to be adherent than females (p = 0.05). CONCLUSIONS: American Diabetes Association guidelines recommend statin therapy in every diabetes patient of age 40 years and above, regardless of their low-density lipoprotein level. Low adherence can result in the development of cardiovascular diseases, which can lead to an increase in outpatient costs and length of stay. In the health care costs, adherence to statins was suboptimal among this study population. This presents an increased risk of developing cardiovascular diseases, which can lead to increases in the health care costs for this self-insured university.

**PDB47**

**IMPROVING OUTCOMES AND PRODUCTIVITY FOR EMPLOYEES WITH DIABETES**

**Patter N1, Pechta G2, Feller M3, Coabra B4, Rapoport C5**

1University of Toledo, Toledo, OH, USA; 2The Queen Silvia Children’s Hospital, Göteborg, Sweden; 3Hôpital des enfants, Toulouse, France; 4Insight Consulting & Research, SL, Barcelona, Spain; 5Pfizer Incorporated, San Diego, CA, USA; 6University of Edinburgh, Edinburgh, UK; Pfizer, Ltd. Walton Oaks, UK

**OBJECTIVES:** To examine the effect of a community pharmacy based medication therapy management program (MTM) on patient outcomes over one year. **METHODS:** A one year, pre-post longitudinal study. Patients served as their own controls. Community pharmacists provided MTM services to the City of Toledo employees and their dependents with diabetes. Employees were seen every 3 months at one of seven participating pharmacy sites. Participants received a 3 month supply of medications at the cost of one co-pay as an incentive. Data collected: quality of life scores (SF-36), self-reported adherence (Modified Morrissey scale of 1–5, 1 being always adherent and 5 being never adherent), number of sick days, and patient satisfaction with services (Likert scale of 1–5, 1 being highly unsatisfied and 5 being highly satisfied). Data was analyzed using SPSS v 16.0 for one year using descriptive statistics and Friedman tests. **RESULTS:** One hundred one employees enrolled at baseline. Patients had improved scores on physical functioning, role physical, bodily pain, and social functioning. The physical component summary remained roughly the same. Mental component scores decreased, but not significantly. Self-reported adherence improved significantly from 3.83 to 2.68 (p < 0.005) over 12 months. There was a decrease in the use of sick days from 1.13 ± 3.32 at baseline to 0.09 ± 0.39 (p = 0.368) at the end of the study. Patients who reported using sick days at baseline on average reported less use of sick days over one year. Overall patient satisfaction significantly increased from 3.26 to 4.52 (p < 0.001) over 12 months. Experience with the pharmacist and experience with pharmacy services were the highest rated items. **CONCLUSIONS:** Improved quality of life and adherence can help increase productivity of employees and can help reduce costs for employers by reducing disease-related missed days of work. Employers looking to save costs and improve productivity can utilize the services provided by pharmacists.

**PDB48**

**ASSESSING QUALITY OF LIFE IN SHORT STATURE YOUTH – THE QOLISSY PROJECT FOCUS GROUP AND COGNITIVE DEBRIEFING EXPERIENCE**

**Bußunger M1, Dallennak Blom M1, Feigerlova E1, Herdan M2, Lunde C2, Mmoun E3, Priel A1, Power M4, Quinljan L5, Rohenkohl A6, Sanz D4, Skoropadskaya A6, Bullinger M1, Dellenmark Blom M2, Feigerlova E3, Herdan M4, Lunde C2, Mimoun E3, Wollmann H7, Chaplin J2**

1Hamburg University, Hamburg, Germany; 2The Queen Silvia Children’s Hospital, Göteborg, Sweden; 3Hôpital des enfants, Toulouse, France; 4Insight Consulting & Research, SL, Barcelona, Spain; 5Pfizer Incorporated, San Diego, CA, USA; 6University of Edinburgh, Edinburgh, UK; Pfizer, Ltd. Walton Oaks, UK

**OBJECTIVES:** Since pediatric growth disorders such as Growth Hormone Deficiency (GHD) and Idiopathic Short Stature (ISS) may affect subjective wellbeing and functioning, treatment outcomes should include assessment of quality of life (QoL). The multinational QOLISSY project aims at developing simultaneously in 5 countries, a targeted instrument to measure outcomes in short stature children in three age groups (4–7, 8–12, & 13–18 yrs). **METHODS:** The project follows international instrument development guidelines and uses focus groups, cognitive interviewing, and pilot- and field testing. Per country, 24 children (height <2 SDS) and one of their parents were recruited into focus groups according to age group (8–12 and 13–18 yrs), gender, diagnostic (ISS/GHD) and GH-treatment (treated and not-treated). Statements derived from focus groups were used to formulate items which were subsequently presented to 24 child-parent pairs per country for cognitive debriefing. Additional focus groups with recruited into focus groups according to age group (8–12 and 13–18 yrs.), gender, development guidelines and uses focus groups, cognitive interviewing, and pilot- and targeted instrument to measure outcomes in short stature children in three age groups. **RESULTS:** Treatment outcomes should include assessment of quality of life (QoL). The involvement forward / backward translations and testing on a sample of the 3 age groups. 25 out of the original, the aim of our study was to determine if this was the case in the translations, determine a potential pattern should there be differences and make recommendations on the basis of the results. **METHODS:** This investigation was carried out as follows: 1) Comparison of the 29 identical items from the Teen, Adult and Child versions of the 10 language versions, 2) comparison and pooling of data. **RESULTS:** First results indicate that language versions are relatively similar across the 3 reports with few differences and no identifiable pattern. The differing formulations across age groups are not the same across translations. Differences are not linked to the translation of technical terms, but found in items on general symptoms. **CONCLUSIONS:** The similarities across the 3 age-specific forms for the 10 languages seem to indicate the universal and intergenerational acceptability of the original concepts and their formulations. Given the similarities with identifiable patterns across age categories in some languages however, it is recommended to test the understanding of each item through cognitive debriefing on a sample of each age group despite the use of identical formulations in the original. This will ensure appropriate comprehension across age groups and translations and facilitate international comparison and pooling of data.