



Swansea University
Prifysgol Abertawe



Cronfa - Swansea University Open Access Repository

This is an author produced version of a paper published in :
Value in Health

Cronfa URL for this paper:
<http://cronfa.swan.ac.uk/Record/cronfa31849>

Paper:

Pockett, R., McEwan, P., Ray, J., Tran, I., Shutler, S., Martin, S., Yousef, Z. & Bakhai, A. (2016). Prospective Utility Study of Patients with Multiple Cardiovascular Events. *Value in Health*, 19(7), A348-A349.
<http://dx.doi.org/10.1016/j.jval.2016.09.2408>

This article is brought to you by Swansea University. Any person downloading material is agreeing to abide by the terms of the repository licence. Authors are personally responsible for adhering to publisher restrictions or conditions. When uploading content they are required to comply with their publisher agreement and the SHERPA RoMEO database to judge whether or not it is copyright safe to add this version of the paper to this repository.
<http://www.swansea.ac.uk/iss/researchsupport/cronfa-support/>

Prospective Utility Study of Patients with Multiple Cardiovascular Events

Pockett RD, Swansea University, Swansea, UK,

McEwan P, Health Economics and Outcomes Research Ltd, Cardiff, UK,

Ray J, F. Hoffmann-La Roche, Basel, Switzerland,

Tran I, Roche Products Ltd, Welwyn Garden City, UK,

Shutler S, F. Hoffmann-La Roche Ltd., Basel, Switzerland,

Martin S, Peterborough and Stamford Hospitals NHS Foundation Trust, Peterborough, UK,

Yousef Z, University Hospital of Wales, Cardiff, UK,

Bakhai A, Royal Free London NHS Foundation Trust, Barnet, UK

Objectives

The effects of acute coronary syndrome (ACS) events on healthrelated quality of life (HRQoL) and the time dependency of these effects are unknown. The aim of this study is to characterise health utilities in ACS patients. This will help development of future economic models estimating the cost per quality adjusted life year impact of ACS events and potential treatments.

Methods

Multicentre, non-interventional, longitudinal evaluation of health utility in patients experiencing ACS or stroke events. EuroQol-5 dimension surveys were sent to patients (≥ 18 years) from three centres in the UK 1 month following hospital admission for myocardial infarction (MI), unstable angina (UA) or stroke. Patient demographics, lifestyle and baseline utility score were collected in the first survey. Follow-up surveys were sent at 6, 12, 18 and 24 months to prospectively capture utility and subsequent health events. A group of patients were also identified retrospectively and patient demographics, lifestyle, and time since previous ACS event were collected. General healthy population utility values were assumed for pre-event HRQoL.

Results

Between January 2011 and March 2014, 2103 prospectively/retrospectively identified patients (mean age 68.3 [range 24–97] years; 67.9% male) responded: 1176 (55.9%) MI; 898 (42.7%) UA; 29 (1.4%) stroke; 24% had type 2 diabetes. Utility values post-event were lower than general healthy population values, although significant differences in utility among subsequent 6, 18, 12 and 24-month timepoints were not detected. However, a significant difference in utility between 12 and 18 months for the retrospectively identified subgroup only was observed. Through multivariate regressions analyses, wheelchair use, current smoking and secondary mental and joint health events were associated with the

greatest utility decrements (>0.250 decrease).

Conclusions:

This study indicates that health utility decreases following a CV event and, while some improvement occurs over the subsequent 24 months, general healthy population utility is not necessarily attained.