIFE IMPACT OF TRIPLE COMBINATIONS OF OLMESARTAN MEDOXOMIL, AMLODIPINE BESYLATE 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 changes in the health-related quality of life (HRQoL) of 2,690 patients ≥ 18 years of age with moderate-to-severe hypertension who ended up receiving one of six doses of olmesartan/amlopidine/hydrochlorothiazide (OLM/AML/HCTZ) using the MINICHAL and EQ5D instruments. **METHODS:** Descriptive statistics were used to measure blood pressure and HRQoL scores over the study period. Analysis of covariance (ANCOVA) was used to identify those factors (i.e. age, sex etc.) that could possibly have influenced HRQoL. Linear regression was used to assess the relationship between changes in blood pressure and HRQoL scores. **RESULTS:** At the study start 90.8% of patients had Grade 2 or 3 hypertension, but at the study end 91.9% had normal/high-normal BP. Patients' baseline MINICHAL mood and somatic domains scores were 5.5 and 2.6. Over the study period HRQoL improved as both MINICHAL scores decreased by 31-33%. Patients' baseline EQ5D index and VAS score was 0.9 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/AML/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 improve blood pressure control. Hence, when prescribing 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-VALVULAR ATRIAL FIBRILLATION: AN EXPERIENCE OF A TERTIARY HEALTH CARE CENTERS (TREQ-AF STUDY)

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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 (NVAF) patients. **METHODS:** This multicenter (12-centers), observational study included ≥ 18 year-old patients ($n=213$) diagnosed with NVAF. CHADS₂, CHA₂DS₂-VASc, HAS-BLED scores and EQ-5D scale were used to assess risk factors and QoL and clinical features were recorded at baseline, and 6th and 12th months. **RESULTS:** The rate of adverse events was 64.7%, major bleeding was 10.8%, stroke was 5.9%, 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). Patient numbers for the groups at baseline, and 6th and 12th months, respectively, were 92, 74, 41 for warfarin, 2, 13, 14 for NOAC, and 39, 29, 26 for AA. The distribution of patients in the warfarin, NOAC, and AA groups regarding CHADS₂ ≥ 2 was 53.8% ($n=49$), 50% ($n=1$), and 63.2% ($n=24$), respectively; regarding CHA₂DS₂-VASc ≥ 2 was 86.8% ($n=79$), 50% ($n=1$), and 89.5% ($n=34$), respectively; and regarding HAS-BLED ≥ 3 (high bleeding risk) was 23.1% ($n=21$), 0% ($n=0$), and 18.4% ($n=7$), respectively. EQ-5D scale scores were 0.85 \pm 0.12 and 0.76 \pm 0.13 at baseline and 0.67 \pm 0.29 and 0.62 \pm 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 of the patients in the warfarin, NOAC, and AA groups in one-year follow-up were 7.6%, 0.0%, and 10.3%, respectively. **CONCLUSIONS:** Our study has 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 NVAF patients as compared to AA. More data is needed with head-to-head comparison of warfarin and NOAC.

PCV137

QUALITY OF LIFE IN PATIENTS WITH PERMANENT CARDIAC PACEMAKER IN THE SLOVAK REPUBLIC

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OBJECTIVES: 2579 permanent cardiac pacemakers (PCPM) were implanted in Slovakia in the year 2012, 532 reimplantations were utilised in 475 resp. 98 per 1000000 inhabitants. Up to now in the Slovak Republic there was not realised the study oriented on QoL in the patients with this treatment. **METHODS:** 100 patients with PCMK were studied, women 58, men 42. The average age was 66.47, duration of illness – 6.93 y. 57 patients were married, 31 divorced or a widower, widow, single - 12.39 patients had sick sinus syndrome (SSS), 22 - AV blockade II, 23 - AV blockade III, 16 - brady form of atrial fibrillation. QoL was evaluated by standardised instrument and so Quality of Life Index Cardiac Version – IV). Four domains were examined: health and functional state, mental and spiritual state, family relations. Finally, the total QoL was discovered, too. Kruskal Wallis Anova Test and Mann-Whitney Tests were used to verify the statistical significance. **RESULTS:** None of rhythm disorders and the duration of illness had impact on QoL. The smallest QoL occurred in health and functional state, the highest QoL occurred in family relations. In the last one (family relations) there was significant difference in comparison to the other domains ($p \leq 0,029$), and specifically in the group of married patients. The age had negative significant correlation on QoL ($p \leq 0,027$). Women had significant lower QoL in the social and economical fields. **CONCLUSIONS:** PCPM has a certain impact on QoL. The knowledge about the differences in the field of family state and in age gives the incentive to take more attention to older, divorced, widower/widows and single patients and try to realise relevant psychological interventions.

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 78 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 version was applied. In addition, in order to evaluate the social and clinical factors that influence the quality of life participants were asked to fill anonymous questionnaire prepared specially for this study. **RESULTS:** The results of the conducted studies indicated 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 hypertension 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:** Chronic diseases, including hypertension, distinctively affect the quality of life of patients. The quality of life of patients 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.

PCV139

TREATMENT SATISFACTION IN PATIENTS WITH VENOUS THROMBOEMBOLISM AS MEASURED WITH PACT-Q2: PREFER IN VTE REGISTRY

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