glicemic control. To further improve outcomes for employees with diabetes and improve long-term cost-savings, employers might need to focus on programs that target medication adherence.

ASSESSING UTILITIES AND DISUTILITIES FOR TYPE 2 DIABETES TREATMENT-RELATED ATTRIBUTES IN AN ASIAN POPULATION

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OBJECTIVES: To assess utility values associated with type 2 diabetes from Korean and Taiwanese populations and identify key drivers of preferences within these populations. Utility values were collected in non-Asian populations often elicited using a survey population or scaling method that is not preferred by Asian payers. As the use of pharmacoeconomics becomes more prevalent in Asia there is a greater need to understand implications of adapting overseas studies and to identify appropriate utility values when calculating cost utility ratios in the region. METHODS: A total of 132 study participants (67 from the general population and 65 type 2 diabetes patients) were recruited equally from Korea and Taiwan. Health states for type 2 diabetic patients were adapted from a published UK study. Utilities for the health states were elicited using a chained standard gamble method (SG) and the EQ-5D. A paper SG was administered with multiple researchers assisting and verifying respondents’ logic. Demographic data were collected. Analyses were conducted using approved methods and compared to published UK utility values. RESULTS: The mean utility of type 2 diabetes patients without complications was 0.873 (EQ-5D among patients). Asian patients indicated greater disutility from weight gain (−0.0488 for 5% gain) and less utility from weight loss (0.0184 for 5% loss), which was similar to findings from the UK. The average disutility associated with gastrointestinal side effects was −0.007. CONCLUSIONS: Localized utility studies provide insight into the geographic preferences related to type 2 diabetes health states. The values placed upon weight loss versus weight gain, a respondent’s baseline BMI and differences in study design may drive variation in utilities between Asia and the UK. The ability to adapt utility studies conducted overseas to capture Asian preferences using methods preferred by Asian payers has meaningful implications for future cost utility studies conducted in Asia.

ASSESSING THE MINIMUM CLINICALLY IMPORTANT DIFFERENCE OF THE WORRY SCALE OF THE HYPOGLYCAEMIA FEAR SURVEY IN PATIENTS WITH TYPE 2 DIABETES

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OBJECTIVES: To explore the concept of the Minimum Clinically Important Difference (MID) of the Worry Scale of the Hypoglycaemia Fear Survey (HFS-II) and to quantify the clinical importance of different types of patient-reported hypoglycaemia. METHODS: An observational study was conducted in Germany with 192 patients with type 2 diabetes mellitus treated with combinations of oral anti-hyperglycaemic agents. Patients completed the HFS-II, the Treatment Satisfaction Questionnaire for Medication (TSQM), and reported on severity of hypoglycaemia. Distribution- and anchor-based methods were used to determine MID. In turn, MID was used to determine if hypoglycaemia with or without need for assistance was clinically meaningful compared to having had no hypoglycaemia. RESULTS: 112 patients (28.6%) reported hypoglycaemic episodes, with 15 patients (3.8%) reporting episodes that required assistance from others. Distribution- and anchor-based methods resulted in MID between 2.1 and 5.8 and 3.9 for the HFS-II, respectively. Patients who reported hypoglycaemia with (21.6, 95% confidence interval (CI) 15.1; 28.1) and without (12.1, 95% CI 9.7; 14.5) need for assistance scored higher on the HFS-II (0-72) than patients who did not report hypoglycaemia (6.0, 95% CI 5.0; 7.0). CONCLUSIONS: We provide MID for HFS-II. Our findings indicate that the differences between having reported no hypoglycaemia, hypoglycaemia without need for assistance, and hypoglycaemia with need for assistance appear to be clinically important in patients with type 2 diabetes mellitus treated with oral anti-hyperglycaemic agents.

UNDERSTANDING AND ASSESSING THE IMPACT OF GROWTH HORMONE DEFICIENCY IN ADULTS

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OBJECTIVES: Adult Growth Hormone Deficiency (AGHD) is a poorly understood disease. As a result, treatment patterns and health care access vary by country and misunderstandings regarding the patient reported impacts are common. A well-developed PRO measure identifying disease and treatment issues for this population and sensitive to treatment effects is critical for future research and clinical decision making. The purpose of the study was to understand the full spectrum of PRO issues in AGHD and develop a validation ready measure of these impacts. METHODS: As the first phase of the PRO measure development process, qualitative data was collected from the literature, experts and patients and transcripts thematically coded across a grounded theory. Based on a synthesis of all information, a conceptual model of the impact of disease and treatment was developed and a PRO measure generated. RESULTS: 39 AGHD patients (7 focus groups, 3 telephone interviews) and 6 clinical experts in three countries (UK, UK, Germany) were interviewed regarding the impact of AGHD and treatment on functioning, well-being and treatment burden. The mean age of patients was 50.7 (range 23–82), mean age at diagnosis of 39.7 (range 4–71) and 87% were currently on treatment. Across countries common impacts were identified in the domains of Energy, Physical Health, Psychological Health, Cognition and Treatment Burden. A conceptual model of the impacts of AGHD, their consequences and modifications to the relationship was developed and a 46 item PRO impact measure (TRIM-AGHD) was generated with 3 discrete domains. The TRIM-AGHD was then rigorously debriefed in 9 patients and adapted ready version created. CONCLUSIONS: The instrument development process, the full conceptual model, and discussion of clinical implications will be presented. This information should help clinicians identify key PRO issues for AGHD, facilitate targeted treatments and allow for meaningful measurement of treatment effect.