MEASURING QUALITY OF LIFE WITH EQ-5D IN AN
AUSTRIAN OUTPATIENT CLINIC FOR PATIENTS WITH
DIABETES MELLITUS
Seereiner S1, Rakovac I1, Habacher W1, Fritz C1, Beck P1, Semlitsch B2, Haas H1, Pieber TR1
1 Joanneum Research, Graz, Styria, Austria; 2 CORE Center for Semlitsch B2, Haas H2, Pieber TR1
A172

WITH INADEQUATE GLYCAEMIC CONTROL
VERSUS METFORMIN + LIRAGLUTIDE
AN ASSESSMENT OF THE LONG-TERM OUTCOME FOR
DIABETES MELLITUS

OBJECTIVE: EQ-5D has become a standardised instrument for measuring quality of life (QoL). Actually there is no data available for Austrian diabetic patients. We surveyed QoL of diabetic patients in an outpatient clinic in Styria and applied EQ-5D the first time in such a setting. Aim of the survey was to gain insights into the overall QoL in this patient group and testing the practicality and understandability of EQ-5D in an Austrian outpatient clinic setting. METHODS: EQ-5D and EQ-VAS were used to measure QoL at a random sample visiting the outpatient clinic within the 12 weeks of survey. The form was handed out in hard-copy to n = 103 patients (7% in-patient, 93% out-patient) during the waiting time for consultation. All 103 patients responded to the form. RESULTS: Rate of completed questions was high, 94% responded to mobility, 95% to personal care, 93% to usual activities, 92% to anxiety/depression and 86% to VAS-Score. It turned out that VAS was the most difficult question for the patients to assign. 24% of patients had Diabetes mellitus (DM) 1 (39% women) with a mean age of 43 (SD ± 13) years, 75% of patients with DM2 (53% women) were mean 65 (SD ± 12) years old, in 1% of patients DM type was missing. Mean QoL measured with VAS-Score was in patients with DM1 82 (±15), Median 83 (80–90) and mean QoL 62 (±21), Median 63 (50–80) for patients with DM2. Patients with DM1 had a significantly higher QoL (p < 0.001, Wilcoxon test) than patients with DM2. CONCLUSION: The survey showed that EQ-5D can be easily integrated in the operating processes of an outpatient clinic and all patients were willing to fill out the EQ-5D. In a next step EQ-5D will be linked to medical data to gain more information about EQ-5D and medical situation.

AN ASSESSMENT OF THE LONG-TERM OUTCOME FOR
LIRAGLUTIDE-METFORMIN VERSUS METFORMIN AND
VERSUS METFORMIN-GLIMEPIRIDE IN TYPE-2 PATIENTS
WITH INADEQUATE GLYCAEMIC CONTROL
Hammer M1, Valentine WJ1, Wittrup-Jensen KU1, Palmer AJ1
1 Novo Nordisk A/S, Bagsvaerd, Denmark; 2 CORE Center for Outcomes Research, Binningen, Switzerland

OBJECTIVES: Poor glycemic control is associated with increased risk of complications in Type-2 diabetes. A recent clinical trial demonstrated that Liraglutide+Metformin (Lira/Met) versus Metformin (Met) significantly improved HbA1c (0.82% points lower after 5 weeks). In the same study Lira/Met versus Metformin+Glimepiride (Met/SU) significantly improved weight by approximately 3% points. The objective is to link these short-term outcomes to long-term complication rates. METHODS: A validated model which project long-term complications, improvements in Life-Years Gained (LYG) and Quality-Adjusted Life Years (QALY). Standard Markov modeling was used to describe incidence and progression of com-placations (cardiovascular disease, neuropathy, renal and eye disease). Probabilities of complications and HbA1c-dependent adjustments were derived from the DCCT, UKPDS, and WESDR studies. Clinical input was taken from a 5 week double-blind, double-dummy, randomized, parallel-group, dose titration study with an open labelled OHA arm phase II trial in Type-2 patients. Outcomes were estimated at 3% per annum and benefits were projected over patients’ lifetime. RESULTS: Improved glycemic control and weight profile with Lira/Met versus Met and versus Met/SU, respectively, led to decreased diabetes-related complications, with a subsequent in-increase in LYG of 0.33 and 0.29 QALYs compared to Met and 0.18 LYG and 0.14 QALY compared to Met/SU. CONCLUSION: Improvements in glycemic control and weight led to long-term improvement of both LYG and QALY when comparing Lira/Met treatment to Met and Met/SU treatment.

TREATMENT SATISFACTION AND QUALITY OF LIFE WITH
AN EARLY INSULINIZATION STRATEGY WITH INSULIN
GLARGINE COMPARED TO AN ADJUSTED ORAL THERAPY IN
THE MANAGEMENT OF TYPE-2 DIABETES: THE CANADIAN
INSIGHT STUDY
Houlden R1, Harris S2, Yale JF3, Sauriol L4, Dempsey E5, Gerstein HC6
1 Queen’s University, Kingston, ON, Canada; 2 Thames Valley Family Practice, London, ON, Canada; 3 McGill University, CUSM Royal Victoria Hospital, Montreal, QC, Canada; 4 Sanofi-aventis, Laval, QC, Canada; 5 Aventis Pharma Canada, Laval, AB, Canada; 6 *McMaster University, Hamilton, ON, Canada

OBJECTIVES: The objective of this study was to assess the impact of early basal insulinisation with Lantus in people with type-2 diabetes failing to reach optimal glucose control with oral therapy. METHODS: The Canadian INSIGHT study was a 24-week trial of patients with Type-2 diabetes randomized to receive insulin glargine added to current therapy, or adjusted oral therapy. Nineteen endocrinologists or experts selected 34 family physicians for a mentor/preceptor relationship, facilitating insulin initiation. Treatment satisfaction (TS) and quality of life (QoL) were also assessed for all 405 patients randomized to either the glargine (206) or the adjusted oral therapy arm (199). TS and QoL were assessed using the Diabetes Treatment Satisfaction Questionnaire (DTSQ) and the Audit of Diabetes Dependant Qol. (ADDQol) questionnaire. Both self-administered questionnaires were administered at baseline, week 12 and 24. A total of 376 and 364 patients completed the DTSQ and the ADDQol questionnaires, respectively. RESULTS: At baseline, TS and QoL were similar in both treatment arms. A1c reduction was greater with glargine (p < 0.001). The total DTSQ score and the TS items (items 1, 4, to 8) improved from baseline in both treatment arms (p < 0.001); however, there was significantly more satisfaction with treatment with insulin glargine for the DTSQ total score (p = 0.024) and the TS items (p = 0.011). Perceived frequency of hyperglycaemia and hypoglycaemia (DTSQ items 2 and 3) were significantly (P < 0.05) lower at week 12 and 24 for all subjects with no distinguishable differences for the two treatment arms at week 24. Only perceived hyperglycaemia was significantly (P < 0.01) lower for glargine at week 12. Finally, overall QoL improved in both groups (p < 0.001); however, glargine had a greater impact at week 12 (p = 0.023) and endpoint (p = 0.024). CONCLUSIONS: Improving glucose control with glargine had a positive impact on TS and general QoL without complaints related to hypoglycemia.