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EVALUATION OF THE QUALITY OF LIFE OF DIABETIC PATIENTS IN MINAS GERAIS STATE, BRAZIL

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OBJECTIVES: To evaluate the quality of life (QoL) of diabetic patients and its associated factors. **METHODS:** In January to Febrary 2014 patients with diabetes mellitus (DM) were interviewed in cities of Minas Gerais State about sociodemographic, clinical and QoL aspects of. QoL was measured by the EuroQol questionnaire (Eq5D). Descriptive analysis, correlation, linear regression multivariate analyzes were performed. **RESULTS:** We interviewed 2,620 patients. Of these, 69% were women, 84% had type 2 DM and 10% type 1. The mean age was 61 years ($\sigma = 16$). The descriptive system Eq5d scores ranged from -0.1896 and 1.000 ($\mu = 0.7158$; $\sigma = 0.22$) and for the visual analog scale from 0 to 100 ($\mu = 67.5$; $\sigma = 22$). These values are consistent with the utility values (-0.235 to 0.869) for the general population of Minas Gerais. The mean QoL of diabetic patients was 0.716 ($\sigma=0.22$). Multivariate analysis showed that the following aspects significantly decrease QoL of the patients: (I) not being able to do usual activities; (II) bedridden for sickness; (III) worse self-rated health status; (IV) history of arthritis, osteoarthritis or rheumatism; (V) obesity; (VI) depression; (VII) stroke; (VIII) retinopathy; (IX) neuropathy; (X) chronic lung disease; (XI) thrombosis; (XII) need for help to take medicines; (XIII) growing old; (XIV) years on medication; (XV) living alone; (XVI) have been hospitalized in the last 15 days; (XVII) have spent money on supplies for diabetes and (XVIII) not do exercise (p <0.05). **CONCLUSIONS:** The interviewed diabetic patients had worse QoL than the general population and the diabetes complications decreases QoL of these patients, which points out to the need for better disease control, monitoring and more educational activities that effectively contribute to the self-care.

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PREDICTORS OF MAMMOGRAPHY SCREENING AMONG WOMEN AGED 50-74

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OBJECTIVES: Breast cancer is the most common cancer and the second highest cause of death due to cancer among women. The US Preventive Services Task Force and the American Association of Family Physicians recommend biennial mammography screening for women aged 50-74. This study is aimed at determining factors associated with mammography screening among women in this age group. **METHODS:** Women (50-74 years) who participated in the Behavioral Risk Factor Surveillance System in 2013 were included (n=15,426). Weighted mammogram screening prevalence within the past two years was estimated and logistic regression was used to assess sociodemographic (age, race, marital status, education, income, healthcare coverage, employment), clinical (time since last routine check-up and pap smear, health status, history of cancer), and lifestyle (physical activity and smoking status) factors associated with mammogram screening. **RESULTS:** Most participants (77.4%) reported having a mammogram within the past 2 years. Factors associated with mammogram screening within the past 2 years included: older age (ORs range: 1.26-1.57), higher income (ORs range: 1.23-1.50), having a health plan (OR=2.63;95%CI=2.22-3.12), check-up within past year vs. 2 years or more (OR=5.02;95%CI=4.30-5.86), pap smear within past year vs. 5 years or more (OR=9.25;95%CI=8.01-10.69), history of cancer (OR=1.23;95%CI=1.08-1.39), being physically active (OR=1.21;95%CI=1.08-1.36), and non-smoking (OR=1.70;95%CI=1.50-1.93). Blacks were more likely to screen than whites (OR=1.69;95%CI=1.40-2.04). Those with less than high school education were less likely to screen than those who attended college (OR=0.81;95%CI=0.66-0.999). The retired were more likely to screen than those employed for wages (OR=1.31;95%CI=1.12-1.52). The unmarried were less likely to screen than the married (OR=0.79;95%CI=0.70-0.90). **CONCLUSIONS:** Mammogram screening prevalence was below the 81.1% recommended by Healthy People 2020. Our findings identified population subgroups that may benefit from focused interventions. Policymakers may want to consider ensuring that patients have health insurance, regular check-ups and pap smears.

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DISCUSSION BETWEEN PROVIDERS AND PATIENTS ABOUT PROSTATE SPECIFIC ANTIGEN TESTING IN USA

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OBJECTIVES: Objectives of this study were to explore a) the effect of socio-demographic and personal characteristics on extent of discussions between men and healthcare providers about prostate specific antigen (PSA) testing and b) effect of discussions on PSA testing **METHODS:** This retrospective cross-sectional study analyzed data collected from the 2012 wave of the Behavioral Risk Factor Surveillance System (BRFSS). A discussion with providers about PSA testing was considered as a dependent variable. Baseline category logit model was used to measure effect of socio-demographic and personal variables on three levels of discussions (complete, partial and none). Logistic regression was used to test association between levels of discussion and whether a person had PSA test. **RESULTS:** Among 133,040 males, 84996 (63.9%) said their providers discussed advantages of PSA with them, while 94,818 (71.3%) said providers never discussed disadvantages of PSA testing. For 46,971(35.3%), neither advantages nor disadvantages were discussed. Highest level of education, age, recommendation for having a PSA test by provider and having a unique personal provider were positively associated with discussions about PSA testing. Odds of not having a PSA test was at least 6.67 times (OR = 7.14, 95% CI =6.67, 7.69) more for those who had no discussion compared to those who had discussed either advantages or disadvantages and was less by at least 81% (OR = 0.18, 95% CI = 0.17, 0.19) for those who discussed both advantages and disadvantages compared

to those who discussed nothing. **CONCLUSIONS:** Most men and providers did not discuss disadvantages of PSA testing. Men with higher education, being older and having a unique personal provider were more likely to have discussed about PSA testing with their providers. Discussions with providers had a significant positive impact on PSA testing. Providers should discuss completely about PSA testing with men to help them in decision making.

PHS94

LONG-TERM IMPACT OF A PHARMACIST-LED DIABETES MEDICATION MANAGEMENT PROGRAM ON GLYCEMIC CONTROL

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OBJECTIVES: Due to its chronic nature and the severity of its complications, diabetes has major clinical and financial impacts on patients and health care. Evidence suggests that community-based disease management models have the ability to improve outcomes for patients with diabetes. Scott & White Health Plan (SWHP) offers a medication management program (MMP) in which eligible members with diabetes receive monthly educational visits with a pharmacist, anti-diabetic medications, and testing supplies at no cost. This study aims to evaluate the clinical impact of the diabetes MMP offered by SWHP by comparing long-term glycemic control in diabetic patients who are enrolled in the MMP to those not enrolled. **METHODS:** Diabetic patients aged 18 to 61 at time of MMP enrollment (index) with continuous enrollment in SWHP one year prior and four years post-index were included. Patients in MMP must be enrolled for four years, with control subjects receiving standard diabetes care during this time. Control subjects were matched 2:1 on age, gender, diabetes type (I or II), insulin use, and physical comorbidity. HbA1c data were obtained from medical records. Bivariate analyses assessed differences in patient characteristics by group. **RESULTS:** A total of 73 diabetic patients were matched with standard care patients for a combined sample of 219, with 56% female and mean age 52 years (SD=5.7). Although MMP patients had greater baseline HbA1c (median: 8.8% MMP vs. 7.4% control; p<0.01 per Wilcoxon rank-sum test), they experienced a greater reduction in HbA1c after 4 years (median reduction: 1.0% MMP vs. 0.1% control, p<0.01). Eighteen (25%) MMP patients who were uncontrolled at baseline were at or below goal by the end of the study period. **CONCLUSIONS:** Participation of diabetic patients in the MMP demonstrated an improvement in glycemic control, supporting the idea that ambulatory pharmacists can be effective in community-based diabetes management.

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ASSESSING A PHYSICIAN VISIT FOR HEPATIC DYSFUNCTION BASED ON DATABASE MERGING CLAIMS AND ANNUAL HEALTH CHECKUP DATA IN JAPAN

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OBJECTIVES: Objective of this study is to assess a trend of physician visit among individuals who were detected as hepatic dysfunction by the annual health checkup (Kenshin) which is implemented in Japan. **METHODS:** This is a retrospective cohort study using Japan Medical Data Center (JMDC) database. Annual health checkup data in 2012 and the associated claims data were merged by unique identifiers. Individuals (18≤age≤64) with ALT>30(IU/L) as hepatic dysfunction were identified. The proportion of individuals who visited a physician office after the annual health checkup for liver related diagnosis up to month 3,6,9 and 12 from the date of annual health checkup was evaluated. The number of visits associated with liver related diagnosis and confirmed diagnosis with liver-related disease by gender and age was assessed. The cox proportional hazard regression model was used to evaluate variables associated with a physician visit. **RESULTS:** 353,384 individuals were received hepatic function tests at the annual health checkup in 2012. 57,059 individuals were identified ALT>30(IU/L) without any liver related diagnosis in preceding 12 months of the annual health checkup. Among them, the cumulative proportion of individuals who visited physician office was 4%(month 3), 11%(month 6), 20%(month 9), and 30%(month 12). 4,379(8%) of individuals were confirmed with liver related diagnosis at month 12. Fatty liver was major diagnosis followed by alcoholic hepatic disease, virus hepatitis, hepatic fibrosis or cirrhosis and liver cancer. Individuals with higher ALT values, older age, and female are more likely to visit physician's office after the annual health checkup. **CONCLUSIONS:** One in six individuals was newly detected with hepatic dysfunction at the annual checkup. Despite of the serious consequence of liver related diseases, small number of individuals with hepatic dysfunctions detected by the annual health checkup visited physician office for further evaluation of the diagnosis.

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RELATIVE AGE IN CLASS AND ADHD IN SCHOOL CHILDREN â€" DIAGNOSIS AND MEDICATION PATTERNS â€" INTRA-ANNUAL AND INTER-ANNUAL DISPARITY

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OBJECTIVES: Diagnosis of children with attention-deficit/hyperactivity disorder (ADHD) is increasing. Recent studies have shown a tendency for younger children in a school cohort being diagnosed with the condition, suggesting the diagnosis is associated with immaturity. Given potential sequelae of treatment, there is a great need to evaluate potential misdiagnosis. The present study sought to identify characteristics and treatment patterns of children with ADHD, compare younger to older children within single age cohorts, and find seasonality and trends in disparity of diagnosis and pharmacotherapy, within a non-selective real-world setting. **METHODS:** Children aged 6-11 who were members of Clalit Health Services January 2010. Diagnosis (ICD-9 314.[0,1,2,8,9]) and medication (ATC codes 'N06BAx') were extracted from the Clalit Health Services database. Calendar months of first