physical functioning (PF), general health (GH), vitality (VT) and mental health (MH) subscales. Multiple linear regressions were used to assess the association between usage patterns, HRQoL scores and other sociodemographic, health behavior and health service utilization characteristics. RESULTS: Of 7158 women retained at Survey 4, 885 were identified as having diabetes with overall prevalence of cardiovascular medication use of 89.9%. After adjusting for other covariates, being on any three classes of cardiovascular medications was significantly associated with increased scores on PF (coefficient 16.134, 95% CI 6.940–25.327), GH (10.058, 95% CI 2.649–17.468) and MH (12.936, 95% CI 6.652–19.852) subscales. Being on any two classes was associated with increased scores on PF and GH (coefficient 14.744, 95% CI 5.988–23.501 and 8.334, 95% CI 1.200–15.467, respectively), whereas using single cardiovascular drug was only significantly associated with increased scores on PF (coefficient 12.346, 95% CI 3.943–20.749). Intensive use of cardiovascular medications to support diabetes management was shown to be subjectively beneficial. Concern about perceived deterioration on HRQoL attributable to pill burden might be captured if a diabetes-specific instrument was employed.

**IMPACT ASSESSMENT OF CBIA-DM STRATEGY ON DIABETIC PATIENTS’ QUALITY OF LIFE**

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OBJECTIVES: CBIA is a small group discussion which emphasizes on the active role of participants in looking for information. CBIA has been proven effective to improve type 2 diabetic patients’ adherence to treatment program, pharmacy assistant’s skills in hypertension drug information service, and skills in early detection of Breast cancer. Therefore, CBIA was developed adapting the original CBIA, enriched with key messages in healthy life-style for diabetic patients as CBIA-DM. This study was aimed to assess the impacts of CBIA-DM on diabetic patients’ quality of life. METHODS: Five-series, pre and post quasi-experimental design. Three groups were involved in the study: CBIA-DM, DM-club and normal-care group. Data were collected in pre-intervention, immediately, one, three and 6 months post intervention using WHO-QOL-Bref questionnaires Bahasa version. Categorizing scores in good (mean ± SD), fair (between mean ± SD and mean ± SD), and poor (< mean ± SD): Level effectiveness of CBIA-DM was assessed based on the increasing of participant number in good level which steadily remains until 6 months post-intervention, time-required and cost/person for conducting CBIA-DM, and acceptance of CBIA-DM by the participants. RESULTS: In general quality of life, participant number of CBIA-DM (n = 30) increased from 13.3% to 16.7%. In health status: general, physical, psychological, social-relationships, and environment, increased from 23.3% to 40%, 13.3% to 23.3%, 16.7% to 23.3%, 16.7% to 30%, and 16.7% to 26.7% respectively. Time-required for conducting CBIA-DM was one-third (3 vs 9 hours) with cost/person 0.28 ($US D 6.50 vs 22.75) compared to DM-club. Participants expressed that CBIA-DM was enjoyable. CONCLUSIONS: CBIA-DM is cost effective strategy and has positive impact on diabetic patients’ quality of life.

**DIABETES/ENDOCRINE DISORDERS – Health Care Use & Policy Studies**

**EVALUATION OF ANTIDIABETIC UTILIZATION AND PRESCRIBING PATTERNS IN TAIWAN DURING 2004 TO 2008**

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OBJECTIVES: To assess utilization and prescribing patterns of antidiabetics in Taiwan. METHODS: This cross-sectional study used the Taiwanese Diabetic Pay-for-performance Register to extract a diabetic outpatient claim dataset from the National Health Insurance reimbursement database. Adult diabetic patients with at least one antidiabetic prescription during 2004 to 2008 were indentified and prescription details were analyzed. Antidiabetic drugs were stratified by into injection (insulin) and five chemical groups of oral drugs. Pattern of antidiabetic combination was categorized by both type and number of combined drugs. Frequency of different prescribing pattern was calculated and presented as annual prescribing rate and analyzed by Cochran-Armitage trend test to test a significant ascending or descending trends. All data was processed in SAS 9.1. 3. RESULTS: Over 95% prescribing patterns was composed of monotherapy, combination of any two, and combination of any three antidiabetics with approximately 30%, 47%, and 18% annual prescription rate, respectively. The most frequent types of drugs within above three patterns included single sulfonylurea (SU1), combined one biguanide and one sulfonylurea (BG1+SU1), and combined one biguanide, one sulfonylurea and one thiazolidinedione (BG1+SU1+TZD1). Prescribing rates of SU1 (from 18.1% to 9.83%) and BG1 + SU1 (from 37.6% to 34.46%) decreased over the study period (P < 0.001), but BG1 + SU1 + TZD1 revealed an increasing trend (from 8.45% to 10.99%, P < 0.001). Any prescribing pattern containing insulin presented an incremental annual prescribing rate, but the prescribing rates for those only contained oral drugs declined over time. CONCLUSIONS: Antidiabetic prescribing patterns in Taiwan have changed and shifted from simple monotherapy to multiple combinations of newer drugs. Meanwhile, prescribing rates of single-use or combination use insulin have also risen. It is necessary to further investigate the impacts of change prescription patterns on diabetic complications.