PDB104

SELF-REPORTED MENTAL HEALTH STATUS IN ADULTS WITH DIABETES AND COMORID DEPRESSION

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OBJECTIVES: To investigate the marginal impact of depression on self-reported mental health status in adults with diabetes mellitus in the United States. METHODS: We pooled data from 2009 and 2011 from the Medical Expenditure Panel Survey (MEPS) to create a retrospective cohort of adults diagnosed with diabetes, and those with comorbid diabetes and depression. Outcomes included responses from the Kessler Index (K6), six domains of non-specific mental health, and the mental component summary (MCS) of the Short-Form 12 (SF-12). Outcomes were estimated by variable regression analyses and adjusted for demographic and clinical characteristics. RESULTS: Compared with adults that had diabetes and no depression (N = 4,498), those with type 2 diabetes and depression (N = 4,498) were more likely to have an ever high score of mental health (PDB105)

APPLICABILITY OF THE NEW INSTRUMENT FOR ASSESSMENT OF HYPOGLYCEMIA (PTSQ) IN DIABETES MELLITUS PATIENTS

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OBJECTIVES: Hypoglycemia is the major factor limiting intensive glycemic control and causing severe morbidity, mortality and reduced quality of life in DM patients. Comprehensive assessment of HS is worthwhile. The objective of this study was to test acceptability, psychometric properties of the HS assessment instrument – Comprehensive Symptom Profile –Diabetes Mellitus Hypoglycemia Module (CSP-DM-HypoGl). METHODS: 432 DM patients on basal-bolus insulin therapy were included in the study: mean age 68.4; male/female – 98/334; DM duration – 13.8 yrs.; therapy duration – 5.1±4.3 yrs. Patients filled out CSP-DM-HypoGl and SF-36. The CSP-DM-HypoGl was developed to assess the severity of 29 HS in DM patients. It consists of numerical rating scales scored from “0” (no symptom) to “10” (most extreme symptom). Convergent validity of CSP-DM-HypoGl was proved by factor analysis, “known-groups” comparison, correlation with SF-36 subscales. Cronbach’s alpha was used to estimate internal consistency. RESULTS: The CSP-DM-HypoGl was easily understood by, and administered to patients the proportion of all items was less than 2.5%. The instrument was reliable and valid. The needs of the developmentally disabled children as well as primary caregivers who can understand the disease management needs of the patient and according to collaborating with other specialized health care professional to enhance the overall quality of care for the patient. PDB107

RELATIONSHIPS BETWEEN SOCIO-DEMOGRAPHICS AND HEALTH RELATED QUALITY OF LIFE AMONG DIABETES PATIENTS IN THE UNITED STATES

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OBJECTIVES: Earlier studies (Zang et al 2008) in the field of diabetes identified that there is a significant relationship between the time before diagnosis and health related quality of life (HRQOL). Yet, few studies among US habitants showed that the type of insurance is also significantly related to poor glycemic control. Our study aimed to identify whether there is a relationship between socio-demographics (e.g. insurance type) and Health Related Quality of Life (HRQOL). METHODS: A cross-sectional survey of diabetes patients (n = 1486) living in the United States. Each patient completed a comprehensive questionnaire, which included the EQ-5D-SL instrument and accompanying VAS. In addition to the EQ-5D-SL instruments patients were also asked a series of questions to identify their socio-demographic background. By means of logistic linear regression modeling the health utility scores derived from the EQ-5D-SL instrument are linked to the socio-demographic background of the diabetes patients. RESULTS: The tested socio-demographics are significantly related to HRQOL (p < 0.0001). Yet, together they do not explain only 10% of the variance in HRQOL. Both, insurance by Medicaid (β-value = 0.26) and employment (β-value = 0.12) were both significantly related to HRQOL (p < 0.0001). Household income (p = 0.253), insurance by Medicare (p = 0.104), mean age (p = 0.047) and weight (p < 0.013) all were less significantly related to HRQOL. CONCLUSIONS: The study reconfirms the relationship between insurance, employment and health outcomes among diabetes patients in the United States. Previous studies showed that these affect the access to care, treatment compliance in diabetes management, but these are also likely to influence health outcomes in terms of HRQOL.

PDB108

THE USEFULNESS OF PATIENT TREATMENT SATISFACTION QUESTIONNAIRE (PTSQ) IN DIABETES MELLITUS (DM) PATIENTS

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OBJECTIVES: Treatment satisfaction is an important factor of quality of care, especially in treating chronic diseases such as DM. The goal of this study was to test the usefulness of the new tool for assessing treatment satisfaction – Patient Treatment Satisfaction Questionnaire (PTSQ) in the population of type 2 DM (T2DM) patients. METHODS: 500 patients with T2DM on different basal-bolus insulin treatment were included in the study. Age 61.8, mean weight 86.2 kg, mean BMI 30.1 kg/m2. Multivariate regression analysis was used to estimate the relationship between socio-demographic factors and the treatment satisfaction with insulin therapy. RESULTS: Mean treatment satisfaction was high-rated by patients (84.4%); 1.4% of patients were extremely dissatisfied with treatment. Patients with lower treatment satisfaction were less satisfied with treatment than those without hypoglycemia (p < 0.05). CONCLUSIONS: Treatment satisfaction was significantly related to HRQOL. Satisfaction was associated with treatment compliance and improved insulin management. The PTSQ is a useful tool in evaluating treatment satisfaction in the population of DM patients.

PDB109

EVALUATING THE RELATIONSHIP BETWEEN BODY MASS INDEX (BMI) AND HEALTH-RELATED QUALITY OF LIFE (HRQOL) OF PATIENTS WITH DIABETES MELLITUS


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OBJECTIVES: Only a few studies have reported how Body Mass Index (BMI) relates to the Health-Related Quality of Life (HRQOL) of diabetic patients in the US, and results of these studies are mixed. This study assessed the relationship between BMI and HRQOL using the SF-12 scores of 1,635 adults with type 2 diabetes enrolled in the Medical Expenditure Panel Survey (MEPS) database. METHODS: Eligible patients were ≥18 years, with a diabetes diagnosis (CCC-250) and on at least one oral antidiabetic medication. HRQOL was calculated using SF-12 scores: 1) Physical Component Summary (PCS-12) and 2) Mental Component Summary (MCS-12). RESULTS: General linear regression analysis showed that BMI was strongly related to both HRQOL scores (p < 0.0001), with mean of 50 and a standard deviation of 10, with higher scores correlating with better HRQOL. The main independent variable was BMI, categorized as follows: weight ≤18.0 kg/m2, overweight 18.5-24.9, obese BMI: 30.0-40.0 and morbidly obese BMI: >40.0 kg/m2. Multivariate