DEVELOPMENT AND VALIDATION OF THE NEW HEALTH-RELATED QUALITY OF LIFE INSTRUMENT SPECIFIC TO PATIENTS WITH CORONARY ARTERY DISEASE (CAD) IN POLAND: POL-CAD

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OBJECTIVES: To develop a new instrument applicable to quality of life (QoL) assessment in patients suffering from coronary artery disease and to evaluate reliability of the results obtained with the use of this instrument in the Polish setting. METHODS: Construction of the POL-CAD questionnaire is based on a literature review concerning different quality of life measures, experts’ opinions in cardiology field, and interviews with patients. POL-CAD includes 17 items clustered into 5 domains: coronary pains, physical functioning, emotional status, social activity and satisfaction with treatment. The score for each domain is the sum of the items with the 0–20 range. The summary measure consists of the total score for all domains. The validation study in Poland involved 57 patients with different Canadian Cardiovascular Society (CCS) classification and consisted of pre-testing and two repeated QoL measures at a 4-week interval. Visual analogue scale was also included, to measure individuals’ preferences and evaluate utility values for different CAD states. RESULTS: Most of the patients (84.2%) reported complete understanding of the questions and 73.7% were able to complete POL-CAD unaided. The mean values of the total QoL score achieved were: 70.6 ± 12.7 in CCS I, 57.7 ± 9.5 in CCS II and 50.1 ± 12.2 in CCS III. Observed differences were statistically significant (p < 0.05). Results obtained for the stable patients were fully repeatable at four weeks intervals. The differences for the patients who changed the CCS over time were also statistically significant (p < 0.05). A very high correlation 0.9 > r > 0.7 of the coronary pain score with the total score and also the high correlation 0.7 > r > 0.5 with the scores for the remaining domains were observed. CONCLUSIONS: Quality of life assessment made with the use of the POL-CAD correlates strongly with the states of CAD according to CCS classification. POL-CAD allows provision of reliable assessment of the health related quality of life in CAD patients.

PCEV79

对象: 为了探讨使用一种新的质量仪器工具评估心肌病患者生活质量的有效性，以及评估其结果的可靠性。方法: 在波兰，根据文献综述、专家意见、心脏科领域意见和患者访谈，构建了POL-CAD问卷。POL-CAD包括17个条目，分为5个领域：冠状动脉痛、身体功能、情绪状态、社会活动和治疗满意度。每个域的得分是该域所有条目的总和，范围为0-20。总分由5个域的得分构成。验证研究中，共涉及57名不同加拿大心血管学会（CCS）分类的患者，进行了预测试和两次4周间隔的重复测量。视觉类比量表也包括在内，以了解个体的偏好，并评估不同CAD状态的实用性。结果: 大多数患者（84.2%）报告完全理解问题，73.7%的患者能独立完成POL-CAD。总分的平均值为：CCS I为70.6 ± 12.7，CCS II为57.7 ± 9.5，CCS III为50.1 ± 12.2。观察到的差异在统计学上显著（p < 0.05）。稳定患者的结果在4周内完全重复。变化患者的CCS分类的差异也是统计学上显著（p < 0.05）。非常高相关性0.9 > r > 0.7的冠状动脉痛得分与总分有关，以及高相关性0.7 > r > 0.5的得分与除这些域外的域得分有关。结论: POL-CAD问卷能够可靠地评估不同CAD状态的质量。POL-CAD允许提供可靠的评估，以评估心脏科领域中CAD患者的健康相关生活质量。

Diabetes—Clinical Outcomes Studies

PDB1

改进的降糖控制和较少的低血糖与格列奈伊米相比较

比较

对象: 比较格列奈伊米与NPH胰岛素在患者中的效果。

方法: 将患者随机分为两组，一组使用格列奈伊米，另一组使用NPH胰岛素。

结果: 格列奈伊米组的低血糖发生率明显低于NPH胰岛素组。

结论: 格列奈伊米能够更好地控制血糖，减少低血糖的发生。

Early Evolution, Determinants and Predictive Power of Health Related Quality of Life in a Multicentric Population of Patients with Heart Failure

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Objective: To investigate the effect of insulin glargine (glargine) versus NPH insulin (NPH) on long-term outcomes in Type 2 diabetes using the Diabetes Mellitus Model (DMM). METHODS: The DMM predicts numerous short- and long-term complications over 10 years, based on published studies. The main influence on outcomes is HbA1c, which is simulated over time. The version
of the DMM used in this analysis takes into account results of a regression analysis (pooled glargine versus NPH clinical trials), which demonstrates a more favourable relationship between HbA1c decrease and hypoglycaemia incidence for glargine versus NPH. Different cohorts of 10,000 patients with Type 2 diabetes taking glargine or NPH were assumed. The 3 scenarios tested differed in target HbA1c attainable by glargine versus NPH (scenario 1: Δ = 0.13%; scenario 2: Δ = 0.44%; scenario 3: Δ = 0.85%), corresponding to realistic possible improvements with comparable hypoglycaemia. Assumptions were based on clinical trials for scenarios 1 and 2, and on the regression analysis for scenario 3. RESULTS: The following relative risks (RR; glargine/NPH) were obtained for scenarios 1, 2, and 3 respectively: 0.97, 0.89 and 0.81 for long-term microvascular complications (need for renal dialysis: 0.97, 0.88, and 0.79); 0.99, 0.95, and 0.91 for long-term macrovascular complications (non-fatal myocardial infarction: 0.98, 0.95, and 0.88); 0.96, 0.88, and 0.79 for diabetic foot syndrome; and 0.99, 0.94, and 0.90 for mortality. The RR for a nocturnal hypoglycaemic event (0.81, 0.92 and 1.01) was consistent with the regression analysis. The RR reductions ranged from 1% in the less optimistic scenario to >20% in the “best case” scenario. Varying mean baseline HbA1c and duration of diabetes in sensitivity analyses did not alter these outcomes. CONCLUSIONS: Assuming comparable hypoglycaemia, the better glycaemic control (HbA1c reduction) achieved with glargine than with NPH would lead to reduced long-term complications and mortality rate, based on this model.

IS THERE A GAIN WITH THE PAIN? ASSESSMENT OF THE RELATIONSHIP BETWEEN SELF-REPORTED ADHERENCE TO SELF-MONITORING OF BLOOD GLUCOSE (SMBG) AND HBA1C LEVELS AMONG TYPE 2 DIABETICS

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Conflicting information exists in the literature regarding the merit of frequent SMBG to control blood glucose levels among type 2 diabetics. The American Diabetes Association (ADA) recommends SMBG to reach and maintain normal or near-normal glucose levels among type 2 diabetics. OBJECTIVE: The objective of this study was to assess whether self-reported adherence to SMBG was related to HbA1C among type 2 diabetics. METHODS: Type 2 diabetics from a county family clinic served as the study population. Participants completed a self-administered survey during seminars held at the clinic. Chart reviews were conducted to retrieve baseline (at the time of the seminar) and follow-up (within one year after the seminar) HbA1C levels, as well as indication for change in pharmacotherapy. Multiple regression was used to assess the relationships between SMBG adherence and HbA1C, while controlling for demographic (i.e., age, race, and income) and biological (i.e., duration of diabetes, comorbidities, change in pharmacotherapy, and baseline HbA1C) variables. A priori significance level of .05 was chosen. RESULTS: Participants (n = 158) were 56.9 (SD: 12.3) years old, non-white (70.1%), with annual family income between $20,000 and $30,000, on average. Their adherence to SMBG was 49.2% (SD: 40.3), which was not associated with follow-up HbA1C level. Duration of diabetes, change in pharmacotherapy, and the number of complications were significantly and positively associated with follow-up HbA1C. CONCLUSIONS: SMBG adherence was not significantly related to follow-up HbA1C among type 2 diabetics. Maintaining normal or near-normal blood glucose levels may be more likely associated with adherence to diet, exercise, and medication. Health practitioners should view SMBG as a tool, rather than a therapy by itself, and recommend its use to those patients who can and are willing to act based upon the results.