age, sex, ethnicity, and smartphone ownership. Approximately 67% of patients had a smartphone and said the easiest way to achieve control was intensifying medication methods to interact more with their physician between visits to help manage and treat their disease. Patients reported that they were more likely to speak with their physician (46%), report disease symptoms (38%), report on their quality of life (35%), and speak with their healthcare provider (32%) if they had had a clinical visit scheduling via smartphone (76%), and medication reminders via smartphone (83%).

CONCLUSIONS: Patients are interested in using electronic methods to increase communication with their physician. Possible strategies for adherence promotion include educational smartphone apps, medication reminders via text messaging, and clinic visit scheduling via smartphone. Providers should consider engaging patients with e-technology to increase patient-physician communication and for the ultimate goal of improved healthcare.

PDB17

PATIENTS AND PROFESSIONALS’ PREFERENCES FOR TYPE 2 DIABETES MELLITUS TREATMENTS (T2DM) IN SPAIN AND PORTUGAL. A DISCRETE CHOICE EXPERIMENT


OBJECTIVES: To assess the preferences of Spanish and Portuguese patients and physicians regarding T2DM treatments and the monthly willingness to pay (WTP) for gaining benefits or avoiding side effects. METHODS: An observational, multicenter, exploratory study focused on routine clinical practice in Spain and Portugal. Professionals were recruited from diverse hospitals and outpatient’s clinics while patients were recruited from 11 centers operating in the public healthcare system in different autonomous communities in Spain and in Portugal. Preferences were measured via discrete choice experiment, data was analyzed using a conditional logit model.

RESULTS: 221 professionals from the Spanish and Portuguese NHS (62% female; mean age 41.9 [SD: 10.5]; 33.5% endocrinologists, 66.5% GP) and 330 patients [49.7% female; mean age 62.4 [10.1]; mean disease duration 13.8 [8.8] years; mean BMI 32.0 [6.8]; 41.8% received oral + injected medication, 40.3% received oral and 17.6% injected treatments] participated. Professionals placed the most value on avoiding one hypoglycemia per week [WTP: 287.18 ($5 [CI: 160.31 - 1387.21]), followed by avoiding gaining 3 Kg/6 months and decreasing cardiovascular risk [WTP: 166.87 [$88.63 - 843.09] and 154.30 [$98.13 - 434.19], respectively]. Patients placed the most weight on the average value [WTP: 68.14 [$4.55 - 85.08] to avoid gaining 3 kg/6 months, followed by avoiding one hypoglycemia event per month [WTP: 54.80 [$23.29 - 82.26]]. Professionals and patients were willing to pay 125% [73.30 - 622.75] and 36.0% [18.4 - 31.3] respectively, to avoid increasing 3% of HbA1c and 7.8% of BMI, respectively, for avoiding nausea. CONCLUSIONS: Both patients and professionals are willing to pay for the health benefits associated with improved diabetes treatment; being the most important avoiding hypoglycemia and gaining weight. Decrease in cardiovascular risk and weight reduction became the third most valued attributes for professionals and patients, respectively.

PDB78

ANALYZING EQ-5D IN PHASE 3 CLINICAL TRIALS OF TYPE 2 DIABETES MELLITUS (T2DM): IS MEAN CHANGE CAPTURING PATIENT IMPACT?

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OBJECTIVES: To assess if change in EQ-5D in T2DM indicates sensitivity to long-term complications of the diabetes, Phase 3 trials, which by necessity are of short duration, have failed to detect changes in EQ-5D. The objective of this study was to examine if the traditional mean difference approach obscured meaningful changes in EQ-5D for patients. METHODS: Change in EQ-5D was calculated from baseline to Week 52. The empirical distribution of individual change scores was examined to assess how well the mean reflected individual experience. Comparisons of clinical and patient-reported outcomes (PROs) were performed across subgroups based on EQ-5D change (improve, decline, no change) to explore potential corollaries of response. RESULTS: Mean change in EQ-5D among patients with both data points N = 1,070 was 0.13 with a standard deviation of 0.4, indicating no difference from zero. The empirical distribution revealed that only 43.6% of patients had no change, while 33.4% improved and 23.0% declined. Decliners were more likely to be female (52.6% vs 45.5%), 65 years or older (39% vs 5% 5.7%), have a history of smoking (37% vs 12%) and/or cardiovascular disease (50.1% vs 40%). No significant differences were found between PROs at baseline versus those with no change. They also had more symptomatic hypoglycemic episodes (20.5% vs 13.7%) and poorer PRO responses. improvements in PROs were more often associated with improvements in EQ-5D at baseline versus those with no change. They were also more likely to avoid weight gain (75.4% vs 69.2%) and symptomatic hypoglycemic episodes (84.5% vs 66.7%), as well as report greater improvements in PROs. CONCLUSIONS: This analysis suggests that traditional mean change in EQ-5D may not be sufficient for the identification of meaningful changes in clinical trials of T2DM, and that patient-relevant factors such as weight change and symptomatic hypoglycemia are likely to be important predictors of response.

PDB79

ANALYSIS OF METABOLIC SYNDROME PATIENTS’ SELF-REPORTED MEDICATION ADHERENCE BARRIERS AFFECT ON PILL COUNT

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OBJECTIVES: Medication adherence in patients with metabolic syndrome is vital for disease control. It is important to recognize patients’ barriers of adherence to improve outcomes. The objective of the study is to assess how patient self-reported barriers to adherence affect the pill counts of their medications and patient adherence. METHODS: Appointments were held with 30 adult, English speaking patients, having metabolic syndrome and taking at least one prescription medication for each disease state, and a minimum of five oral prescription medications. Pill counts were conducted, and patients were verbally asked seven questions targeting adherence barriers and rated on a visual analog scale. Patients were asked one question on each of the seven barriers. (1) Disagree completely to (4) Agree completely. Some questions included, “In the past two weeks, I forgot to take my medication at least once,” “I believe medicines do more harm than good.” Patients were placed into one of the following categories: (1) patients reporting no barriers, (2) patients reporting one barrier, or (3) patients reporting more than one barrier. Pill counts of each group were averaged. Groups were analyzed to determine how barriers influence pill count scores. Groups with pill count scores > 80 were determined to be adherent. RESULTS: The barrier “forgot to take my medication,” was the most acknowledged of all barriers (N=12) with a pill count score of 59, conversely (N=18), 52. Eight patients did not acknowledge any barriers with a pill count score of 44. CONCLUSIONS: Patients’ scores reflected that although patients did not report experiencing a barrier, they were non-adherent to their medications. Patients may misreport barriers, or not realize the barriers affecting them. Healthcare professionals must improve communication targeting adherence barriers specific to the patient to improve health outcomes.

PDB80

GROWTH HORMONE DEFICIENCY IN PEDIATRICS: CONCEPT ELICITATION TO SUPPORT THE DEVELOPMENT OF CHILD PRO AND PARENT OBSRO MEASURES


OBJECTIVES: Children with Growth Hormone Deficiency (GHD) can experience physical symptoms and limitations as well as a range of social and emotional problems. This study aimed to generate a conceptual model of GHD impacts. A qualitative study identified key symptoms/impacts of GHD disease and treatment in order to support the development of a patient-reported outcome measure (PROM). METHODS: Focus groups and interviews were conducted with 39 children (age 8-12) with GHD and 34 parents of children (age 4 to 12) in 3 countries (Germany, UK, US). All interviews were transcribed, analyzed, and results are presented using qualitative themes and concepts. Based on the analysis, expert interviews and literature review, a conceptual model of GHD impacts was developed. RESULTS: Qualitative analysis found saturation of concepts was reached with 3 dimensions of impact: Physical, Social, and Emotional. Sub-concepts included strength/endurance (48%), appetite