PDB104
ASSESSMENT OF HEALTH RELATED QUALITY OF LIFE (HRQL) USING EQ-5D IN TYPE 2 DIABETES MELLITUS PATIENTS IN A UNIVERSITY TEACHING HOSPITAL

Vohra Y[1], Patidar V[1], Alexander A[1], Nair S[1], Thunga G[1], Bhat S[1], Acharya R[2]
[1]Manipal College of Pharmaceutical Sciences, Manipal University, Manipal, India, [2]Kasturba Medical College, Udupi, Karnataka, India

OBJECTIVES: Last few years there is drastic increase in type 2 DM cases especially in India. Quality of life is considered as one of the better assessment for management of diabetes in recent years. The main objective of the study was to assess the HRQOL among the diabetes patients using the EQ-5D (kannada version) and to correlate with patient demography, complications and treatment. **METHODS:** The study was carried out in medicine Out Patient Department of a tertiary care hospital for the period of 6 months. Patients who have fulfilled the inclusion criteria were enrolled in the study and demographical details like name, age, sex, occupation, and medical and medication history were collected from the medical record. Patients were interviewed and EQ-5D-3L questionnaire was administered. Data was analysed using SPSS ver 20.0. **RESULTS:** Total of 120 patients were selected as per the inclusion criteria, among them majority were males (60% N-72) and mean age was 56.8±10.3 years. The mean value of TTO and VAS was 0.707± 0.2 and 0.688± 0.16 respectively. There was statistically significant relationship between HbA1c level and EQ-5D score (p<0.05). Patients suffering from HTN and cardiovascular complications have lower EQ-5D scores than the mean scores, and was statistically significant for HTN (p<0.05). There was significant relationship between EQ-5D score and the presence of neuropathy and retinopathy (p<0.05). Patients with increased number of subjective symptoms such as lethargy, fatigue, body pain, weight loss etc. have lower EQ-5D scores (p<0.05). **CONCLUSIONS:** We observed age wise increase in prevalence of diabetes mainly in males. Patient with increased age, increased HbA1C levels, presence of complications and increased number of diabetic symptoms showed increased problems with different dimensions of EQ-5D. We also observed increased age, increased HBA1C, presence of complications and increased number of diabetes symptoms will decrease the TTO and VAS scores.

PDB105
HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH ADRENAL INSUFFICIENCY RECEIVING PLENADREN COMPARED WITH IMMEDIATE-RELEASE HYDROCORTISONE

Bergthorsdottir R[1], Nilsson AG[1], Gillberg P[2], Ekman B[3], Wahlberg J[3]
[1]Sahlgrenska University Hospital, Gothenburg, Sweden, [2]Shire, Danderyd, Sweden, [3]Linköping University, Linköping, Sweden

BACKGROUND: Previous studies in patients with primary adrenal insufficiency (PAI) on conventional replacement therapy suggest decreased health-related quality of life (HRQoL), and that patients report more frequently fatigue, increased anxiety and inability to work compared to background population. **OBJECTIVES:** To study self-reported health status with EQ-5D in patients with PAI. Patients treated with Plenadren (modified-release hydrocortisone) were compared with patients treated with immediate release hydrocortisone (IRHC) replacement therapy. **METHODS:** This was a cross-sectional, multi-centre, non-interventional survey of patients with PAI receiving Plenadren or immediate release hydrocortisone (IRHC) replacement. **SUBJECTS:** One hundred thirty-four adult patients with PAI of whom 36 (19 females [53%]) were treated with Plenadren and 98 (77 females [79%]) were treated with IRHC, were included. **MAIN OUTCOME MEASURE:** HRQoL described by the EQ-5D, a generic preference-based measure of health. **RESULTS:** Patients on Plenadren and on IRHC had a mean ± SD age of 53.1 ± 12.7 years and 48.0 ± 13.1 years, respectively (P=0.043). The majority of the patients were diagnosed more than 5 years ago (69%). The mean ± SD daily Plenadren and IRHC doses were 27.0 ± 6.8 mg and 26.6 ± 10.9 mg, respectively (P=0.807). 47% of the Plenadren patients had been receiving Plenadren and 82% of the IRHC patients had been receiving IRHC for more than 3 years. Patients receiving Plenadren had better HRQoL measured by the EQ-5D questionnaire compared to patients replaced with IRHC (0.76 ± 0.18 vs 0.68 ± 0.18, respectively [P=0.040]). **CONCLUSIONS:** Replacement therapy with Plenadren in patients with PAI confers measurable benefit on HRQoL relative to IRHC as estimated by the EQ-5D questionnaire, and may therefore be advantageous when compared to IRHC substitution.

PDB106
A CROSS-SECTIONAL ASSESSMENT OF HEALTH-RELATED QUALITY OF LIFE AMONG TYPE 2 DIABETIC PATIENTS IN PAKISTAN

Nazir SU[1], Hassali MA[2], Saleem F[3], Bashir S[4], Aljadhey H[5]
[1]School of Pharmaceutical Sciences, Penang, Malaysia, [2]Universiti Sains Malaysia (USM), Pulau Pinang, Malaysia, [3]Universiti Sains Malaysia, Penang, Malaysia, [4]University of Sargodha, Sargodha, Pakistan, [5]King Saud University, Riyadh, Saudi Arabia

OBJECTIVES: This study was aimed to describe the Health Related Quality of Life profile of Type 2 Diabetes Mellitus population attending outpatient clinics in Pakistan. **METHODS:** The study was designed as a cross-sectional descriptive survey. Type 2 diabetic patients attending a tertiary care institute in Sargodha, Pakistan were targeted for the study. The EuroQol EQ-5D was used for the assessment of Health Related quality of Life and was scored using values derived from the UK general population survey. Descriptive statistics were used for the elaboration of socio-demographic characteristics. The chi-square test was used to depict the possible association between study variables and Health Related Quality of Life. Where significant associations were noted, Phi and Cramer's V constant were used for data interpretation accordingly. P < 0.05 was taken as significant. **RESULTS:** Three hundred and ninety two patients were approached for the study. The cohort was dominated by males (n=222, 56.60 %) with 5.58±4.09 years of history of Type 2 Diabetes Mellitus. The study highlighted poor Health related Quality of Life among patients with Type 2 Diabetes Mellitus (0.471 ± 0.336). Gender, marital status, education, monthly income, occupation, location and duration of the disease was reported to be significantly associated with Health Related Quality of Life (P<0.001). **CONCLUSIONS:** Type 2 Diabetes Mellitus imposes a negative effect on health related quality of life. Attention is needed to highlight determinants of health related quality of life and to implement policies for better management of Type 2 Diabetes Mellitus, particularly in early treatment phases where improving Health Related Quality of Life is still possible.

PDB107
HEALTH RELATED QUALITY OF LIFE IN PATIENTS WITH DIABETIC FOOT ULCERATION – OBSERVATIONAL STUDY IN POLAND

Macioch T[1], Sobol E[1], Mrozikiewicz-Rakowska B[1], Krakowiecki A[2], Hermanowski TR[1]
[1]Medical University of Warsaw, Warsaw, Poland, [2]PODOS Wound Healing Clinic, Warsaw, Poland

OBJECTIVES: Diabetic foot ulcer (DFU) is a common complication of diabetes and not only an important factor of mortality among patients with diabetes but also decreases quality of life. Several clinical trials showed that patients with foot ulceration have significantly decreased HRQoL as compared to those without DFU. Most of these studies used SF-36 for quality of life measures, however it is suggested that the results of this HRQoL survey may be confounded by non-foot complications of diabetes. The short form of Diabetic Foot Ulcer Scale (DFS-SF) is a condition-specific tool, providing comprehensive measurement of DFU impact on patients' QoL. The Polish translation of DFS-SF has undergone a full linguistic validation process and showed good psychometric performance in patients with DFU. The purpose of this study was to investigate the influence of ulcers healing process on HRQoL. **METHODS:** Assessment of healing process impact on HRQoL was performed in patients with active DFU. Wound healing assessment was carried out on two control visits separated with a 6-months period, on the basis of wound diameter measurements and PEDIS score. Hypothesis testing was conducted using the Student's t-test (α=0.05). **RESULTS:** Data on 120 patients were analyzed (mean age: 61.1 years, male: 73%, type 2 diabetes: 87%). The average ulcer size on first visit was 5.6 sq cm, and reduced significantly to 2.7 sq cm on second visit. Improvement in all six DFS-SF subscales was observed, statistically significant in physical health, worried about ulcers/feet and bothered by ulcer care subscales. Complete ulcer healing was observed in 42 patients. All six DFS-SF subscales showed greater improvement in this subpopulation compared to population without complete ulcer healing, although the difference was not significant. **CONCLUSIONS:** In previous study we identified weak negative correlation between ulcer size and HRQoL. This study showed that ulcers healing process has significant impact on HRQoL of DFU patients.

PDB108
QUANTIFYING THE SHORT-TERM IMPACT OF CHANGES IN HBA1C, WEIGHT AND INSULIN REGIMEN ON HEALTH RELATED QUALITY-OF-LIFE

Evans M[1], Ridderstråle M[2], Jensen HH[3], Bøgelund M[4], Jensen MM[5], Ericsson Å[6], Jendle J[7]
[1]University Hospital Llandough, Cardiff, UK, [2]Steno Diabetes Center, Gentofte, Denmark, [3]Incentive, Holte, Denmark, [4]Novo Nordisk Ltd., Gatwick, United Arab Emirates, [5]Novo Nordisk, Copenhagen, Denmark, [6]Novo Nordisk Scandinavia AB, Malmö, Sweden, [7]Örebro University, Örebro, Denmark

OBJECTIVES: Understanding immediate improvements in health related quality-of-life (HRQoL) due to better glycaemic control may help inform decisions relating to the management of diabetes. This study investigated the short-term impact on HRQoL associated with HbA1c change, body weight change, and the complexity of treatment regimen, using time-trade-off (TTO) methodology **METHODS:** The study was performed in three stages: 1) Qualitative telephone interviews with people with type 2 diabetes (T2D) in Denmark who experienced a decrease in their HbA1c level; 2) A validation survey with people with T2D in Denmark to obtain quantifiable knowledge on the short-term effects of a change in HbA1c levels; 3) TTO survey using health states based on results from stage 2. 'Not well-controlled diabetes' reflected an HbA1c average of 11.6%, and 'well-controlled diabetes' an HbA1c average of 7.4%. All other health states were based on 'well-controlled diabetes'. These health states implied change in insulin regimen and change in weight. Respondents were either adults with T2D (Sweden) or from the general public (UK and Denmark) and were separately randomly allocated to evaluate 6 of the 10 health states through an internet-based survey. **RESULTS:** In total, 4060respondents were available for analysis (UK n=1777; Denmark n=1799, Sweden n=484). 'Well-controlled diabetes' was associated with a utility of 0.85-0.91 and 'not well-controlled diabetes' with utilities of 0.71-0.80. The treatment regimen health state associated with the smallest reduction in utility was the once-daily insulin regimen. As expected, results in all three countries suggested that respondents would prefer to lose rather than gain weight (utility of 0.87–0.92 for losing 5 kg and 0.88–0.92 for losing 2 kg). **CONCLUSIONS:** A simple treatment regimen with fewer injections that improves HbA1c levels, avoids weight gain, or even causes weight loss, compared with other treatments, will have a positive impact on HRQoL.

PDB109
WILLINGNESS TO PAY FOR ONE QUALITY ADJUSTED LIFE YEARS IN PATIENTS WITH DIABETES

Moradi N[1], Rashidian A[2], Rasekh hR[3], Mohammadi T[4], Alamdari S[5], oliaei Manesh A[6]
[1]shahid beheshti university of medical science, tehran, Iran, [2]tehran university of medical science, tehran, Iran, [3]Shahid Beheshti University of Medical Sciences, tehran, Iran, [4]allameh Tabatabai University, tehran, Iran, [5]Shahid Beheshti university of Medical Sciences, tehran, Iran, [6]Ministry of Health and Medical Education, tehran, Iran

OBJECTIVES: The aim of this study was to estimate willingness to pay (WTP) amount for one quality adjusted-life years (QALY) in diabetic patients and investigating factors that associated with it. **METHODS:** A cross sectional survey with face to face interviews was conducted with diabetic patients in Tehran city between June and August of 2014 to elicit WTP for QALY as following: First, Current health preferences were measured using EuroQol-5D (EQ-5D), visual analogue Scale (VAS) and time trade off (TTO) techniques, then a hypothetical scenario with double bounded dichotomous choice technique was presented to patients to elicit individual's maximum WTP for a treatment that recovering them to full health ,contingent to be available. finally, value of QALY was estimated by combining preferences. A regres-