duration of known diabetes was 6.80 ± 6.67 years. A substantial negative impact of diabetes on the participants’ HRQoL was observed as assessed by the ADDQoL (mean ± SD average weighted impact (AWI) score = 3.76 ± 2.03 from the possible range −9 to +3), although the level of their TS was rather high as assessed by the DTSQ (mean ± SD score = 49.6 ± 9.31 out of 100). The participants’ EQ-SD scores (mean ± SD score = 0.74 ± 0.20, EQ-VAS score = 65.22 ± 17.54) were only slightly lower than the norm values for the general population (0.80 ± 0.26 and 79.74 ± 18.23 for the two scales, respectively). Higher income was significantly associated with better health status, while lower education and unemployment status were significantly associated with poorer HRQoL. Female gender and older age were associated with higher TS.

CONCLUSIONS: Diabetes had major impact on the participants’ HRQoL, but little impact on health status despite a high level of TS. Patient characteristics associated with these outcomes were also different.

PDB6
DEVELOPMENT OF A THAI VERSION OF THE AUDIT OF DIABETES-RELATED QUALITY OF LIFE QUESTIONNAIRE: LINGUISTIC AND PSYCHOMETRIC EVALUATION
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OBJECTIVES: To develop a Thai version of the Audit of Diabetes-Related Quality of Life (ADDQoL-19) and to evaluate its psychometric properties among Thai patients with diabetes. METHODS: This study was conducted by firstly cross-culturally adapting the original English ADDQoL-19 into Thai, followed by administering the Thai version to patients. The Thai EQ-SD and sociodemographic questionnaire was also administered to patients aged ≥18 years with diabetes recruited from a tertiary hospital in central Thailand by simple random sampling. The usefulness of a ‘not applicable’ (N/A) option and the necessity of weighting the impact scores, factor structure and internal consistency reliability of the Thai ADDQoL-19 were assessed. Data were subjected to confirmatory factor analysis (CFA) using structural equation modeling (SEM) and exploratory factor analysis (EFA) using principal component analysis (PCA). The known-groups validity of the Thai ADDQoL was assessed by four priori hypotheses. RESULTS: The Thai ADDQoL-19 was shown to be conceptually equivalent to its original version and culturally relevant to Thai patients with diabetes. Its psychometric properties were evaluated among 201 diabetic patients (71.1% females; 81.6% primary educated; mean age 54.23 [SD = 9.8] years). Its unique characteristics, i.e., weighting and individual adaptation were proved to be necessary for a more accurate assessment of quality of life. The Thai ADDQoL-19 also demonstrated a good internal consistency reliability, with the Cronbach’s alpha of 0.90. However, the fit indices derived from a CFA failed to achieve a good fit (i.e., >0.50). The Thai ADDQoL-19 showed factor loadings above 0.40 for all items, except for sexual relationship. The CFA failed to achieve a good fit (i.e., <0.50) from the possible range. A significant association was observed between ADDQoL AWI and both duration of diabetes and DM patients in primary care settings frequently reported lack of freedom to eat was the most common complaint among the five DM-related QoL issues. This study aims to investigate the health-related quality of life (HRQoL) of DM patients under primary care, and the associations of HRQoL with demographic factors and HbA1c control. Previous studies that examined these associations yielded mixed results and none was done in Singapore.

PDB9
HEALTH-RELATED QUALITY OF LIFE AND GLYCEMIC CONTROL IN PATIENTS WITH TYPE 2 DIABETES MELLITUS
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OBJECTIVES: Diabetes Mellitus (DM) can reduce patients’ physical well-being and impair their health-related quality of life. This study aims to investigate the health-related quality of life (HRQoL) of DM patients under primary care, and the associations of HRQoL with demographic factors and HbA1c control. Previous studies that examined these associations yielded mixed results and none was done in Singapore.

PDB20
OLDER WOMEN WITH DIABETES: CARDIOVASCULAR MEDICATION USE AND QUALITY OF LIFE
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OBJECTIVES: To examine the association between patterns of cardiovascular medication use and health-related quality of life (HRQoL) in elderly diabetic women. METHODS: A cross-sectional study was conducted using older cohort completing Survey 4 in the Australian Longitudinal Study on Women’s Health (ALSWH) who self-reported to have been diagnosed with diabetes and/or use medications indicative of cardiovascular disease. Use of cardiovascular medications was identified from self-reported medications belonging to the Anatomical Therapeutic Chemical (ATC) code B01A, C03, C07, C08, C09, C02 and C10. Usage patterns were classified as no use, using any hypoglycemics, lipid lowering agents or antiplatelet drugs, using any two classes, and using all the three classes. The SF-36 was used to measure HRQoL, focusing on the

PDB18
THE PREVALENCE AND IMPACT OF BEING AT RISK FOR DIABETES ACROSS US, JAPAN, AND EUROPE
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OBJECTIVES: As diabetes rates rise, it is important to understand the proportion of those who are at-risk for developing diabetes but have not yet been diagnosed. The aim of this study was to assess the burden for these high-risk patients. METHODS: The current study used 2009, 2008, and 2008 datasets from the National Health and Wellness Survey (NHWS). Implementing a previously developed algorithm, all patients not diagnosed with diabetes were classified as having or not having a high risk for developing diabetes. High-risk patients were compared with controls on health-related quality of life (physical component summary (PCS) scores of the SF-12c) and the number of emergency room (ER) visits controlling for demographics (country, age, gender, ethnicity, income, education) and patient characteristics (BMI and Charlson comorbidity index). RESULTS: Of patients not diagnosed with diabetes, 16.6% (n = 10778) in the United States, 14.3% (n = 7481) in the EU, and 4.05% (n = 750) in Japan were classified as being at high risk for diabetes. After controlling for demographics and patient characteristics, those at high risk reported significantly lower levels of PCS across all three countries (Adjusted Mean [M] = 46.2 vs. 49.6, P < 0.0001) than controls. The effect was stronger in the US (M = 45.4 vs. M = 49.2) and weaker in Japan (M = 47.9 vs. M = 49.8) relative to the United States. The United States had a mean (M) of 46.6 vs. 49.7). At high risk reported significantly fewer ER visits (M = 0.12 vs. M = 0.16, P < 0.0001) than controls, however, this effect was reversed in Japan in that those at high risk reported significantly more ER visits than controls (M = 0.21 vs. M = 0.12, P < 0.0001). CONCLUSIONS: A substantial number of patients are at a high risk for developing diabetes, particularly in the United States and EU. The physical quality of life was significantly lower, particularly in the EU and the United States, and in Japan this group reported significantly more ER visits than controls.