PBDS6
DEVELOPMENT OF A NEW MEASURE FOR ASSESSING HEALTH RELATED QUALITY OF LIFE (HRQOL) IN PATIENTS WITH PRIMARY HYPERPARATHYROIDISM (HPHQL)

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OBJECTIVES: Few studies in recent years, have evaluated the health related quality of life (HRQOL) of patients with primary hyperparathyroidism (PHP) using validated instruments. Only one specific questionnaire has been used to assess the HRQOL in these patients but is more focused on the severity of associated symptoms than on the impact of PHP on HRQOL. A new specific questionnaire to assess HRQOL of patients with PHP has been developed using a standardized methodology.

METHODS: The objective of the questionnaire is to capture all the relevant aspects; a literature review and a meeting with five endocrinologist experts were carried out. To assess the impact on HRQOL of symptoms related to PHP in this population, a semi-structured interview of 24 PHP patients was carried out. From these interviews a group of items were identified. Each item was subsequently scored by the group of experts, according to clarity, frequency and importance in order to perform a qualitative reduction of the items. The final items were edited in a questionnaire format and administered to a sample of 67 PHP patients. A factorial analysis and a Rasch analysis were performed to obtain the final pilot questionnaire before initiating the validation study. RESULTS: After qualitative reduction, 34 items were obtained in two dimensions with a total variance explained of 51.5%. Rasch analysis was used to exclude those items with inadequate adjustment (INFIT or OUTFIT <1.30 and <0.70) or those which were redundant. The resultant scale was composed of 16 items (the final questionnaire, PHPQOL). CONCLUSIONS: PHPQOL questionnaire will allow, once the validation phase is completed and the psychometric properties (validity, feasibility and responsiveness to change) are assessed, to learn more on the impact of PHP in usual clinical practice and clinical studies.

PBDS7
POLISH HEALTH CARE SYSTEM FOR DIABETIC PATIENTS: THE ANALYSIS OF CURRENT H/C HEALTH CARE SYSTEM AND THE NEED OF COMMUNITY PHARMACY IMPLEMENTATION

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The diabetes disease entity is a serious threat to society, becoming already the epidemic of the twenty-first century. It currently affects over 220 million people worldwide. In many countries, including Poland, this incurable disease is one of the biggest challenges for health care. OBJECTIVES: The aim of this study is to determine the place of pharmaceutical care for a diabetic patient in the current health care system in Poland, to examine the need for actual implementation of such initiatives and the possible benefits arising from them. METHODS: 1) The analysis of the currently functioning system of care for diabetic patients, and 2) The study of the quality of life of people with diabetes and their educational needs (carried out through a questionnaire). RESULTS: Data from 59 people were analyzed (55.9% men). The significant amount of surveyed diabetes patients (62.71%) declares, that the most important attributes were ranked in order of importance as: glucose control, hypoglycaemia, chance of mild-to-moderate stomach problems, weight change, incremental change of congestive heart failure (CHF), and out-of-pocket cost. Choice questions were based on modified grounded theoretical approach and a theoretical model of the impact of NSNHs derived. RESULTS: Seventy-seven people participated: mean age 46.5 (20 to 65), (26 type 1, 51 type 2), 66.2% on insulin with on average 4.1 (range 1-25) NSNHs per month. Analysis generated domains of: symptoms, corrective diabetes management actions taken, sleep disruption, social and work impacts. Participants reported awakening with sweating, shaking, dizziness, odd dreams, and vision disturbances. The majority of participants noted difficulty in returning to sleep following the NSNH and many did not return to sleep for the remainder of the night. As a result, most participants reported feeling fatigue and being physically and mentally exhausted the next day, negatively impacting a wide range of daily activities. This impact lasted well into the next day and sometimes for as much as 48 hours. Corrective actions often included a reduction in insulin dose and increased blood glucose monitoring in subsequent days. At work, participants reported calling in sick, arriving late, concentration problems, or reduced effort. They described canceling social event and coping with irritability that affected their interactions with family and friends. Additionally, sleep quality of partners was also disrupted due to the event. NSNHs were considered by most to be more highly dangerous and anxiety provoking than daytime events. Findings were similar across all countries. CONCLUSIONS: NSNHs have a significant negative impact and require further study. Reducing their frequency may help improve diabetes management and patient quality of life.

PBDS8
HEALTH RELATED QUALITY OF LIFE OF DIABETICS IN SINDH

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OBJECTIVES: Globally the prevalence of diabetes is increasing and it is expected that about 370 million people will live with the condition by 2030. Based on this expectation and public awareness about this disease remains quite low. Diabetics strongly affects the health-related quality of life (HRQOL) especially along with co-morbidities and complications. The aim of this study was to examine the HRQOL of diabetics living in temporary camps of flood affected compared to controls living in stable conditions. METHODS: We conducted a cross-sectional survey in five camps in a rural district of Sindh between August and October 2010. In total, 169 persons with diabetes and 136 age and sex matched controls living in the same conditions were randomly selected from these camps. World Health Organization Quality of Life questionnaire (WHOQOL-BREF) was used to assess HRQOL. Four domain scores (physical health, psychological, social relations and environment) were compared for cases (diabetics) and controls (non-diabetics) and the impact of socio-economic factors was evaluated in both groups. RESULTS: Overall, the mean (SD) age of study subjects was 51(14) years. The mean duration of diabetes among respondents was 7.7±4.1 years. All WHOQOL domains were strongly reduced in diabetic patients as compared to controls, with strongest effects in physical health (39 versus 78 points of the 0 – 100 score) and psychological domains (29 versus 71) and weakest effects in social relationships (57 versus 69) and environment domains (32 versus 41). The impact of diabetes on HRQOL was especially severe among females and older subjects. Diabetics with low literacy levels had significantly weaker effects (p<0.001) on the different domains compared to educated subjects. CONCLUSIONS: Based on these findings, a public health intervention and information campaign is needed to be launched in the area to reduce the risk of acute and chronic disease monitoring of persons with diabetes to prevent them from developing co-morbidities and complications.

PBDS9
NOCTURNAL HYPOGLYCEMIC EVENTS: IMPACTS ON PATIENTS FUNCTIONING, WELL-BEING AND DIABETES MANAGEMENT

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OBJECTIVES: Approximately 60% of people with diabetes experience non-severe hypoglycemic events, the most troubling of which are non-severe nocturnal events (NSNHE). Unfortunately, little is known about the specific impacts of NSNHEs on functioning, well-being and diabetes management. METHODS: Nine focus groups were conducted in the US and Europe (France, Germany, UK). Transcriptions were coded based on modified grounded theoretical approach and a theoretical model of the impact of NSNHEs derived. RESULTS: Seventy-seven people participated: mean age 46.5 (20 to 65), (26 type 1, 51 type 2), 66.2% on insulin with on average 4.1 (range 1-25) NSNHEs per month. Analysis generated domains of: symptoms, corrective diabetes management actions taken, sleep disruption, social and work impacts. Participants reported awakening with sweating, shaking, dizziness, odd dreams, and vision disturbances. The majority of participants noted difficulty in returning to sleep following the NSNH and many did not return to sleep for the remainder of the night. As a result, most participants reported feeling fatigue and being physically and mentally exhausted the next day, negatively impacting a wide range of daily activities. This impact lasted well into the next day and sometimes for as much as 48 hours. Corrective actions often included a reduction in insulin dose and increased blood glucose monitoring in subsequent days. At work, participants reported calling in sick, arriving late, concentration problems, or reduced effort. They described canceling social event and coping with irritability that affected their interactions with family and friends. Additionally, sleep quality of partners was also disrupted due to the event. NSNHEs were considered by most to be more highly dangerous and anxiety provoking than daytime events. Findings were similar across all countries. CONCLUSIONS: NSNHEs have a significant negative impact and require further study. Reducing their frequency may help improve diabetes management and patient quality of life.