OBJECTIVES: To investigate the marginal impact of depression on self-reported mental health status in adults with diabetes mellitus in the United States. METHODS: We pooled data from 2009 and 2011 from the Medical Expenditure Panel Survey (MEPS) to create a retrospective cohort of adults diagnosed with diabetes, and those with comorbid diabetes and depression. Outcomes included responses from the Kessler Index (K6), six domains of non-specific mental health, and the mental component summary (MCS) of the Short-Form 12 (SF-12). Outcomes were estimated using multivariable regression analyses and adjusted for demographic and clinical characteristics. RESULTS: Compared with adults that had diabetes and no depression (N = 4,691,611) and those with diabetes and depression (N = 4,689,583), patients with severe or/and nocturnal hypoglycemia were more pronounced in patients with severe or/and nocturnal hypoglycemia than (explained 61% of the total variance) with Chronbach alphas varied from 0.8 to 0.87. Patients with chronic hypoglycemia was demonstrated: patients and physicians acknowledged its comprehensiveness. The proportion of missing values for all items was less than 2.5%. The instrument was high-rated by patients (84.4%); 1.4% of patients were extremely dissatisfied with treatment satisfaction. Patients filled out the PTSQ and SF-36 during routine consultation with long operating basal insulin (p < 0.05). Yet, together they were high-rated in HRQoL. The tested hypotheses were confirmed: the usefulness of the new tool for assessing treatment satisfaction – Patient Treatment Satisfaction Questionnaire (PTSQ) in the population of type 2 DM (T2DM) patients. RESULTS: 500 patients with T2DM on different basal-bolus insulin treatment (mean age 61.8, mean duration of diabetes - 12.8 years; mean duration of insulin therapy - 5.1±4.3 yrs. 64.4% of patients was high-rated by patients (84.4%); 1.4% of patients were extremely dissatisfied with treatment satisfaction. Patients filled out the PTSQ and SF-36 during routine consultation. CONCLUSIONS: The tested hypotheses were confirmed: the usefulness of the new tool for assessing treatment satisfaction – Patient Treatment Satisfaction Questionnaire (PTSQ) in the population of type 2 DM (T2DM) patients. Results: 500 patients with T2DM on different basal-bolus insulin treatment (mean age 61.8, mean duration of diabetes - 12.8 years; mean duration of insulin therapy - 5.1±4.3 yrs. 64.4% of patients was high-rated by patients (84.4%); 1.4% of patients were extremely dissatisfied with treatment satisfaction. Patients filled out the PTSQ and SF-36 during routine consultation. - the needs of the developmentally disabled centers as well as primary caregivers who can understand the disease management needs of the patient and accordingly collaborate with other specialized health care professional to enhance the overall quality of care for the patient.

PDB107

RELATIONSHIPS BETWEEN SOCIO-DEMOGRAPHIC AND HEALTH RELATED QUALITY OF LIFE AMONG DIABETES PATIENTS IN THE UNITED STATES

OBJECTIVES: Earlier studies (Zang et al. 2008) in the field of diabetes identified that there is a significant relationship between the time before diagnosis and health related quality of life (HRQoL). We aimed to study the relationship between HRQoL and age, gender, household income, employment and insurance type. METHODS: A cross-sectional survey of diabetes patients (n = 1,489) living in the United States. Each patient completed a comprehensive questionnaire, which included the EQ-5D-1L instrument and accompanying VAS. In addition to the EQ-5D-1L instrument patients were also asked a series of questions to identify their socio-demographic background. By means of logistic linear regression modeling the health utility scores derived from the EQ-5D-1L instrument are linked to the socio-demographic background of the diabetes patients. RESULTS: The tested socio-demographics are significantly related to HRQoL (p < 0.001). Yet, together they were high-rated in HRQoL. The tested hypotheses were confirmed: the usefulness of the new tool for assessing treatment satisfaction – Patient Treatment Satisfaction Questionnaire (PTSQ) in the population of type 2 DM (T2DM) patients. Results: 500 patients with T2DM on different basal-bolus insulin treatment (mean age 61.8, mean duration of diabetes - 12.8 years; mean duration of insulin therapy - 5.1±4.3 yrs. 64.4% of patients was high-rated by patients (84.4%); 1.4% of patients were extremely dissatisfied with treatment satisfaction. Patients filled out the PTSQ and SF-36 during routine consultation. CONCLUSIONS: The tested hypotheses were confirmed: the usefulness of the new tool for assessing treatment satisfaction – Patient Treatment Satisfaction Questionnaire (PTSQ) in the population of type 2 DM (T2DM) patients. Results: 500 patients with T2DM on different basal-bolus insulin treatment (mean age 61.8, mean duration of diabetes - 12.8 years; mean duration of insulin therapy - 5.1±4.3 yrs. 64.4% of patients was high-rated by patients (84.4%); 1.4% of patients were extremely dissatisfied with treatment satisfaction. Patients filled out the PTSQ and SF-36 during routine consultation. - the needs of the developmentally disabled centers as well as primary caregivers who can understand the disease management needs of the patient and accordingly collaborate with other specialized health care professional to enhance the overall quality of care for the patient.

PDB108

THE USEFULNESS OF PATIENT TREATMENT SATISFACTION QUESTIONNAIRE (PTSQ) IN DIABETES MELLITUS (DM) PATIENTS

OBJECTIVES: The usefulness of the new tool for assessing treatment satisfaction – Patient Treatment Satisfaction Questionnaire (PTSQ) in the population of type 2 DM (T2DM) patients. RESULTS: 500 patients with T2DM on different basal-bolus insulin treatment (mean age 61.8, mean duration of diabetes - 12.8 years; mean duration of insulin therapy - 5.1±4.3 yrs. 64.4% of patients was high-rated by patients (84.4%); 1.4% of patients were extremely dissatisfied with treatment satisfaction. Patients filled out the PTSQ and SF-36 during routine consultation. - the needs of the developmentally disabled centers as well as primary caregivers who can understand the disease management needs of the patient and accordingly collaborate with other specialized health care professional to enhance the overall quality of care for the patient. 

PDB109

EVALUATING THE RELATIONSHIP BETWEEN BODY MASS INDEX (BMI) AND HEALTH-RELATED QUALITY OF LIFE (HRQoL) OF PATIENTS WITH DIABETES MELLITUS

OBJECTIVES: Only a few studies have reported how Body Mass Index (BMI) relates to the Health-Related Quality of Life (HRQoL) of diabetic patients in the US, and results of these studies are mixed. This study assessed the relationship between BMI and HRQoL using the Generalized Health Status Questionnaire (GHS-Q). The study used a national sample of 1,000 with a mean age of 50 and a standard deviation of 10, with higher scores correlating with better HRQoL. The main independent variable was BMI, categorized as follows: weight ≤ BMI: 18.0-24.5; overweight BMI: 25.0-29.9; obese BMI: 30.0-40.0 and morbidly obese BMI: 40.0 kg/m². Multivariate