tion value=0.75, and negative prediction value=0.62. Temporal validation showed decrease in the sensitivity (0.6) and specificity (0.6) statistics. CONCLUSIONS: RxAPT shows promise as an effective tool to identify patients who are likely to become non-adherent to diabetes medications in the follow-up year. Further validation is needed before the tool can be implemented in a real world setting.

**PD87**
THE RELATIONSHIP BETWEEN OUTCOMES IN TYPE 2 DIABETES AND ADHESION TO MEDICATION AS MEASURED BY THE MORISKY ADHERENCE SCALES Pedersen L², Vietri J²

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OBJECTIVES: This study describes the relationship between health-related quality of life (HR-QoL) assessed using the SF-36v2 and adherence as measured by the Morisky Medication Adherence Scale (4-item MMAS-4, 8-item MMAS-8, and a 4-item scoring of the MMAS-8) among US adults with type 2 diabetes (T2D).

METHODS: Data were taken from the 2012 US National Health Interview Survey (NHIS). The NHWS is a large cross-sectional survey representative of the total adult population in several major markets; N~75,000/year in the US. A total of 13,007 respondents self-reported physician diagnosis of T2D and were administered MMAS-4 in 2011 on screening and MMAS-8 in 2012. The analysis was described for the two adherence scales and also a scoring of the MMAS-8 that uses only the 4 items best matched to the questions in the MMAS-4. RESULTS: In T2D patients, MMAS-4 resulted in a greater percentage of respondents classified as having high adherence than MMAS-8 (64% vs. 44%) and a lower percentage of low adherence (3% vs. 20%), while medium adherence was fairly similar (33% vs. 37%). The 4-item scoring of the MMAS-8 was more similar to MMAS-4 (79% high, 15% medium, 6% low). In OLS regressions controlling for sociodemographic characteristics (e.g. age, gender, comorbidities, education, income), all measures of adherence were significant predictors of HR-QoL, with two main differences: R-squared values were 10% lower for low adherence measures including medium adherence, which had not predicted of Physical Component Summary (PCS) scores. CONCLUSIONS: All three adherence scores are significantly correlated with the Mental Component Summary and SF-6D health utility scores of the SF-36v2, MMAS-4 fails to correlate with PCS. The variation in proportion of patients classified as highly adherent across scales also suggests pooling such classifications across data using different versions of the MMAS is not advisable, at least among T2D patients.

**PD71**
INVESTIGATING THE SHORT-TERM IMPACT OF POOR GLYCEMIC CONTROL ON THE DAILY LIVES OF PEOPLE WITH TYPE 2 DIABETES Jendle J¹, Riddereå M², Jensen HH³, Bengelud M³, Jensen MM³, Ericsson A¹, Evans M³

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OBJECTIVES: Type 2 diabetes (T2D) is a chronic condition with well-documented long-term cardiovascular consequences and other co-morbidities. This study investigated the short-term impact of poor glycemic control on T2D patients' daily lives to help define the health states for inclusion in a time trade-off study (TTO). METHODS: Adult respondents in Denmark receiving medical treatment for T2D, and knowing their HbA1c level, completed an online survey based on results from prior telephone interviews with patients to identify perceptions on weight, simplicity of insulin regimen and aspects of well-being affected by change in HbA1c. Questions covered regimen and aspects of well-being affected by change in HbA1c. RESULTS: 268 respondents completed the survey. Average change in HbA1c was 2.0%. Frequency of excessive sweating, and joint pain). As compared with the low-symptom group 0-3 (n=41), the high-symptom group with 4+ symptoms (n=65) were more likely to have depression (OR=2.33, 95% CI, 1.05-5.19) and cardiovascular disease (OR=5.80, 95% CI, 2.02-16.67). Among patients on injectables (n=61), 61% had worse symptoms toward the end of injection cycle, and 38% requested medical intervention (i.e. additional daily injection, unscheduled injection, or oral medicines). 84% of patients reported that the symptoms interfered with daily life and work, 85% felt frustrated. The treatment satisfaction rate was 56%; 33% didn’t like having injections. The top patients’ preferences for new acromegaly treatments were to avoid injections (e.g., oral formulation) (85%), improve disease management such as patients’ support (82%), and to provide better patient education (57%). CONCLUSIONS: More than 40% of patients were not satisfied with their current treatment for acromegaly. Patients want better therapy (e.g. oral drugs), improved disease management, and education programs.

**PD74**
ASSESSMENT OF DIETARY KNOWLEDGE, MYTHS AND MISCONCEPTIONS AMONG DIABETIC PATIENTS Nisar A¹, Akbar N¹, Iqbal Q¹, Naseem A¹, Bashir S¹

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OBJECTIVES: The present study aimed to assess the dietary knowledge, myths and misconceptions among diabetic patients in Quetta, Pakistan. METHODS: The study was conducted as a cross-sectional, questionnaire based study covering diabetic patients in public and private hospitals and diabetic clinics of Quetta city, Pakistan. A self-administered questionnaire was used evaluate the dietary knowledge, myths and misconception about diabetes. The questionnaire constructed with a total of 20 (10 questions each for dietary knowledge, myths and misconception). Continuous variables were expressed as mean ± SD, and categorical variables were expressed in frequency and percentage. RESULTS: A total of 400 questionnaires were distributed out of which 320 were received and included in the study. The study is dominated with male respondents (59.7%, n=191), with majority (37.7%, n=119) categorised in age group between 25-34 years and married (78.4%, n=125). The mean dietary knowledge score was 4.81 ± 1.2 and myths and misconception score was 3.32 ± 1.8 both categorized as poor. CONCLUSIONS: The study concluded that diabetes patients has poor knowledge regarding dietary knowledge and has high prevalence of dietary myths and misconceptions. Patients should be educated for proper dietary changes to be adopted for better disease control.

**PD75**
ENGAGING PATIENTS WITH E-CLINICAL TECHNOLOGY: INCORPORATING PATIENT PREFERENCES INTO DIABETES CLINICAL TRIALS AND CARE Khurana L¹, Gary ST¹, Vasquez V¹, Aota O¹, Evans C¹, Dallalbida S¹

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OBJECTIVES: An important characteristic of successful healthcare and patient participation in clinical trials is strong communication between patients and their providers. Using e-clinical technology can be one mechanism for achieving this. The objective of this study is to identify the preferences for patient engagement, ease of use, and that incorporating e-clinical technology can lead to increased patient compliance and ultimately improved clinical care.

METHODS: We surveyed 105 patients in the US with diabetes who were focused on mobile technology use, perceptions, and preferences.

RESULTS: Patients were diverse in their preferences; 54% thought that e-clinical technology was important, 29% preferred traditional paper charts, and 17% would prefer both. In terms of preferences for digital tools, 61% would prefer mobile apps as opposed to other devices. Additionally, 61% wanted to receive notifications immediately, while 39% preferred a delay.

CONCLUSIONS: Patients have diverse preferences for e-clinical technology, and these preferences should be taken into account when designing clinical trials and care plans.