per year. CHD may adversely impact on the Quality of Life. The objectives of the study were to describe Health-Related Quality of Life (HR-QOL) in subjects with CHD and to compare their health state with the health state of subjects without CHD. **METHODS:** We selected subjects with CHD (Cases) from a representative sample of the Italian general population aged from 40 to 79 years, enrolled in a population based naturalistic prospective survey. We matched each of them by age and sex with subjects without CHD disease (Controls). EuroQoL (EQ-5D) was used to evaluate HR-QOL. We used Chi Square Test to evaluate differences in the five dimensions of the EQ-profile between the two groups. Paired sample T test was used to evaluate differences in EQ-VAS. **RESULTS:** We analyzed two groups of 98 subjects per group. The mean age was 64.7 (SD 8.6) years, (69.4%) were male. More problems were reported in cases than in controls in the mobility dimension, usual activities, and self care and anxiety/depression dimensions. These differences proved statistically significant. Whereas in pain/discomfort domain there was no significant difference between the two groups. Mean values of the visual analogue scale assessing global health status indicated by case and control were 68.1 and 66.94, respectively (P = 0.005). **CONCLUSION:** The study, comparing subjects of the same age and sex with and without CHD, suggests that the presence of CHD is associated with higher problems in HR.

PCV41

PORTUGUESE ACTIVE POPULATION HEALTH RELATED QUALITY OF LIFE RESULTS USING THE SF-6D

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OBJECTIVES: This study aims to describe the health related quality of life (HRQOL) of the Portuguese population and investigates sociodemographic differences. **METHODS:** Subjects randomly selected from the Portuguese active population (n = 2459) were assessed using the SF-36, a generic measure of HRQOL, which was converted into the preference-based SF-6D, following the Brazier algorithm. Although the sample was randomly selected, it differed slightly from the whole population. In order to correct this, post-stratified statically techniques were used to weight the initial results by gender and age, according to the population values. **RESULTS:** Mean global utility SF-6D scores were 0.70, and ranged from 0.73 (18–24 years) to 0.63 (55–64 years). The mean utility scores were 0.17 lower in the lower educational level than in the higher educational level ($p < 0.000$). Women, people living in rural areas and the elderly reported lower levels of utility scores. Nonparametric tests showed that health utility values were significantly related to employment ($p < 0.000$): the unskilled manual workers (0.68) reported lower utility values than the non-manual workers (0.74). For different diseases mean utility scores ranged from 0.66 (hepatitis) to 0.56 (stroke). This study was able to achieve normative data by age and gender for the SF-6D. Using QALYs as outcome measures, the difference between unskilled manual workers and non-manual workers would be equivalent to a difference of 4902€ in annual income. In this line of thinking, the difference between lower educational level and higher educational level would be equivalent to a difference of 13,889€ in annual income. **CONCLUSION:** We conclude that the SF-6D is an efficient tool for measuring the HRQOL in the community, so that different population groups can be compared. The preference-based utility measure used seems to adequately discriminate across different sociodemographic differences, showing that the HRQOL varies greatly between sociodemographic groups.

PCV42

RECENT TREND IN MANAGEMENT OF HYPERCHOLESTEROLEMIA AND GOAL ATTAINMENT

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OBJECTIVES: To evaluate current lipid management practice in The Netherlands and estimate the impact of new guidelines of the European Society of Cardiology (ESC) on cholesterol goal attainment. **METHODS:** Data were obtained from a sample of the PHARMO system that includes complete medication, hospital admission and clinical lab assessment data of 80,000 Dutch residents. Patients starting lipid lowering drug (LLD) therapy between 2002–2004 who had a baseline TC measurement in the six months prior to initiation of therapy and had at least one TC measurement after the start of therapy were included. Goal attainment was compared using the ESC 1998 and ESC 2003 guidelines. For both guidelines goal attainment was in general defined as TC <5 mmol/l during LLD treatment. However, in the ESC 2003 guidelines goal attainment was defined as TC <4.5 mmol/l during LLD treatment for patients with cardiovascular disease or diabetes. Doses of statins were expressed in equipotencies based on TC lowering capabilities. **RESULTS:** The study sample comprised of 623 patients (43% females). Most patients (83%) were initiated on statin monotherapy of at least an equipotent dose of four (simvastatin 20 mg or equipotent statin). Overall TC goal attainment rate based on 1998 guidelines was 59% and based on new ESC guidelines was 49%. Goal attainment in patients with cardiovascular disease or diabetes changed from 69% to 49% based on old and new guidelines respectively. Our results also indicated that persistent statin use during follow-up increased goal attainment (54% versus 44% in not persistent patients using new ESC guidelines). **CONCLUSIONS:** Though lipid management in recent years has become more aggressive, achievement of cholesterol goals based on the new ESC guidelines is relatively low. Therefore there is a need for highly effective lipid lowering therapies that are also well tolerated in order to achieve sufficient persistence.

PCV43

IMPACT OF NEW EUROPEAN (ESC 2003) GUIDELINES ON TREATMENT OF HYPERCHOLESTEROLEMIA IN DAILY PRACTICE

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OBJECTIVES: To compare lipid management and reductions in total cholesterol (TC) levels among patients initiated on lipid lowering drugs (LLD) in recent years (2002–2004) to those initiated in earlier years (1991–2001). **METHODS:** Data were obtained from a sample of the PHARMO system that includes complete medication, hospital admission and clinical lab assessment data of 80,000 Dutch residents. Patients starting LLD therapy and having a baseline TC measurement within six months prior to therapy initiation as well as at least one measurement after the start of therapy were included in two study cohorts. One cohort included patients who initiated therapy in 2002–2004 and another that initiated therapy in 1991–2001. Goal attainment was defined as TC <5 mmol/l during LLD treatment according to Dutch guidelines. Statin dosage was expressed in equipotencies based on TC lowering capabilities. **RESULTS:** Patients with cholesterol levels <6 mmol/l were more likely to be treated in the period 2002–2004 than in the period 1991–2001 (27% versus 15% of all patients, respectively). Furthermore, equipotent dose at the start of statin monotherapy gradually