tation value=0.75, and negative prediction value=0.62. Temporal validation showed decrease in the sensitivity (0.69) and specificity (0.60) statistics. CONCLUSIONS: RxAPT shows promise as an effective tool to identify patients who are likely to become non-adherent to diabetes medications in the follow-up year. Further validation is needed before the tool can be implemented in a real world setting.

**PDB70**

THE RELATIONSHIP BETWEEN OUTCOMES IN TYPE 2 DIABETES AND ADHERENCE TO HBA1C MEASURED BY THE MORISKY ADHERENCE SCALES Pederzini D1,2, Vietti1

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OBJECTIVES: This study describes the relationship between health-related quality of life (HR-QoL) assessed using the SF-36v2 and adherence as measured by the Morisky Medication Adherence Scale (4-item MMAS-4, 8-item MMAS-8, and a 4-item scoring of the MMAS-8) among US adults with type 2 diabetes (T2D). METHODS: Data were taken from the 2011 and the 2012 US National Health and Nutrition Examination Survey (NHANES). The NHWS is a large cross-sectional survey representative of the total adult population in several major markets; N=75,000/year in the US. A total of 13,007 respondents self-reported physician diagnosis of T2D and were administered MMAS-4 in 2011 or MMAS-8 in 2012. The MMAS-8 was described for the two adherence scales and also a scoring of the MMAS-8 that uses only the 4 items best matched to the questions in the MMAS-4. RESULTS: In T2D patients, MMAS-4 resulted in a greater percentage of respondents classified as having high adherence than MMAS-8 (64% vs. 44%) and a lower percentage of low adherence (3% vs. 19%), while medium adherence was fairly similar (33% vs. 37%). The 4-item scoring of the MMAS-8 was more similar to MMAS-4 (79% high, 15% medium, 6% low). In OLS regressions controlling for sociodemographic characteristics (e.g. age, gender, comorbidities, education, income), all measures of adherence were significant predictors of HR-QoL, with two main differences: R-squared values were significant predictors of HR-QoL, with two main differences: R-squared values were lower (p=0.001, 0.002, 0.002), and the medium adherence category was not predictive of Physical Component Summary (PCS) scores. CONCLUSIONS: All three adherence scores are significantly correlated with the Mental Component Summary and SF-6D health utility scores of the SF-36v2, MMAS-4 fails to correlate with PCS. The variation in proportion of patients classified as highly adherent across scales also suggests pooling such classifications across data using different versions of the MMAS is not advisable, at least among T2D patients.

**PDB71**

INVESTIGATING THE SHORT-TERM IMPACT OF POOR GLYCEMIC CONTROL ON THE DAILY LIVES OF PEOPLE WITH TYPE 2 DIABETES Jendle J1, Ridderstråle M1, Jensen HH1, Beguelin M1, Jensen MM4, Ericsson A1, Evans M4

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OBJECTIVES: Type 2 diabetes (T2D) is a chronic condition with well-described long-term cardiovascular consequences and other co-morbidities. This study investigated the short-term impact of poor glycemic control on T2D patients’ daily lives to help define the health states for inclusion in a time trade off study (TTO).

METHODS: Adult respondents in Denmark receiving medical treatment for T2D, and knowing their HbA1c level, completed an online survey based on results from prior telephone interviews with patients to identify perceptions on weight, simplicity of insulin regimen and aspects of well-being affected by change in HbA1c. Questions covered demographics and insulin regimen, most recent HbA1c and change from previous HbA1c level, other medical conditions and aspects of well-being affected by change in HbA1c. 15-5 with 1-niever and 5-always, if respondents wanted to reduce HbA1c, and the extent to which key criteria were perceived to be difficult to achieve. RESULTS: 268 respondents completed the survey. Age range 18-79 years, female 64%. 106 patients completed the survey. Age range 18-79 years, female 64%. Frequency of excess thirst reduced significantly with a >1 drop in HbA1c and the effect increased with further decreasing HbA1c. Similar results were found for frequency of urination, fatigue and lack of energy. Other improvements were reduction of weight, decrease in HbA1c. Almost 100% of respondents with HbA1c ≥9% wished to reduce their HbA1c, compared to 61% with HbA1c <7%. Answering “to what extent does the following explain why your HbA1c is not lower?” the highest response was “to avoid gaining weight”, lowest response was ‘forgetting to take medication’. CONCLUSIONS: Symptoms improve with reduced HbA1c, and the majority of respondents wish to lower their HbA1c.

Changes in HbA1c are perceived to have a major impact on daily lives; however, there are still a variety of barriers preventing people with T2D from lowering their HbA1c.

**PDB72**

INFLUENCE OF PATIENT-REPORTED OUTCOMES ON REPOSITORY, HTA AND MARKET ACCESS DECISIONS: OBESITY AND DIABETES CASE EXAMPLES Doward L1, Hapjerve L2, DeMuro C3, Hogue S4, Fernandez M5, Barrett A5, Crawford SR5, Klugh NP, Aagren M6

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OBJECTIVES: To identify key drivers for the successful integration of patient-reported outcomes (PROs) in clinical programs designed to support regulatory label claims, health technology assessment (HTA) and market access (MA) in diabetes and obesity. METHODS: A series of focus groups with key stakeholders including HTA, MA and regulatory experts was conducted to elicit key components of PRO strategies employed for two case examples: exenatide (diabetes) and lorcaserin (obesity). Qualitative one-on-one interviews were also conducted with payer decision-makers in key European (UK, Germany, France) and US markets to understand the key drivers for successful PROs strategies. RESULTS: Although there is an FDA draft guidance on PROs to support labeling claims, no disease-specific guidance on PRO-endpoints for obesity/diabetes are issued by FDA or EMA. Regeneration trials included assessments of symptoms, health-related quality-of-life (death), psychological, well-being. Exenatide: no PRO US/ EU label claims sought. Lorcaserin: PRO data supported MA submission in US and EU. Key findings from patient interviews (n=6 EU/4 US) revealed that health-care system differences influence payer-preferences for PRO-type (e.g., generic/disease-specific), influenced primarily by need for cost-effectiveness model. All payers agreed that PRO data was unique and important for reimbursement but considered reimbursement difficult to influence, although stated that PRO data can positively impact prescribing/MA. Payers reported that in EU, PROs are part of the supporting evidence considered by HTA & MA. Further investigation is required to determine the development of robust PRO and communication strategy tailored to the needs/requirements of the end-users (regulators, HTA and MA). Sponsors must consider how to best position PRO data, and how to ensure alignment of HTA decision makers.

**PDB73**

LOW TREATMENT SATISFACTION ASSOCIATED WITH ACREMAGEY IN THE UNITED STATES Jia S1, Xu Y1, Suco J1, Begelmann SM2, Shi L3

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OBJECTIVES: To assess current status of disease control and treatment satisfaction in patients with acromegaly in the United States. METHODS: A web-based cross-sectional survey was conducted from August–October 2014. The survey consisted of 28 items investigating the reported information on treatment satisfaction and preference, symptom control, and comorbidities were collected and analyzed descriptively. RESULTS: A total of 106 patients responded; mean age 46 years, female 70%. Almost half (57/106) reported a 5-year diagnosis delay after symptom onset. Most patients (91%) had undergone surgery. Of 68 patients on pharmaceutical therapy: 79% were on somatostatin analogs, 16% on dopamine agonists, 5% on GH-agonist. More than 40% of patients described for the two adherence scales and also a scoring of the MMAS-8 that uses only the 4 items best matched to the questions in the MMAS-4. Almost 100% of respondents with HbA1c ≥9% wished to reduce their HbA1c, compared to 61% with HbA1c <7%. Answering “to what extent does the following explain why your HbA1c is not lower?” the highest response was “to avoid gaining weight”, lowest response was ‘forgetting to take medication’. CONCLUSIONS: Symptoms improve with reduced HbA1c, and the majority of respondents wish to lower their HbA1c.

Changes in HbA1c are perceived to have a major impact on daily lives; however, there are still a variety of barriers preventing people with T2D from lowering their HbA1c.

**PDB74**

ASSESSMENT OF DIETARY KNOWLEDGE, MYTHS AND MISCONCEPTIONS AMONG DIABETIC PATIENTS in Quetta, Pakistan, Jinnah N1, Aibar N1, Iqbal Q1, Naseem A1, Ashar SA2, Bashir S3

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OBJECTIVES: The present study aimed to assess the dietary knowledge, myths and misconceptions among diabetic patients in Quetta, Pakistan. METHODS: The study was conducted as a cross-sectional, questionnaire based study covering diabetic patients in public and private hospitals and diabetic clinics of Quetta city, Pakistan. A self-administered questionnaire was used evaluate the dietary knowledge, myths and misconception about diabetes. The questionnaire constructed with a total of 20 questions each for dietary knowledge, myths and misconception. Continuous variables were expressed as mean ± SD, and categorical variables are frequency and percentage. RESULTS: A total of 400 questionnaires were distributed out of which 320 were received and included in the study. The study is dominated with male respondents (59.7%, n=191), with majority (37.2%, n=119) categorised in age group between 25-34 years and married (78.4%, n=251) with education level as 5.5 (matriculation) (39.1%, n=125). The mean dietary knowledge score was 4.81±1.2 and myths and misconception score was 3.32±1.8 both b...