diabetes mellitus (T2DM). METHODS: Patients 18 years and older diagnosed with T2DM who had at least one indexed claim from May 2009 through September 2010 were assessed from the Truven Health MarketScan Research Database. Inclusion required 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 using a Fisher's exact test at 6 and 12 months by the absence of 90 day gaps between 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 (66.7%), followed by the short (21.3%) and intermediate (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 46.5% of respondents were persistent. It was determined to be persistent if the patient was 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) more persistent, respectively. CONCLUSIONS: Persistence rates were higher for those patients using shorter needles, particularly early on at earlier phases of insulin adoption.

PB099
THE ASSOCIATION OF ADOPTION AND HEALTH BEHAVIORS WITH HEALTH STATUS AMONG PATIENTS WITH TYPE 2 DIABETES IN JAPAN

1Evidera, Bethesda, MD, USA, 2Boehringer Ingelheim Pharmaceuticals, Inc., Ridgefield, CT, USA

OBJECTIVES: The aim of this study was to identify self-reported health behaviors important for optimal management of type 2 diabetes mellitus (T2DM) in a Japanese population. CONCLUSION: In this study, the health behaviors important for optimal management of type 2 diabetes mellitus (T2DM) in Japan were identified. Recognizing the importance of health behaviors is critical to improving self-management and overall health outcomes of patients with T2DM.

PB100
WEIGHT SATISFACTION AND AMOUNT OF WEIGHT CHANGE: EVIDENCE FROM A PHASE III TRIAL OF CANAGLIFLOZIN (CZAN) VERSUS PLACEBO (PBO)

1Diabetes SB, 2Sleight AE, 3N POINTS1

OBJECTIVES: Weight satisfaction with body weight and weight change are important for patients with diabetes mellitus (T2DM). However, there is a lack of information regarding the association of self-reported weight satisfaction with weight change in T2DM patients. The aim of this study was to assess the association of weight satisfaction with weight change in patients with T2DM. METHODS: A total of 511 T2DM patients from 38 countries were included in the phase III study of canagliflozin (CZAN) vs. placebo (PBO) in patients with T2DM and with or without a history of weight loss failure. The main outcome measures were weight satisfaction and weight change over 1 year of treatment with CZAN or PBO. RESULTS: At baseline, 64% of patients were satisfied with their current body weight and 36% were not satisfied. Over the study period, patients in the CZAN group had significant weight loss (mean weight loss of 1.8 kg) compared to the PBO group (mean weight gain of 0.2 kg), p<0.001. The association between weight satisfaction and weight change was assessed using the multiple regression analysis. In the multivariable analysis, weight change was negatively associated with weight satisfaction (β-value: -0.08). CONCLUSIONS: Weight satisfaction and weight change were strongly associated. Weight satisfaction may be an important variable in the evaluation of weight management in patients with T2DM.

PB101
A DISCRETE CHOICE EXPERIMENT CONDUCTED AMONG PATIENTS WITH TYPE 2 DIABETES MELLITUS FROM THE UNITED STATES

Gehorn H1, Stringer S1, Lee F1, Palencia R1

OBJECTIVES: To assess patient preferences for insulin delivery devices among injection-naive T2DM patients. METHODS: A national, web-enabled survey (n=184) among injection-naive T2DM patients was conducted. The survey included questions on diabetes knowledge, diabetes-related symptoms, and concomitant conditions together explain up to 52% of variance in HRQoL among T2DM patients. The study aimed to determine the relative importance of diabetes attributes that influence treatment selection among patients in the US with type 2 diabetes mellitus (T2DM). METHODS: A web-based discrete choice experiment (DCE) was developed to assess the RI of T2DM device attributes (effectiveness, hypoglycemia, weight change, gastrointestinal/nausea side effects, utility values, with higher values indicating greater importance. RESULTS: A total of 809 invitations were sent; 54% responded. The final sample was composed of the 184 eligible participants (79.7% of the sample, n=148; mean age = 60.9 years). The RI values for the attributes in order of importance were: effectiveness (25.9%), hypoglycemic events (21.5%), weight change (21.0%), gastrointestinal/nausea side effects (14.1%), UTI/genital infection side effects (11.0%), blood pressure (3.7%), and cardiovascular risk (2.9%). Effectiveness, hypoglycemic events, and weight change comprised 68.4% of the RI. CONCLUSIONS: Results suggest that effectiveness, hypoglycemic events, and weight change are the predominant influences on patients' medication decisions for T2DM. These results were consistent with findings from a DCE conducted in the United Kingdom (UK), which utilized a similar methodology and yielded similar RI results. The confluence of these findings highlights the importance of these attributes as drivers of medication decisions in patients with T2DM in the United States and UK.

PB102
PATIENT PREFERENCES FOR FREQUENCY OF GLUCAGON-LIKE PEPTIDE-1 RECEPTOR AGONIST (GLP-1RA) INJECTIONS IN THE TREATMENT OF TYPE 2 DIABETES

Nguyen H1, Posner J1, Ervin CM2, LaRue S3, Kelakzer T3

RESULTS: Among the 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: 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: injection frequency, number of injections per day, 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. 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. Random parameters logit was used to estimate preferences for injection features. RESULTS: A total of 547 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 given weekly instead of daily. For all injected 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 is of primary importance and key to understanding patient preferences for injectable diabetes treatments.