and 14/12% (N/D) contacted a health care professional. In the week after an event, respondents added an average of 2.8/3.6 (N/D) blood glucose tests to an average of 18.8/17.4 (N/D) tests in a normal week. Nighttime events had a high impact on sleep quality (46% of respondents) and social life (24%), and 84% of respondents felt tired and/or fatigued the next day. In the daytime survey, about 26% reported the event had impacted daily activities (outside of work). Also, 40/18% (N/D) of respondents indicated that the event had a high impact on their quality of life.

The majority ascribed hypoglycaemia to stress (50%/58% [N/D]) or irregular/in insufficient food intake (50%/49% [N/D]).

CONCLUSIONS: Both nocturnal and daytime hypoglycaemic events had an impact on patients’ use of health care system, quality of life, and daily productivity.

PDB102
CLINICAL SIGNIFICANCE OF CHANGE IN THE QUALITY OF LIFE ASSESSMENT OF GROWTH HORMONE DEFICIENCY IN ADULTS (QOL-AGHDA) SCORE IN ADULT GROWTH HORMONE DEFICIENCY (AGHD) PATIENTS

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OBJECTIVES: To investigate the clinical significance of change in QOL-AGHDA score after 1 year of growth hormone (GH) replacement.

METHODS: Observational data were obtained from KIMS (Pfizer International Metabolic Database). Minimal important differences (MID) for the QOL-AGHDA score and its five domains (memory, anxiety, depression, sexual function, and general health) were calculated using an anchor-based approach with a rating of patient-perceived treatment benefit and patient-reported change in need for assistance. Perception of treatment benefit was measured using the KIMS Patient Life Situation Form (PLSF), a 5-point ordinal assessment of change (much improved, a little improved, no change, a little worse, much worse). The effect size (ES) on the BL QoL-AGHDA score was calculated using the QOL-AGHDA thresholds included in the New Zealand (PLSF), a 5-point ordinal assessment of change (much improved, a little improved, no change, a little worse, much worse). The effect size (ES) on the BL QoL-AGHDA score was calculated using the QOL-AGHDA thresholds included in the New Zealand (NZ) and England ≥11 reimbursement criteria.

RESULTS: Data from 1404 patients (52% female, 96% Caucasian, mean age [SD] of 45 [14] years) were included in the analysis. Mean GH dose [SD] was 0.20 [0.14] mg/day at BL and 0.32 [0.16] mg/day during 1 year. A significant correlation between change in QOL-AGHDA score and perception of treatment benefit was moderately positive (0.45; p < 0.01). The correlation was stronger for females and for patients with more impaired [higher] BL QOL-AGHDA scores. The QOL-AGHDA score in patients with a strongly positive treatment benefit, the MID for the QOL-AGHDA score was -4.61 at Year 1. Self-confidence was more sensitive and tenseness least sensitive of the domains in predicting patient-perceived treatment benefit. Patients requiring assistance at BL and being uninformed of the impact on their patient QOL-AGHDA score ≥11 reimbursement criteria.

CONCLUSIONS: Several national reimbursement authorities currently include the QOL-AGHDA score in eligibility criteria for access to reimbursed GH replacement. This is the first study to calculate MID for the QOL-AGHDA score and determine if change in QOL-AGHDA score is positively correlated with patient-perceived treatment benefit.

PDB103
THE IMPACT OF DAYTIME AND NOCTURNAL NON-SEVERE HYPOGLYCAEMIC EVENTS ON PEOPLE WITH DIABETES IN BRAZIL

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OBJECTIVES: This study examined the effects of nocturnal and daytime non-severe hypoglycaemic events on utilization of health care services and patient quality of life in Brazil.

METHODS: People with diabetes from six different countries who had experienced a non-severe hypoglycaemic event in the past 4 weeks were asked to take part in a telephone survey conducted in the first and/or second quarter of 2013. A total of 6680 T2DM patients (56% men) were included in the study. The mean age of participants was 66.6 years (25% of patients above 75 years), 19% had moderate to severe renal impairment and 56% had cardiovascular disease. At the time of the survey, 55% of the diabetic population were at risk of hypoglycaemia, age and long diabetes history being the major risk factors. Given the prevalence of hypoglycaemic events among patients traditionally treated with basal and/or GLM, patients were asked to evaluate their quality of life (QoL) and hypoglycaemia (51.5%).

CONCLUSIONS: A minority of T2DM patients (39%) are eligible for an HbA1c objective of 7% or below, highlighting their fragility. This survey also shows that more patients are reaching their HbA1c target. However many of them are receiving treatment they should not due to high risk of hypoglycaemia.

PDB107
THE IMPACT OF MEMORY PROBLEMS ON DIABETES TREATMENT IN GERMANY

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OBJECTIVES: The impact of memory problems (MPs) on patient functioning, well-being and diabetes management is not well understood. This study examines these impacts in Germany and compares findings to data from US, UK, Canada and China.

METHODS: A 5 country web-based survey was conducted. MPs were defined as: unintentionally forgetting to take insulin (UI), questioning if insulin had been taken (QI), or questioning amount of dose (QD).

RESULTS: A total of 350 German respondents (60.5% Type 1) completed the survey. 61.5% male, mean age of 59.5 [11.3] and mean age of diabetes onset 30.2 [12.6]. The prevalence of MPs in the past month was: 74.0% UF; 82.0% QT and 68.3% QD. MPs occurred most frequently when waking in the morning or when relaxing. Between 27.9% (UF) – 48.3% (QD) of respondents added an average of 2.8/3.6 (N/D) blood glucose tests to an average of 18.8/17.4 (N/D) tests in a normal week. Nighttime events had a high impact on sleep quality (46% of respondents) and social life (24%), and 84% of respondents felt tired and/or fatigued the next day. In the daytime survey, about 26% reported the event had impacted daily activities (outside of work). Also, 40/18% (N/D) of respondents indicated that the event had a high impact on their quality of life and work productivity, with half of patients surveyed decreasing their insulin dose and/or contacting their health care provider after a non-severe event.

DIABETES/ENDOCRINE DISORDERS – Health Care Policy & Use Studies

PDB105
HEALTH ECONOMICS ASSESSMENT OF THE CANMATS SOPHIA DIABETIC PATIENT SUPPORT PROGRAMME: RESULTS OF THE FIRST 4 YEARS

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OBJECTIVES: Since 2008, the Caisse Nationale d’Assurance Maladie des Travailleurs (CNAMTS) has set up a diabetic patient support programme in ten pilot departments and in three inpatient care provider after a non-severe event.

The variation of various health care use and job status as well as outpatient and inpatient costs was compared between three cohorts: members of pilot departments, non-members, and a control group of diabetic patients living in departments in which CNAMTS was not available. Results are adjusted between-group differences, controlling for the CNAMTS observations at the start of the programme.

RESULTS: Adjusted analysis showed that, after matching for all other characteristics, compliance with recommended examinations improved to a much greater extent among patients who were not members compared to members and non-members. Although all health care costs continued to increase in each cohort, outpatient and inpatient expenditure was c26 lower for programme members than for controls for the period 2009-2011: -54 for outpatient care and -172 for inpatient care. Although the outpatient expenditure of programme members was higher (+40) for outpatient visits and medical procedures, their paramedical expenditure was lower (-89). Hospitalization rates for diabetes were significantly lower among members than among controls. CONCLUSIONS: These results confirm the significant impact of the SOPHIA programme on compliance with clinical practice guidelines in diabetology, hospitalization rates, and the 3-year growth of outpatient and inpatient costs. An assessment of the impact of the SOPHIA programme on clinical parameters will be conducted in the near future.