iramate. Each patient also answered the Norfolk Quality of Life questionnaire for diabetic neuropathy (QOL-DN) before and after treatment. The QOL-DN questionnaire was used to assess the patients’ perception of the effects of diabetic peripheral neuropathy on their quality of life. RESULTS: Total QOL: before = 27.76 ± 5.40, after = 17.29 ± 4.66 (P = 0.00028); Small fiber: before = 2.35 ± 0.77, after = 1.59 ± 0.68 (p = 0.149); ADLs: before = 1.83 ± 0.74, after = 1.22 ± 0.69 (p = 0.276); Symptom Score: before = 8.28 ± 1.24, after = 3.39 ± 0.69 (p = 0.00004). Autonomic Function: before = 1.06 ± 0.47, after = 1.00 ± 0.47 (p = 0.834). Large Fiber: before = 15.06 ± 3.30, after = 10.01 ± 2.79 (p = 0.0044). Topiramate significantly improved 3 of the 5 domains of QOL-DN. There was a significant correlation between the changes in QOL symptom score and proximal leg cold sensation (r = 0.459, p = 0.0448). In addition, the correlation between changes in QOL large fiber neuropathy score and objective changes in Total Neuropathy Score approached significance (r = 0.459, p = 0.0637). Thus, topiramate improves objective indices of nerve function and QOL. CONCLUSIONS: Nerve Function improvement and enhanced QOL can be used as a measure of response to therapy in clinical trials.

PDB36

EQ-5D IN TYPE 2 DIABETES: RELATIONSHIPS WITH QUALITY OF LIFE AND COMORBID CONDITIONS

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OBJECTIVES: While measures of quality of life (QoL) have been widely used in patients with Type 2 diabetes mellitus (T2DM), there is insufficient data on preference-weighted health status measures like the Euroqol EQ-5D. This study reports statistical relationships among the EQ-5D and QoL measures, and with comorbid conditions like obesity and depression. METHODS: Patients with T2DM at the outpatient clinics of a university hospital completed a mailed questionnaire which included the EQ-5D in addition to measures of generic health status (SF-12), diabetes-specific QoL (Audit of Diabetes Dependent Quality of Life-ADDQoL), and depressive symptoms (Center for Epidemiologic Studies Depression—CES-D). Patient-reported data were merged with retrospective clinical data from electronic medical records. RESULTS: Usable response rate was 44.3% (n = 385). Average EQ-5D score was 0.71 (±0.21). Spearman correlations with the EQ-5D index were: SF PCS-12 (0.640), SF MCS-12 (0.534), CES-D (−0.578), ADDQoL (0.316). Average EQ-5D scores were significantly lower for patients on oral medications and insulin (0.65 ± 0.22) compared to those only on oral medications (0.76 ± 0.19) (p < 0.001), and in those with at least one diabetes-related complication (0.68 ± 0.22) compared to those without (0.74 ± 0.21) (p = 0.011). There were no significant differences on the basis of glycemic control levels obtained from patients’ A1C. Approximately 86% of those reporting no anxiety and depression on the EQ-5D were classified as not having depressive symptoms on the CES-D (Chi Square = 144.6, p < 0.001; Somer’s d = 0.66, p < 0.001). Nearly 73% of patients reporting moderate problems with mobility and usual activities each on the EQ-5D were clinically obese. Simple linear regression indicated that the SF PCS-12 and SF MCS-12, together explained 57% of the variance in EQ-5D scores. CONCLUSIONS: EQ-5D scores reflected deficits in health status on the basis of diabetes severity variables like treatment type and diabetes-related complications, as well as conditions co-morbid to T2DM like obesity and depression.

PDB37/DB1

PATIENT-REPORTED UTILITIES/DISUTILITIES ASSOCIATED WITH TREATMENTS FOR TYPE 2 DIABETES

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It has been shown in the literature that quality of life differs by anti-diabetic treatment. OBJECTIVE: This study investigates salient differences between exenatide and insulin—products that show similar efficacy for the treatment of type 2 diabetes. Namely, compared with insulin, exenatide is associated with weight loss rather than weight gain and a higher incidence of nausea early in treatment. The current study used standard gamble (SG) methodology to estimate the utility/disutility of these attributes. METHODS: Hypothetical diabetes-related health states (with variations in nausea and weight) were created based on clinical trial data and the input of clinical experts and patients. Patients in Scotland and England with type 2 diabetes rated these health states and their own current health state in SG interviews. Patients completed the EQ-5D, PGWB, and the Appraisal of Diabetes Symptoms (ADS). Construct validity and health state differences were examined with correlations, t-tests, and ANOVAs. RESULTS: A total of 129 patients (51 Scotland; 78 England) completed standard gamble interviews. The mean utility of a health state at the patients’ current weight without nausea was 0.89. Higher weight was associated with lower utility, and lower weight was associated with higher utility (e.g., 5% higher weight = 0.83; 3% higher weight = 0.83; 3% lower weight = 0.91; 5% lower weight = 0.92). Differences between health states that varied by weight were statistically significant (e.g., current weight vs. 3% higher and 3% lower; both p < 0.001). Health states with nausea were rated significantly lower than otherwise identical health states without nausea (p < 0.001). SG ratings of own health (mean = 0.87) demonstrated construct validity through significant correlations with patient-reported outcome measures. CONCLUSIONS: Findings suggest that patient standard gamble interviews are a feasible method for obtaining utilities for type 2 diabetes utilities/disutilities. The utilities obtained in this study would be appropriate for use in a cost-utility analysis of treatment for type 2 diabetes.

PDB38

A LITERATURE REVIEW OF TREATMENT SATISFACTION, ADHERENCE AND QOL INSTRUMENTS USED IN TYPE 1 AND 2 DIABETES

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OBJECTIVES: To describe and compare the domains and psychometric properties of selected instruments used in diabetes Type 1 and Type 2. METHODS: A systematic literature review of published studies was conducted using MEDLINE (1990-2005), EMBASE (1990-2005) and the Mapi Research Trust databases. Only studies describing the development or use of a referenced instrument assessing QOL, treatment satisfaction or adherence in patients with diabetes type 1 or 2 were reviewed. Articles including diabetic patients after transplantation were not included. RESULTS: Thirty instruments were identified: four for patients under Insulin treatment (type 1 & 2), two for type 2 diabetes, nine “diabetes generic” (type 1 and type 2 treated with Diet or tablets and/or insulin), five for devices, three for adherence, two for diabetic complications, two were batteries and three were generic questionnaires. Out of these only nine had good psychometric properties. Three of them were fully validated, including responsiveness: the DQLCTQ for insulin-