and the implications that entails. METHODS: It is presented as a cross-sectional research, drafted in a descriptive and analytical component of data. It is based on an anonymous questionnaire to these patients which consists of three parts: 1) socio-demographic, clinical and disease’s characterization data; 2) Pediatric Quality of Life Inventory Version 4.0 – PedsQL(TM) 4.0 and 3) Diabetes Quality of Life questionnaire – DQOL. The data was analyzed using SPSS software – version 17 and were considered significant at p-value < 0.05. RESULTS: In total, 17% (68%) children and adolescents between 11-18 years, with an average number of years with disease of 6.29 years, participated in this study. The dimensions of PedsQL(TM) 4.0 “Emotional Functioning” and the “School Functioning” and the subscales of DQOL series about Diabetes whereas “Satisfaction with treatment” imply worst results in Health-related Quality of Life. It is observed that the variables gender, location, school performance and employment status of mother and father can influence the level of quality of life. Moreover, this level is more satisfactory in those parents who more appropriately Body weight for a shorter number of years with disease, lower values of glycated hemoglobin type A1c and lower number of insulin injections per day. CONCLUSIONS: It is recognized that this work offers a partial view of the disease, but contributes to understand some implicated factors in its control and in the level of quality of life of diabetic children and adolescents. It is recommended that such assessments should be made regularly, within a multi-disciplinary team which should be responsible for monitoring these patients.

Diabetes/Endocrine Disorders - Health Care Use & Policy Studies

PDB62

THE IMPACT OF CLINICAL INERTIA IN THE TREATMENT OF TYPE 2 DIABETES

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OBJECTIVES: Following the introduction of the Quality and Outcomes Framework (QOF) in England, a substantial number of patients have remained poorly treated. The aim was to identify an increase in the number of patients having HbA1C levels of 7.5% to 7.9% which would be considered “poorly controlled”. 20%, 13%, 7%, and 10% had HbA1c readings in the following ranges: 7%, the model predicts 92, 115, 138 and 162 excess macrovascular events respectively. The study sample included 120 T2DM patients who initiated basal insulin and assess their glycemic control. Achievement, most frequent cause for referral also among the patients studied. CONCLUSIONS: These findings emphasise the need of improving coordination processes to optimize and homogenize referrals. The number of reported coordination protocols is low, and the compliance with national guidelines poor.

PDB65

UNMET NEED AND DRUG MANAGEMENT CHALLENGES IN ELDERLY TYPE 2 DIABETES MEDICARE PATIENT D POPULATION

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OBJECTIVES: To identify patient barriers, clinical management concerns, and drug coverage issues for elderly type 2 diabetes patients in the Medicare Part D population METHODS: A literature review was conducted using PubMed with searches limited to studies published in the last 2 years, in English, and in aged 65+. Searches included combinations of the following terms: diabetes mellitus, mortality, prevention, and control with impact on health outcomes. The results were limited to full text abstracts in the first 10 pages. CONCLUSIONS: The most common referral reason was the patient’s age. This study provides a clear understanding of the need for improved coordination across the healthcare system to prevent avoidable hospitalizations and improve the quality of care for these patients.

PDB68

ACHIEVEMENT OF GLYCEMIC CONTROL AND RELAPSE AMONG PATIENTS INITIATING BASAL INSULIN FROM A GEOGRAPHICALLY-DIVERSE US ELECTRONIC MEDICAL RECORD DATABASE

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OBJECTIVES: To describe demographic and clinical characteristics of diabetic patients initiating basal insulin and assess their glycemic control. METHODS: Physician encounters recorded in the General Electric EMR Database (2005-2010) were assessed. Patients with type II diabetes (T2DM) who initiated basal insulin between February 2006 and August 2009 were selected, with initiation defined as no prescription record of insulin in prior 15 months. Patients were followed for an average of 2.5 years after insulin initiation, and the proportion achieving A1C goal was measured. The goal for achieving optimal glycemic control was defined as a glycemic goal of less than 7% (HbA1c ≤ 7.0%). The number of patients achieving optimal glycemic control was calculated using the proportion of patients achieving this goal divided by the number of patients initiating basal insulin. The proportion of patients achieving optimal glycemic control was compared between December 2005 and August 2009 using a chi-square test. The proportion of patients achieving optimal glycemic control was compared between December 2005 and August 2009 using a chi-square test. The proportion of patients achieving optimal glycemic control was compared between December 2005 and August 2009 using a chi-square test. The proportion of patients achieving optimal glycemic control was compared between December 2005 and August 2009 using a chi-square test. The proportion of patients achieving optimal glycemic control was compared between December 2005 and August 2009 using a chi-square test. The proportion of patients achieving optimal glycemic control was compared between December 2005 and August 2009 using a chi-square test.

PDB69

CRITERIA FOR REFERRAL OF TYPE 2 DIABETES PATIENTS FROM PRIMARY CARE TO SPECIALIZED CARE AND VICE VERSA IN SPAIN. PATHWAYS STUDY

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OBJECTIVES: To assess the causes for referral of type 2 diabetes (T2DM) patients from primary care (PC) to specialized care (SC) in Spain. To assess the degree of compliance with referral quality markers established in national guidelines/recommendations. METHODS: Observational, cross-sectional, multi-centre national study, in PC and SC. Each physician provided data on usual practice in patient referral and received feedback on their practice for an observed period of 6 months. RESULTS: The Spanish Society for Endocrinology and Nutrition (SEN) and the National Health System (SNS), were used as reference documents to assess compliance. RESULTS: Data from clinical practice of 143 endocrinologists and 641 general practitioners (GPs), and from referrals of 805 patients to PC and 3624 to SC are presented. PC to SC referrals: 31.8% of GPs reported the existence of a coordination protocol with endocrinologists. The most frequent coordination tool with SC was a referral letter (90%). However, only 60% of referrals were delivered to SC. CONCLUSIONS: The Spanish Society for Endocrinology and Nutrition (SEN) and the National Health System (SNS), were used as reference documents to assess compliance.