PSHS2
EXAMINATION OF THE QUALITY OF LIFE OF DIABETIC PATIENTS IN MINAS GERAIS STATE.

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OBJECTIVES: To evaluate the quality of life (Qol) of diabetic patients and its associated factors.

METHODS: In January to February 2014 patients with diabetes mellitus (DM) were interviewed in cities of Minas Gerais State about sociodemographic, clinical and Qol aspects of Qol was measured by the EuroQol questionnaire (EQ5D). Descriptive analysis, correlation, linear regression multivariate analyses were performed. RESULTS: We interviewed 2,620 patients. Of these, 69% were women, 84% had type 2 DM and 10% type 1. The mean age was 61 years (σ = 16). The descriptive system EQ5D scores ranged from 0.169 and 1.00 (σ = 0.715; e = 0.22) and for the visual analog scale from 0 to 100 (σ = 67.5; e = 22). These values are consistent with the values of the population of the region (μ = 8.068) for the general population of the state of Minas Gerais. The mean Qol of diabetic patients was 0.716 (σ =0.22). Multivariate analysis showed that the following aspects significantly decrease Qol of the patients: (i) not being able to do usual activities; (ii) bedridden for sickness; (iii) worse self-rated health status; (iv) history of arthritis, osteoarthritis or rheumatism; (V) obesity; (VI) depression; (VII) stroke; (VIII) retinopathy; (IX) neuropathy; (X) chronic lung disease; (XI) thrombosis; (XII) need for help to take medicines; (XIII) growing old; (XIV) years on medication; (XV) living alone; (XVI) have been hospitalized in the last 15 days; (XVII) they have spent money on diabetes and (XVIII) not do exercise (p < 0.05).

CONCLUSIONS: The interviewed diabetic patients had worse Qol than the general population and the diabetes complications decreases Qol of these patients, which points out to the need for better diabetes control, monitoring and more educational activities that effectively contribute to the self-care.

HEALTH SERVICES – Health Care Use & Policy Studies

PSHS2
PREDICTORS OF MAMMOGRAPHY SCREENING AMONG WOMEN AGED 50-74

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OBJECTIVES: Breast cancer is the most common cancer and the second highest cause of death due to cancer among women. The US Preventive Services Task Force and the American Association of Family Physicians recommend biennial mammography screening for women aged 50–74 at determining factors associated with mammography screening among women in this age group.

METHODS: Women (50-74 years) who participated in the Behavioral Risk Factor Surveillance System in 2013 were included (n=15,416). Weighted mammography screening prevalence was calculated. The prevalence from the 13.5 million years was estimated using logistic regression used to assess sociodemographic (age, race, marital status, education, income, healthcare coverage, employment), clinical (time since last routine check-up and pap smear, health status, history of cancer), and lifestyle (physical activity and smoking status) factors associated with mammography screening.

RESULTS: Most participants (77.7%) reported having a mammogram within the past 2 years. Factors associated with mammogram screening within the past 2 years included: older age (ORs range: 1.26-1.57), higher income (OR= 1.56; 95%CI=1.40-2.04), having a health plan (OR=2.39; 95%CI=2.2-22.32), check-up within past year vs. 2 years or more (OR=5.02; 95%CI=4.30-5.86), pap smear within past year vs. 5 years or more (OR=9.25; 95%CI=8.01-10.69), history of cancer (OR=12.93; 95%CI=4.79-35.82), being active (OR=1.95; 95%CI=1.08-3.57), not doing exercise (OR=1.70; 95%CI=1.40-2.04). Blacks were more likely to screen when compared to whites (OR=1.69; 95%CI=1.40-2.04). Those with less than high school education were more likely to screen compared to those who attended college (OR=0.81; 95%CI=0.66-0.99). The retired were more likely to screen than those employed for wages (OR=1.31; 95%CI=1.12-1.52). The unmarried were less likely to screen than the married (OR=0.79; 95%CI=0.70-0.89).

CONCLUSIONS: Mammogram screening prevalence was below the recommended by Healthy People 2020. Most participants (77.7%) reported having a mammogram within the past 2 years. Factors associated with mammogram screening within the past 2 years included: older age, higher income, having a health plan, check-up within past year vs. 2 years or more, pap smear within past year vs. 5 years or more, history of cancer, being active, not doing exercise, being black, and being retired. Participation of diabetic patients in the MMP demonstrated an improvement in glycemic control, supporting the idea that ambulatory pharmacists can be effective in community-based diabetes management.

PSHS5
ASSESSING A PHYSICIAN VISIT FOR HEPATIC DYSFUNCTION BASED ON DATABASE MERGING CLAIMS AND ANNUAL HEALTH CHECKUP DATA IN JAPAN

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OBJECTIVES: Objective of this study is to assess a trend of physician visit among individuals who were detected as hepatic dysfunction by the annual health checkup (Kenshin) which is implemented in Japan. METHODS: This is a retrospective cohort study using Japan Medical Data Center (JMDC) database. Annual health checkup data in 2012 and the associated claims data were merged by unique identifiers (individual ID: 9 digits) with health checkup data in the same year. The proportion of individuals who visited a physician after the annual health checkup for liver related diagnosis up to month 3,6,9 and 12 from the date of the annual health checkup was evaluated. The number of visits associated with liver related diagnosis and non-diagnosed diagnosis with liver-related diagnosis by gender and age was assessed. The cox proportional hazard regression model was used to evaluate the association with liver related diagnosis after the annual health checkup. RESULTS: In a total of 73 diabetic patients were matched with standard care patients for a combined sample of 219, with 56% female and mean age 52 years (SD=5.7). Although MMP patients had a greater baseline heath comparison, 8.8% MMP vs. 7.4% control (p<0.01 with Wilcoxon rank-sum test), they experienced a greater reduction in Hba1c after 4 years (median reduction: 1.0% MMP vs. 0.1% control, p<0.01). Eighteen (25%) MMP patients who were uncontrolled at baseline were at or below goal by the end of the study period. Participation of diabetic patients in the MMP demonstrated an improvement in glycemic control, supporting the idea that ambulatory pharmacists can be effective in community-based diabetes management.

PSHS6
RELATIVE AGE IN CLASS AND ADH in SCHOOL CHILDREN &€ &€ DIAGNOSIS AND MIGRATION PATTERNS &€ &€ INTRA-ANNUAL AND INTER-ANNUAL DISPARITY

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1Clatir Research Institute, Tel Aviv, Israel, 2Clatir Health Services, Tel Aviv, Israel, 3Columbia University, New York, NY, USA, 4Institute of levels of disability (zip code, partial and none). Logistic regression was used to test association between levels of disability and whether a person had PSA test. RESULTS: Among 133,040 males, 8469 (63%) of 65- to 79-year-old providers discussed PSA with their patient. The mean age of patients was 94,816 (71.3%) said providers never discussed disadvantages of PSA testing. For 46,971 (35.3%), neither advantages nor disadvantages were discussed. Highest level of education, age, recommendation for having a PSA test by provider and having a unique personal provider were more positively associated with discussions about PSA testing. Odds of not having a PSA test was at least 6.67 times (OR = 7.14, 95% CI = 6.67 - 7.69) more for those who had no discussion compared to those who had discussed either advantages or disadvantages and was less by at least 8% (OR = 0.98, 95% CI = 0.17 - 0.19) for those who discussed both advantages and disadvantages compared to those who discussed nothing. CONCLUSIONS: Most men and providers did not discuss PSA. Benefits of having higher education, being retired and having a unique personal provider were more likely to have discussed about PSA testing with their providers. Discussions with providers had a significant positive impact on PSA testing. Providers should discuss completely about PSA testing with men to help them in decision making.

PSHS4
LONG-TERM IMPACT OF A PHARMACIST-LED DIABETES MANAGEMENT PROGRAM ON GLYCEMIC CONTROL.

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OBJECTIVES: Due to its chronic nature and the severity of its complications, diabetes has major clinical and financial impacts on patients and healthcare. Evidence suggests that community-based disease management models have the ability to improve outcomes for patients with diabetes. Scott & White Health Plan (SWHP) offers a medication management program (MMP) in which eligible members with diabetes receive supplies at no cost. This study aims to evaluate the clinical impact of the diabetes MMP offered by SWHP by comparing long-term glycemic control in diabetic patients who are enrolled in the MMP to those not enrolled.

METHODS: Diabetic patients aged 18 to 61 at time of MMP enrollment (index) with continuous enrollment in SWHP one year prior and four years post-index were included. Patients in MMP must be enrolled for four years, with control subjects receiving standard diabetes care during this time.

Control subjects were matched 1:1 on age, gender, diabetes type (I or II), insulin use, and physical comorbidity. Hba1c data were obtained from medical records. Bivariate analysis identified differences in baseline characteristics. The number of MMP participants compared to those not enrolled was 73 diabetes patients were matched with standard care patients for a combined sample of 219, with 56% female and mean age 52 years (SD=5.7). Although MMP participants had a greater baseline Hba1c comparison (8.8% MMP vs. 7.4% control; p<0.01 with Wilcoxon rank-sum test), they experienced a greater reduction in Hba1c after 4 years (median reduction: 1.0% MMP vs. 0.1% control, p<0.01). Eighteen (25%) MMP patients who were uncontrolled at baseline were at or below goal by the end of the study period. Participation of diabetic patients in the MMP demonstrated an improvement in glycemic control, supporting the idea that ambulatory pharmacists can be effective in community-based diabetes management.