

PCR56 ARE LIMITATIONS IN PHYSICAL FUNCTION RELEVANT AND IMPORTANT CONCEPTS TO ASSESS IN PATIENTS ON ANTITHROMBOTIC THERAPY FOR CARDIOVASCULAR CONDITIONS?



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Objectives: Impacts on health-related quality of life are reported across cardiovascular diseases (CVD), including physical function limitations (PFLs). Antithrombotic therapy is indicated to treat/prevent thromboembolic conditions. Content-valid patient-reported outcome assessments in antithrombotic treatment studies are needed. This qualitative study evaluated the content relevance of standard physical function assessment tools in patients with self-reported prior stroke (PS), acute coronary syndrome (ACS), or atrial fibrillation (AF) who use antithrombotic therapies to understand the patient perspective on PFLs and attributions to their antithrombotic therapy. **Methods:** Interviews were conducted among patients in the US, UK, Germany, and Japan who were recruited using existing databases, social networks, and clinician referral networks. Individual 90-minute interviews were conducted via video conference with trained qualitative research interviewers. Three standardized scales assessing physical function were discussed during interviews: PROMIS-29 (5-item physical activities subscale), PROMIS (3 physical function items), and PROMIS-10 (single global daily activities item). **Results:** Of 64 patients using antithrombotic therapies, the average age was 60.5 years, and 52% were female. Fifty-five (86%) patients reported doing the physical activities in the questionnaires, 37/55 (71%) had difficulty. Thirteen (20%) patients attributed their PFLs to their antithrombotic therapy. No differences were seen between the PS, ACS, or AF patient groups. While 4 participants preferred the PROMIS-10 global item, most supported the 5-item PROMIS-29 subscale or the 3 physical function PROMIS items. Key reasons for supporting the latter 2 measures focused on clarity and specificity. **Conclusions:** PFLs are relevant to patients with PS, ACS, or AF on current antithrombotic therapy. Over half of the participants reported difficulty with the activities listed in the questionnaires, supporting the relevance of PROMIS physical function assessment. Only 20% attributed their PFLs to their antithrombotic treatment, suggesting caution in the interpretation of change in physical function when evaluating antithrombotic treatment-related benefit.

PCR57 THE DARA PROJECT: ASSESSING HEALTH AND WELL-BEING MEASURES IN ECONOMICALLY DISADVANTAGED FAMILIES



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Objectives: "The Dara Project" is a longitudinal study designed to assess the fitness of the EQ Health and Well-Being (EQ-HWB) instruments in evaluating the impact of health and social program on economically and educationally disadvantaged families with sick children. This analysis, based on project baseline data, primarily aims to examine the clarity and interpretability of the EQ-HWB within this specific demographic and to investigate the questionnaire's psychometric properties. **Methods:** Employing a mixed-methods approach, we collected data from 70 participants through an interviewer-assisted questionnaire, followed by cognitive debriefing interviews to qualitatively assess comprehension challenges in interpreting the questionnaire. This qualitative analysis was complemented by quantitative methods, including descriptive statistics, a Graded Response Model (GRM), and Confirmatory Factor Analysis (CFA). **Results:** Participants were predominantly female (94.29%) with an average age of 33.34 years. Cognitive debriefing identified "Feel you had nothing to look forward to?" as the most misunderstood item, with approximately 20% of individuals unable to comprehend it. Challenges were also noted in understanding questions related to feelings of exhaustion, lack of support, and control over life. Response patterns indicated a preference for extreme or neutral options on the Likert scale. The IRT analysis revealed high discrimination values for items related to emotional and psychological states (Items 6,7,8,9,12,13,14,15,17, and 18), while Items 2 and 19 had lower values. Item difficulty varied across the questionnaire, with Item 19 presenting anomalously high difficulty parameters. The CCCs suggested a pattern of ambivalence among participants, with a preference for extreme response options and less frequent selection of milder responses. The CFA revealed discrepancies, particularly with items 16 and 20, suggesting issues with their alignment in the questionnaire's structure. **Conclusions:** The Dara Project's preliminary findings underscore the necessity of refining the EQ-HWB questionnaire, particularly for questions perceived as ambiguous or challenging, within the context of economically and educationally disadvantaged populations.

PCR58 SUBJECTIVE EXPECTATIONS ON HAVING IMPLANTED MEDICAL DEVICES AT OLDER AGES: RESULTS OF A CROSS- SECTIONAL POPULATION SURVEY



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Objectives: With the ageing of society and advances in medical technologies, implantable medical devices (IMDs) are becoming more common. Subjective expectations on being treated with innovative IMDs in the future may have significant impact on current lifestyle decisions and participation in healthcare. We aimed to explore the population's subjective expectations on having IMDs at older ages. **Methods:** A cross-sectional online survey was performed in a sample (N=1400) aged 40 years and over, representative for the general population of Hungary. Participants' current IMDs were recorded and all respondents were asked to indicate the IMDs they expect to have in the future at ages 50, 60, 70, 80 and 90. Subjective life expectancy (sLE) was also reported. **Results:** There were 378 (27.0%), 739 (52.8%), 1148 (82.0%), 1369 (97.8%) and 1400 (100%) participants aged <50, <60, <70, <80 and <90 years, respectively. In the 41-50/51-60/61-70/71-80/81-90 age groups, 78.5%/76.2%/64.3%/50.3%/36.4% respectively had no IMD. In contrast, the share of individuals expecting not to have any IMD at ages 50/60/70/80/90 were 53.4%/50.1%/41.3%/36.7%/39.8%. The most frequently expected IMD was tooth implant for all the five ages (33%/29.1%/29.0%/30.8%/29.5%). For ages 50 and 60, the second most frequently expected IMD was knee implant (9.1% and 12.0%, respectively), but for ages 70, 80 and 90 it was the intraocular lens (16.5%, 24.2% and 25.4%, respectively). The average sLE was 83.0 (SD=12.7) years. Comparison of subgroups by sLE (i.e., those who expect or not to live to the age in question) showed no significant difference in subjective expectations on IMDs. **Conclusions:** Individuals expect an increase in having IMD with the increase of age which is in line with actual data. However, a tendency to overestimate the prevalence of IMDs at ages 50, 60, 70 and 80 can be observed. Our results help design health programmes that put patients' subjective expectations on a realistic basis.

PCR59 SHAPING THE VALUE EQUATION IN DIGITAL HEALTHCARE: A CASE STUDY ON DIGITAL NEUROREHABILITATION



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Objectives: In a patient-centered healthcare system, decision-making places emphasis on the value encompassing multidimensional clinical and non-clinical measures and metrics. Digital technologies comprise new value measures and metrics that require novel approaches for evaluation. As the need for effective and personalized rehabilitation increases, digital technologies are becoming key. Thus, the aim was to assess the value of digital neurorehabilitation across multiple value dimensions. **Methods:** This study utilizes a value equation from a triangulation approach, incorporating qualitative interviews (N=14), literature research on acceptance theory (N=53), and reviews of studies evaluating digital applications (N=86). Value measures across multiple dimensions were identified. Moreover, a case study was formulated based on the outcomes related to patient preferences in neurorehabilitation employing digital technology. **Results:** The value equation comprises three dimensions: subject level, context level, and object level. These levels encompass value measures and metrics. This study demonstrates via a case study how to evaluate structural measures, attitudinal measures, behavioral measures, process measures, outcomes measures and financial measures in case of digital technologies. **Conclusions:** The value concept identifies holistic criteria that influence decision-making, allowing stakeholders to impact success and resource allocation. This enables the establishment of a patient-centered healthcare system that prioritizes satisfying patients' health-related needs.

PCR60 ASSESSMENT OF QUALITY OF LIFE IN TYPE II DIABETIC PATIENTS



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Objectives: The research aims to assess the quality of life of patients with type II diabetes, the extent of depression and sleep disorders and the factors affecting them. **Methods:** The cross-sectional research was conducted in Hungary between 02.01.2023 and 02.28.2023, among patients with type 2 diabetes (n=230) selected using a simple nonrandom sampling method. The question groups of the online questionnaire are sociodemographic data, complications, health behaviour, blood sugar and HbA1C value. Validated questionnaires included the Audit of Diabetes-Dependent Quality of Life, the Beck depression questionnaire, and the Groningen sleep quality scale. Descriptive statistical analysis, factor analysis, Mann-Whitney U-test, Kruskal-Wallis test and Spearman correlation analysis (p<0.05) were performed using SPSS 28.0 software. **Results:** HbA1C increased in 71.3% of the sample. The HbA1C value was significantly (p=0.008) higher for elementary school graduates (92.3%, 36 people) than for high school (88.5%) and university graduates (72.9%). 18.3% have moderate and 3.5% severe depression. Severe depression is more common among those living alone (37.2%; p=0.017) and those with primary education (37.2%; p=0.025). Deterioration of sleep quality occurs in the case of 92 people. We measured the worst values in the "freedom of needs" (-4.5) and "mobility" (-3.1) dimensions of the quality of life, and the best values in the