diabetes mellitus (T2DM). METHODS: Patients 18 years and older diagnosed with T2DM who had at least one injection claim from May 2009 through September 2010 were assessed from the Truven Health MarketScan Research Database. Inclusion required a 1-year continuous enrollment pre and post-index insulin claim with ≤ 1 prescription for an oral anti-diabetic drug during the pre-index period. Patients diagnosed with T2DM on using specialty self-injectables during the pre-index period were excluded. Patients were grouped into three FN length cohorts: short (4 & 6 mm), intermediate (6mm) and long (8 & 12.7 mm) needle initiators. Persistence was evaluated as self-reported adherence of 80% and continued use of insulin prescriptions. Differences in persistence between cohorts were compared for statistical significance using a Fisher’s exact test (95% CI, two-tail). RESULTS: The study included 21,622 patients with an average age of 59.1 years (SD=11.4). Most patients were within the long needle group (67.6%), followed by the short (21.1%) and intermediate group (10.8%) needle users. The majority of patients were non-persistent at the end of the first year of insulin use, with only 38.4% being persistent. Within the first 6 months only 46.6% of patients were persistent and to be persistent for the year, patients were persistent within first 6 months, the likelihood of them remaining persistent was high with 82.6% of users reporting no gaps at 1 year. When examining the correlation between needle length and persistence, short needle users were 4.9% (p<0.001) and 2.7% (p<0.05) for intermediate and long needle users, respectively. CONCLUSIONS: Persistence rates were higher for those patients using shorter needles, particularly early on at earlier phases of insulin adoption.

PDB99
THE ASSOCIATION OF ADHERENCE AND HEALTH BEHAVIORS WITH HEALTH STATUS AMONG PATIENTS WITH TYPE 2 DIABETES IN JAPAN
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OBJECTIVES: Although health status among patients with type 2 diabetes (T2D) in Japan is very favorable, improvement is still possible by advances in treatment, there are other modifiable factors which could also be examined as potential targets for intervention. This study examined the association of adherence and health behaviors with health status in this population. METHODS: Data from the Japan 2012 National Health and Nutrition Survey (NHIS) were used (N=50,000). Only respondents who reported a diagnosis of T2D and who were currently using a prescription medication were included (n=892). Smoking, exercise behavior, obesity, alcohol use, and medication adherence (measured using the MMAS-8) were used as predictors of health status (measured using the SF-36v2) controlling for demographics and comorbidities. RESULTS: 79.7% of respondents were male, the mean age was 62.2 years. Nearly two-thirds of patients had a history of smoking (23.4% were current smokers and 41.9% were former smokers) and over a quarter consumed alcohol daily. Patients exercised a mean of 8 days per month and over 40% of patients were either overweight (29.4%) or obese (11.4%). Forgetfulness was the most common reason for non-adherence with medication (49.9%) followed by anxiety (45.9%) determined by memory test performed from patient interviews. Frequency of injections (weekly, daily), injection device (multiple-use injection pen, single-use injection pen, single-use vial and syringe), needle size (shorter and thinner, longer and thicker), need for refrigeration, and injection-site nodules. Questionnaires were based on a pre-determined experimental design with known statistical properties allowing for interaction effects between injection frequency and other injection features. Randomized parameters logit was used to estimate preference weights. RESULTS: A total of 849 respondents completed the survey, 50% were women and mean age (SD) was 60.8 (11.0) years. Injection frequency was the most important attribute compared with all other attributes in the DCE. Preferences for all injection features were dependent on frequency of injections; that is, the estimated preference parameter on the interaction between injection frequency and each treatment feature was statistically significant. Negative injection features were statistically significantly less important to patients if injections were weekly instead of daily. For all attributes included in the design, a greater proportion of patients preferred a weekly injection compared with a daily injection. CONCLUSIONS: In this study, several device attributes were suggested to predict treatment choice in injection-naive T2DM patients. Results suggest that injection frequency of key importance and key to understanding patient preferences for injectable diabetes treatments.

PDB100
WEIGHT SATISFACTION AND AMOUNT OF WEIGHT CHANGE: EVIDENCE FROM A PHASE III TRIAL OF CANAGLIPIZOGAN (CANA) VERSUS PLACEBO (PBO)
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OBJECTIVES: Weight satisfaction (WS) has been shown to be associated with positive health behaviors, important for optimal management of type 2 diabetes mellitus (T2DM). In a previously reported study of CANA vs. PBO in triple therapy with metformin and sulfonylurea in patients with type 2 diabetes mellitus (T2DM) for features of glucagon-like peptide-1 receptor agonist (GLP-1RA) injections using a discrete-choice experiment; to test for effect of injection frequency on patient preferences. METHODS: Injection-naive adults in the United States with self-reported physician diagnosis of T2DM completed a web-enabled, discrete-choice experiment (DCE). The survey presented patients with a series of 10 choice questions, each including a pair of hypothetical GLP-1RA injection profiles with equivalent efficacy and side effects. Each profile was defined by the following attributes: frequency of injections: weekly, daily; device type: multiple-use injection pen, single-use injection pen, single-use vial and syringe); needle size (shorter and thinner, longer and thicker), need for refrigeration, and injection-site nodules. Choice questions were based on a pre-determined experimental design with known statistical properties allowing for interaction effects between injection frequency and other injection features. Randomized parameters logit was used to estimate preference weights. RESULTS: A total of 849 respondents completed the survey, 50% were women and mean age (SD) was 60.8 (11.0) years. Injection frequency was the most important attribute compared with all other attributes in the DCE. Preferences for all injection features were dependent on frequency of injections; that is, the estimated preference parameter on the interaction between injection frequency and each treatment feature was statistically significant. Negative injection features were statistically significantly less important to patients if injections were weekly instead of daily. For all attributes included in the design, a greater proportion of patients preferred a weekly injection compared with a daily injection. CONCLUSIONS: In this study, several device attributes were suggested to predict treatment choice in injection-naive T2DM patients. Results suggest that injection frequency of key importance and key to understanding patient preferences for injectable diabetes treatments.

PDB103
THE IMPACT ON HEALTH RELATED QUALITY OF LIFE OF DIABETES SYMPTOMS AND CONCOMITANT CONDITIONS
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OBJECTIVE: The objective of this study was to estimate the effect of both diabetes related symptoms, outcomes and concomitant conditions on the HRQOL as reported by diabetes patients. METHODS: A cross-sectional survey of diabetes patients (n = 1480) living in the United States. Each patient completed a questionnaire, which included the EQ-5D-5L instrument and accompanying VAS. Patients were also asked to rate on health related quality of life from 0 (worst) to 100 (best). RESULTS: From the patients responding to part on diabetes symptoms and concomitant conditions they are suffering from. By means of logistic linear modeling the health utility scores derived from the 1480 patients were linked to symptoms and concomitant conditions, 8 had a significant negative impact on HRQoL (β-value: -0.07), and high blood pressure (β-value: 0.001). Ranked in order of standardized β-value: these are: depression (β-value: -0.25), arthritis (β-value: -0.21), neuropathy (β-value: -0.16), (mini)-stroke (β-value: -0.11), blood circulation problems (β-value: -0.09), foot problems (β-value: -0.08), and high blood pressure (β-value: 0.001). For all other symptoms or concomitant conditions lower levels of significance were found. CONCLUSIONS: Diabetes related symptoms and concomitant conditions are a significant driver of reduced levels of HRQOL. Depression and arthritis are the two concomitant conditions with the highest negative impact on HRQOL.