OBJECTIVES: The purpose of this study was to assess the magnitude of hypoglycemia and its treatment choices and algorithm and the impact of hypoglycemia in adherence and persistence to insulin treatment. METHODS: Four hundred Turkish physicians were interviewed by close ended questions with a mix of dichotomous or bounded continuous response formats. Questions were face to face in 2 national diabetes congresses consisting of 75% internists, 23% endocrinologists, 1% family physicians and rest pediatricians and obstetrics. RESULTS: Within 413 replies on how important is the hypoglycemia barrier to reach the target HbA1c on an importance scale, 95% replied either important or very important. 82% of physicians declared that they would change their target HbA1c, if they were not concerned about hypoglycemia. Similarly, 88% of physicians believed more of insulin-treated patients might reach target HbA1c of physicians are not concerned about hypoglycemia. Among the physicians replied 79% stated that less than 40% of their patients reported their hypoglycemic status. If patients experience hypoglycemia, 75% of physicians would reduce the insulin doses. 80% physicians would not stop insulin treatment for less than 20% of patients, 91% would switch to other insulins and 62% would prefer to keep same treatment for less than 20% of the patients. Among the physicians replied, 35% of them declared that patients are willing to stop treatment due to hypoglycemia instead of 55% no difference. CONCLUSIONS: In this study, physician dimension of hypoglycemia was explored. From the results obtained, it is obvious for the Turkish physicians that hypoglycemia is perceived as a major barrier for the better treatment of the patients. These results show that new treatment options causing less hypoglycemia are needed in the treatment of diabetes mellitus.

PDB135

BLOOD GLUCOSE TEST RESULT FROM EMPLOYEES AT HEALTH CLINIC OFSONGINO KAHRISKAN DISTRICT
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OBJECTIVES: To give knowledge about diabetes and health, to prevent from diabetes employees at Health clinic at Songino khairiskan district. METHODS: Survey card with 12 questions has been given to 50 professionals, staff and employees which was randomly chosen, agreed to fill out survey and who has never been diagnosed with diabetes and working in a shift of health clinic. Blood glucose determination and body mass index tools are defined by medical instruments and apparatus. Survey was carried out from April, 2014 to July, 2014. Research data and results were developed by using the software “SPSS -11.5”. Results: 9 employees (38%) were 30-39 years of age with an average age of 38.6 ± 9, and 44 of them were (88%) female and 24 of them were (48%), non-medical professionals, and 32 of them have never been done blood sugar test (64%). DISCUSSION: Our research result was related with people’s living condition who uses high caloric food because diabetes research of Fukushima, M & Ogowa, K. (2008) have determined that people in the big cities uses high caloric foods, and rich carbohydrates food and have physical inactivity comparatively with people who are living in the rural areas. 83% of age of respondents were 38.6 ± 9, and 15 of them were 40-49 years old (30%) 32 of the employees have never given glucose test before (64%) and 15 of them had (30%) glucose monitored with 7.6. And of them had heavy weight (40%), and 26 of them worked for 24 hours (92%).

PDB136

IMPORTANCE OF HYPOGLYCEMIA BARRIER ON THE TREATMENT OF DIABETES MELLITUS (DM) – SURVEY WITH TURKISH PHYSICIANS
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OBJECTIVES: It was highly underdiagnosed and efforts are needed to manage these conditions in holistic manner rather than isolation.
OBJECTIVES: American Diabetes Association and European Association for the Study of Diabetes recommend that HbA1c levels ≤ 7% and emphasize that intensive therapy with lifestyle interventions and metformin, addition of medications and transition to new regimens within 3–6 months when glycemic goals are not achieved, and addition of insulin in patients who remain uncontrolled. This study examines real-world uptake of adult T2DM with commercial insurance who relays to guideline recommendations. METHODS: A retrospective analysis using Truven Health MarketScan® Research Database identified adult T2DM patients from 2006-2012 with minimum follow-up of one-year. Patients were categorized based on initial therapy: cohort 1 (n=59,664) - newly diagnosed without treatment in the year prior to or following diagnosis; cohort 2 (n=342,511) - oral anti-diabetic drug (OAD) initiators; cohort 3 (n=95,578) - basal insulin initiators, and cohort 4 (n=876) - prandial/mixed insulin initiators. Patients in cohort 1 were followed for up to 4 years and transitioned out of a cohort once they met the criteria for the next cohort. All data were summarized using descriptive statistics. RESULTS: Mean age in cohorts 1-4 were 59.1, 56.2, 57.8, and 59.1 years, with approximately equal gender distribution. In cohort 1, average HbA1c remained stable, 6.3%, during follow-up. 9% of patients initiated treatment with OADs by year 2, and 19% by year 4. Those in cohort 2 not achieving HbA1c ≤ 7%, insulin was infrequently initiated, approximately 1% transitioned from OADs to insulin. In cohorts 3 and 4, despite elevated HbA1c values ≥ 8%, the majority of patients were extensively treated with OADs prior to insulin initiation. In cohort 4, 65% of patients were using basal insulin at year 1, decreasing to 54% by year 4. CONCLUSIONS: Findings indicate discrepancies in regimens prescribed to T2DM patients in a real-world setting despite guideline recommendations to intensify treatment if patients fail to achieve glycaemic targets.

QUALITY OF CARE FOR PATIENTS WITH DIABETES MELLITUS (DM) IN CANADA: FINDINGS FROM A NATIONAL POPULATION-BASED SURVEY

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OBJECTIVES: As effective management of DM improves clinical outcomes, quality of care initiatives are being undertaken in many jurisdictions. In the 2012 Canadian Community Health Survey (CCHS), data were collected on healthcare received by those with DM. The objective was to characterize the demographics of, and access to contemporary population of adult Canadians with DM, and assess whether care quality varied according to age or sex. METHODS: Data from the subset of 2012 CCHS adult respondents (n=61,707) asked about diabetes care were analyzed. Demographic and clinical characteristics were tabulated, and respondents classified as receiving quality diabetic care if they had HbA1c or feet exams during the past year, and retinal exams within two years. Predictors of receiving quality care were explored using logistic regression, and the frequency of preventive visits via hospitalization compared between those that did and did not receive, quality care. RESULTS: Of the diabetes care cohort (n=2,458), 48% were male, and 75.1% were ≥ 60 years. Eighty percent had a recent HbA1c test, and 69.2% and 55.2% had a recent eye or foot exam, respectively. Thirty-eight percent reported receiving quality diabetes care. While results were similar by sex, variability was observed by age. The percentage receiving quality care ranged from 30.4% (≥ 80 years), to 40.1% (60-80 years). Age was the only significant predictor; the only subgroup that showed a 26.4% increase in receiving preventive visits was those 75-80 years old. CONCLUSIONS: The percentage of patients for whom preventive visits were received did not vary according to receipt of quality care. While some variability was observed by age, the percentage receiving quality care ranged from 30.4% (≥ 80 years), to 40.1% (60-80 years). Age was the only significant predictor; the only subgroup that showed a 26.4% increase in receiving preventive visits was those 75-80 years old. CONCLUSIONS: The percentage of patients for whom preventive visits were received did not vary according to receipt of quality care. While some variability was observed by age, the percentage receiving quality care ranged from 30.4% (≥ 80 years), to 40.1% (60-80 years). Age was the only significant predictor; the only subgroup that showed a 26.4% increase in receiving preventive visits was those 75-80 years old.