predict quality of life utilities, diabetes complications and mortality. METHODS: A microsimulation model was constructed which followed people newly diagnosed with diabetes over a period of 30 years. HbA1c level determined when a person was assumed to undergo escalation in diabetic treatment (from monotherapy with non-insulin hypoglycaemic agents to dual therapy to triple therapy and insulin). Information on health utility values and overall caregiver burden and quality of life were derived from clinical trial data. Health care utilisation and costs were sourced from Australian government websites. Risk evaluations using change in HbA1c as a predictor for complications, quality-adjusted life years (QALYs) and death were derived from published data from large Australian diabetes cohorts. Probabilistic sensitivity analyses were undertaken. Two classes of drugs were investigated as alternatives to sulphonylureas when given in combination with metformin: DPP-IV inhibitors (sitagliptin, vildagliptin, saxagliptin) and GLUC-2 inhibitors (liraglutide, exenatide). RESULTS: In general, the results for the CUA were similar between the two groups, with the difference being -0.15 (95% CI: -0.24, -0.06); while the two samples had similar mean TTO values for severe health states, with the difference being 0.001 (95% CI: -0.03, 0.06).

PDB35

MEDICATION COUNSELING BEYOND INSTITUTIONAL: IMPACT OF PHARMACIST-LED HOME MEDICATION REVIEW IN TYPE 2 DIABETES PATIENTS

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OBJECTIVES: To evaluate the impact of home medication review programme (HMRT) towards Type 2 Diabetes patients from public primary centre in Penang, Malaysia. METHODS: A prospective randomised control study was conducted at Primary Clinic in Bukit Minyak, Penang. Eligible Type 2 diabetes patients with HbA1c > 6.5% and taking ≥ 3 medications who stayed at their own house were recruited. They were randomly allocated into intervention and control group by using randomisation. Control group patients received usual care from the clinic whereas intervention group patients received additional 2 visits at their home by pharmacist. During both visits, education on quality use of medications and lifestyle modifications were performed. Blood pressure monitoring, point of care for sugar and total cholesterol levels were conducted in each visit. Patients adherence and knowledge were assessed using validated questionnaire. Pill count was conducted and excessive medications were collected to calculate the cost component. Primary outcomes were medication adherence and level of knowledge. Secondary outcomes included HbA1c, FBG and total cholesterol changes as well as patients’ satisfaction towards HMRT and direct costs from the pharmacist visits. A total of 150 patients were recruited and randomly assigned in two groups (n=75 each group). Fifty patients in the intervention group completed the study. After 2 home visits there were significant improvements in the adherence score for the intervention group (mean score=9.05, SD=1.82) compared to the control group (mean score=4.65, SD=1.51). There was a significant improvement in knowledge score after HMRT programme, intervention group (mean score=10.40, SD=1.75) and the control group mean score=4.86, SD=1.83. It was concluded that HMRT can help to save RM 2805.50 (USD 855.34) throughout the eight months period. CONCLUSIONS: Pharmacist-led HMRT have improved patients’ adherence and knowledge as well as helping the policy makers to save money on excessive medication wastage.

DIABETES/ENDOCRINE DISORDERS – Patient-Reported Outcomes & Patient Preference Studies

PDB31

DEMOGRAPHICS AND HEALTH OUTCOMES ASSOCIATED WITH ADHERENCE AND NON-ADHERENCE AMONG TYPE 2 DIABETICS IN CHINA

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OBJECTIVES: Adherence to treatment is an important predictor of health status. This study investigated medication adherence among respondents with type 2 diabetes (T2D) in China. METHODS: This study included data from the 2013 China (N=19,987) National Health and Wellness Survey (NHWS), a cross-sectional survey of self-reported demographics, health outcomes, and behaviors among urban (mainly Tier I and II cities) adults (≥ 18 years). Respondents diagnosed with T2D and taking a prescription medication for T2D were analyzed (n=530). Adherence was measured using the 8-item Morisky Medication Adherence Scale (MMAS). Adherence was classified as scoring between 0-2 on the MMAS. Characteristics of non-adherent and adherent respondents were reported descriptively. Multivariable regressions, adjusting for demographics and health behaviors were performed to explore differences on health status (SF-36v2), resource utilization in the past six months and productivity loss (Work Productivity and Activity Impairment questionnaire) between adherent and non-adherent respondents. RESULTS: Respondents who were non-adherent to diabetes medications tended to be younger, employed and had regular consumption of alcohol when compared to respondents who were adherent. Controlling for covariates, respondents who were adherent to their medications had higher mental component summary and health utility scores compared to non-adherent respondents (p<0.05). Among the employed sample, non-adherent respondents reported greater absenteeism (13.3% vs. 7.7%), greater presenteeism (39.8% vs. 30.9%), and greater overall work impairment (44.8% vs. 33.7%) compared to adherent respondents. Non-adherent vs. adherent respondents reported more activity impairment (38.8% vs. 33.7%). Physician visits in the past six months was higher among those who were not adherent (6.0 vs. 4.6), but there was no significant difference in hospitalization and ER visits among the two groups. CONCLUSIONS: A greater number of T2D respondents were non-adherent to their diabetes medication. Not surprisingly, health outcomes were worse among adults not adhering to their medications.