PCV21

SELF-REPORTED GENERAL HEALTH WAS THE MOST INFLUENTIAL VARIABLE OF EQ-5D SOCIAL PREFERENCES SCORES IN A GENERAL POPULATION SURVEY IN ARGENTINA, AND ITS INFLUENCE DIFFERED ACCORDING TO GENDER, AGE AND INCOME STATUS

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OBJECTIVES: To evaluate the relationship of self reported general health [GH] on the EQ-5D preference scores (time trade-off [TTO]) as well as its independent influence when demographic, socioeconomic, and risk factors are included. **METHODS:** 41,392 adults from the first general population survey from a nationally representative sample were included: National Risk Factor [RF] Survey (2005). Variables included GH, sociodemographic parameters (SD) and RF (diabetes [DBT], high blood pressure [HBP], dyslipemia [DLP], obesity [OB], smoking [SMK], healthy diet [HD], physical activity [PA]), and the EQ-5D instrument. EQ-5D profiles were mapped to TTO preference values using a local EQ-5D Value study. We assessed the independent relationships between EQ-5D scores with GH, SD, and RF. We used multivariable linear regression modeling. **RESULTS:** Final models included 33,964 subjects (representing 17,586,759 subjects). Before including GH the following variables were statistically, consistently, and clinically associated with EQ-5D scores: age, gender, income, selected provinces, health coverage, DBT, HBP, DLP, PA, OB (R2 0.16). Nevertheless, when GH was incorporated, it showed to be the most important explanatory variable (R2 0.35) and most health variables lost their association (DBT, HBP, DLP, OB). Moreover, a significant interaction was found in relation with age (>50), gender and income. Although GH was still significant in all the eight subgroups defined by the three variables with positive interactions, the magnitude of the coefficients corresponding with each category of GH significantly varied (subgroup numbers ranged between 1501 and 8637, and R2 from 0.16 to 0.46). **CONCLUSIONS:** In Argentina, GH is the strongest parameter associated with scores on the EQ-5D. The magnitude of this association varied according to age, gender an income level. Based on these findings, we suggest that the influence of GH on individuals' preferences should be evaluated by subgroup since its relevance seems to vary according to selected individual's attributes.

PCV22

EFFECTS OF TADALAFIL ON HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH PULMONARY ARTERIAL HYPERTENSION

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OBJECTIVES: Pulmonary arterial hypertension (PAH) is defined as a chronic elevation of mean pulmonary arterial pressure above 25 mm HGg and pulmonary resistance that can lead to right ventricular failure. Current PAH treatments reduce pulmonary vascular resistance. Tadalafil causes vaso-dilatation and long term remodeling of the pulmonary arteries by inhibiting phosphodiesterase type 5 (PDE5). The effects of Tadalafil on quality of life were assessed in patients with PAH. **METHODS:** A double-blind clinical trial randomized 405 patients with PAH treated with placebo or oral Tadalafil at doses of 2.5, 10, 20, or 40 mg/d, most patients had idiopathic PAH, with symptoms in WHO functional class III. At baseline and 16 weeks, quality of life was assessed using the Short Form 36 (SF-36) and EuroQol 5D (EQ-5D). Change from baseline to week 16 in the SF-36 domains and EQ-5D measures index scores and visual analog scale (VAS)] were tested using ANCOVA controlling for baseline randomization factors of each dose compare to Placebo separately. **RESULTS:** All Tadalafil groups had significant improvement at 16 weeks in the Physical Functioning, Vitality, and Social Function domains of the SF-36. The Tadalafil 40 mg/d group also had significant improvement in the Role-Physical, Bodily Pain, and General Health domains compared with placebo (all $P < 0.01$). For the EQ-5D, all Tadalafil groups had significantly greater utility index scores at 16 weeks, with the greatest improvement in the Tadalafil 40 mg/d group ($P < 0.0001$ from placebo). Only the Tadalafil 40 mg/d group had an increase in VAS from baseline to 16 weeks compared with placebo ($P < 0.05$). **CONCLUSIONS:** Patients with PAH treated for 16 weeks with Tadalafil 40 mg/d had significant improvements in their quality of life, as measured by the SF-36 and EQ-5D, compared with placebo.

PCV23

CALIDAD DE VIDA RELACIONADA CON LA SALUD EN PACIENTES CON RIESGO CARDIOVASCULAR

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OBJECTIVOS: Describir la calidad de vida relacionada con la salud (CVRS) de pacientes que asisten a un programa de atención farmacéutica para pacientes con riesgo cardiovascular (PAF_RCV) y explorar la asociación entre CVRS y factores de riesgo cardiovascular en dicha población. **METODOLOGÍAS:** Una muestra de conveniencia de 60 pacientes que asisten al PAF-RCV fueron entrevistados usando un cuestionario escrito. La CVRS fue determinada usando el Cuestionario de Salud SF-36 (SF-36 Health Survey). Los datos acerca de factores de riesgo cardiovascular fueron extraídos de las historias clínicas. La asociación entre los componentes sumarios físico (CSF) y mental (CSM) del SF-36 y factores de riesgo cardiovascular fue estimada calculando coeficiente de correlación de Pearson para variables continuas y coeficiente τ de Kendall para variables categóricas. **RESULTADOS:** La muestra estuvo formada de 29 mujeres y 31 hombres con una edad promedio de 61.39 años (d.e. 10 años). Cuarenta y cinco sujetos (80.4%) tenían diagnóstico de hipertensión, 27 (48.2%) de diabetes y 38 (63.35%) de dislipidemia. Todas las escalas del SF-36, excepto Función Social, mostraron una fiabilidad buena (α de Cronbach >0.7). Los valores obtenidos para las dimensiones del SF-36 fueron: Función Física = 77.84, Rol Físico = 77.78, Dolor Corporal = 68.17, Salud General = 74.57, Vitalidad = 66.90, Función Social = 77.92, Rol Emocional = 82.18 y Salud Mental = 80.67. El IMC, la Hg1Ac, y la PAS se encontraron estar negativamente asociadas con el CSF del SF-36. No se encontró asociación entre el CSM y los factores de riesgo cardiovascular. **CONCLUSIONES:** En general, la calidad de vida relacionada con la salud de los pacientes que asisten al PAF_RCV es buena. Este estudio demuestra asociación entre dimensiones físicas de la calidad de vida relacionada con la salud y ciertos factores de riesgo cardiovascular tales como valores elevados de presión arterial, hemoglobina glicosilada e índice de masa corporal.

CARDIOVASCULAR DISORDERS – Health Care Use & Policy Studies

PCV24

ANÁLISIS DEL CONSUMO DE AGENTES HIPOLIPEMIANTES EN COLOMBIA DEL 2002 AL 2006

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OBJECTIVOS: Describir el comportamiento del consumo de hipolipemiantes, en Colombia durante el período 2002–2006 **METODOLOGÍAS:** Princípios activos del grupo terapéutico C10A: "Reductores del colesterol y los triglicéridos" de la Clasificación Internacional de la Organización Mundial de la Salud, Anatomical Therapeutic Chemical Association fueron seguidos a través de los reportes trimestrales de venta de IMS como medida indirecta de consumo; datos de suministro del medicamento o información directa de los pacientes no estaba disponible. **RESULTADOS:** Al inicio del estudio, estaban disponibles multiples presentaciones de hipolipemiantes: Resinas (n = 6), fibratos (n = 96) y estatinas (n = 220), incluyendo productos originales, genéricos y multifuente. En 2006, hubo un aumento en la cantidad de presentaciones disponibles: resinas (n = 7), fibratos (n = 143) y estatinas (n = 505). El consumo anual de hipolipemiantes aumento de 1,914,514 a 2,910,291 unidades, equivalentes a 21,975,739 en Dosis Diaria Definida (DDD) en 2002 y 35,208,249 DDD en 2006; ajustando por la población en cada ano del seguimiento: 1.47 DDD por mil habitantes (DHD) y 2.21 DHD, ambos valores muy inferiores a los casi 18 DHD calculados a partir de la prevalencia de hipercolesterolemia en Colombia. Las estatinas tuvieron el mayor crecimiento pasando del 69.8% al 82.6% del total de los hipolipemiantes. La lovastatina fue el producto de mayor consumo y es la única incluida en el plan obligatorio de salud, alcanzando el 52.5% del total de unidades con una tendencia creciente permanente. Las estatinas disminuyeron su precio promedio casi en un 20% del valor inicial en el 2002 frente al 2006, lo que no sucedió con los fibratos o las resinas que subieron de precio en ese mismo período en un 55% y 22% respectivamente. **CONCLUSIONES:** El consumo de hipolipemiantes, a expensas de las estatinas, ha aumentado, sin embargo su consumo sigue siendo inferior al calculado según la prevalencia de hipercolesterolemia en Colombia.

PCV25

EVALUATION OF THREE METHODS: OF SCHEDULING APPOINTMENT USING SIMULATION EXPERIMENTS

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OBJECTIVES: This study compared three methods of scheduling clinic appointments in a surgical service with several specialists: placing patients on the list of the referral surgeon (individual lists); placing patients on the list of the surgeon who has fewest patients waiting (shortest list); and placing patients on one list (pooled list). **METHODS:** A simulation study was used to estimate differences in clearance times and weekly appointment rates across scheduling methods. We used a discrete-event simulation model to represent the progress of patients through steps of the process of surgical care. We conducted the simulation experiments using group randomized design, in which the unit of allocation was the hospital and the units of analysis were the hospital and the patient. The outcome measures were clearance time for hospitals and time to appointment for patients. **RESULTS:** Clearance times were more than 1.5 weeks longer in hospitals using individual lists (adjusted difference = 1.6 weeks, 95% CI 1.4–1.8) and shortest lists (adjusted difference = 1.7 weeks, 95% CI 1.5–1.9) scheduling methods as compared to pooled lists. After adjustment for hospital and patient factors, the weekly likelihood that patients on the appointment list had their consultation with a surgeon was 78% lower for individual lists (adjusted OR = 0.22, 95% CI 0.21–0.22) and shortest lists (adjusted OR = 0.22, 95% CI 0.22–0.23) as compared to pooled lists. **CONCLUSIONS:** Our analysis suggests that clearance times were shorter in hospitals where patients wait in a single queue and that each week a larger proportion of patients were likely to have an appointment if they were in a single queue.