

pathological bone fracture (RR, 2.73; 95% CI, 1.37-5.44), and hemoglobin 12.7 g/dL or less (RR, 2.05; 95% CI, 1.10-3.81) were prognostic factors of BCP. As compared with those in the lowest tertile, participants in the highest tertile of initial PSA had nearly 3 times the age and body mass index (BMI)-adjusted risk of BCP (RR, 3.16; p for trend <0.009). Further adjustment for hemoglobin and the clinical diseases, the relative risk remained significant; the multivariate RR was 3.68 (p for trend <0.022).

Conclusions: Our data demonstrate that initial serum PSA is a significant risk factor for BCP for Taiwanese advanced prostate cancer patients.

OT3-03

Uric Acid Independently Associated with Atherosclerosis in Subjects without Metabolic Syndrome, Hypertension and Diabetes

Shao-Yuan Chuang¹, Jiunn-Horng Chen², Wen-Ting Yeh¹, Wen-Harn Pan^{1,3}

1. Academic Sinica, Taiwan
2. China Medical University Hospital, Taiwan
3. National Taiwan University

Background: Our previous study had reported that hyperuricemia was independently associated with cardiovascular events. However, the association between uric acid and atherosclerosis remains ambiguous. We aim to investigate the association between uric acid and atherosclerosis.

Methods and Materials: we enrolled 2790 subjects aged ≥ 30 years old from CardioVascular Disease FACTor in Two-township Study for this study. Common Carotid Artery Intima-Media Thickness (IMT) was used as the index of atherosclerosis. General linear model and logistic regression were used to assess the association between uric acid and atherosclerosis.

Results: Uric acid was associated with obesity, dyslipidemia, elevated blood pressure, impaired glucose, insulin resistance and IMT (r: 0.12, p<0.05). The subjects with ≥ 9.0 mg/dl of uric acid (hyperuricemia) had significantly higher IMT (multivariate adjusted mean: 0.57 mm) than other groups (0.55 mm for <5, 0.55 mm for 5-6.9, 0.54 mm for 7-8.9 mg/dl), independent of other risk factors. Hyperuricemia (odds ratio: 2.67, 95% confidence intervals: 1.55-4.59) was significantly associated with atherosclerosis in multivariate model. This association remains significantly in low risk population (without metabolic syndrome, hypertension and diabetes)

Conclusion: uric acid was independently associated with IMT in threshold relationship in both general and low metabolic risk population.

OT3-04

A Randomised Controlled Trial Managing Co-Morbid Depression after Myocardial Infarction: Mood-Care

Adrienne E O'Neil¹, Kristy Sanderson², Brian Oldenburg¹, Bianca Chan¹

1. Monash University, Australia
2. University of Tasmania, Australia

Background: One in five people suffer from depression after myocardial infarction (MI) or heart attack. While depression impedes recovery, quality of life (QOL) and other outcomes, it continues to remain under-recognised and under-treated. We will conduct a randomised controlled trial of a state-of-the-art, telephone-delivered program (MOOD-CARE) for MI patients exhibiting depression and investigate its effectiveness in relation to depression and components of QOL.

Method: Newly diagnosed MI patients admitted to 5 hospitals in Australia will be screened for depression using Patient Health Questionnaire (PHQ-9) (n= 1619). Those with PHQ9=5-19 (mild-moderately severe depression) at discharge and a secondary diagnosis of depression at 2 weeks will be randomly assigned to a Usual Care (UC) or Intervention (MOOD-CARE) group. MOOD-CARE includes up to 10 telephone counselling sessions over 6 months, delivered by psychologists using Cognitive Behaviour Therapy (CBT) and coronary heart disease (CHD) risk factor management.

Results: It is anticipated that those receiving the MOOD-CARE program will demonstrate significant improvements in depression, QOL, vocational outcomes and CHD risk factors compared with the UC group at 12 months. Primary outcome measures will be depression (Cardiac Depression Scale) and QOL (Short Form-12 [SF-12] and Assessment of Quality of Life [AQoL 6D]). Conclusion: MOOD-CARE has the potential to improve psychological, QOL and vocational functioning in depressed MI patients. The study will provide valuable clinical and economic information about the value of the program and its translation into the health system.

OT3-05

Client Satisfaction of Services Provided to Infertile Couples in the Gynaecological /Sub Fertility Clinics in Sri Lanka

Nirosha Lansakara¹, Rajitha Wickramasinghe², Harsha Senevirathne³

1. Murdoch Childrens Research Institute, Australia
2. University of Kelaniya, Sri Lanka
3. University of Colombo, Sri Lanka

Introduction: The outcome assessment in clinical practice needs to include measures of patient satisfaction with the service received. This study assessed client satisfaction among infertile women attending gynaecology/infertility clinics in the Colombo district, Sri Lanka.

Methods: The satisfaction of clinic services of 385 female partners of infertile couples attending gynaecology/subfertility clinics at four Teaching and two Base hospitals in the Colombo district were assessed