assumed a constant change in utility occurs with a one unit change in BMI. However, recent studies demonstrate the magnitude of changes in utility scores may vary depending on: a) whether a patient is valuing weight loss or gain; b) whether a smaller or larger change in body weight is being evaluated; and c) baseline BMI. CONCLUSIONS: Various utility values associated with body weight using different methodologies have been published. Careful consideration should be given to determine the most appropriate utility values to use in cost utility analyses of T2DM therapies.

POB9

DEVELOPMENT OF A NEW QUESTIONNAIRE FOR IDENTIFYING PREDICTIVE FACTORS INFLUENCING WEIGHT LOSS THERAPIES

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OBJECTIVES: To develop a multidimensional specific questionnaire of factors related to weight loss therapies proposed for the assessment of therapy success or failure. METHODS: Three focus groups of patients where debriefed and an expert panel gathered relevant issues and converted them into 54 items around 9 dimensions: Alimentary Habits, Expectations towards Therapy, Effort and Concern, Emotion, Confidence, Believes, Motivation towards Physical Exercise, Motivation towards Weight Loss, and Perceived Control. Comprehension and legibility were questioned in a pilot sample. A first item reduction was done to avoid redundancies and to establish content agreement. Item reduction was carried out in a sample of patients using factor analysis. Feasibility, reliability, content validity and factor validity were assessed. RESULTS: A panel of 11 practitioners and researchers, belonging to different health centers in the Community of Madrid gathered 3 samples: One sample of 8 chronic patients participating in 3 focus groups; a sample of 8 patients to assess feasibility; a sample of 121 patients for item reduction. A first conceptual reduction conveyed a 32 item version. After measurement in a representative sample a final 17 items form was accepted. Items were arranged around 6 dimensions: Impulsiveness, External Locus of Control, Internal Locus of Control, Emotiveness, Motivation towards Physical Exercise, and Personal Image. Overall Cronbach’s α was 0.772 (ICC 95% confidence interval = 0.698–0.835). The 6 dimensions solution accounted for 71.2% of variance, with all eigenvalues above 1. CONCLUSIONS: The new questionnaire is a very short inventory of factors which might have screening properties in order to forecast the efficacy of weight loss therapies. Although further prospective research is being carried out in order to assess predictive validity, basic psychometric properties are good as a baseline model. Resulting dimensions are meaningful and well formed.

POB10

RIMONABANT IMPROVES HEALTH-RELATED QUALITY OF LIFE IN OVERWEIGHT/OBESE PATIENTS WITH TYPE 2 DIABETES: RIO-DIABETES STUDY

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OBJECTIVES: To evaluate the impact of the first selective cannabinoid type 1 (CB1) receptor blocker, rimonabant, developed for the management of cardiometabolic risk factors, on health related quality of life (HRQOL) in overweight/obese patients with type 2 diabetes. METHODS: A total of 1045 patients with type 2 diabetes were randomized in a double-blind trial and received either rimonabant 5 mg, 20 mg or placebo. Patients completed the Impact of Weight on Quality of Life-Lite (IWQOL-Lite), a validated 31-item questionnaire specifically designed for HRQOL assessment in obesity, and reported days missed from work at baseline and every 3-months up to 1 year. Analyses were performed on mean score changes from baseline to 1 year in the ITT population. Clinical meaningfulness was assessed using the Effect Size (ES) method, which is a measure of change over time that takes into account the variability within the sample at baseline. RESULTS: At 1 year, patients administered rimonabant 20 mg once daily (N = 339) reported significantly greater improvement (p < 0.001, and p = 0.03 for Work) in IWQOL-Lite total score and 3 out of 5 domains (Physical Function, Self-esteem and Work) than patients in the placebo group (N = 348) (no significant change in Sexual Life and Public Distress). These improvements were clinically meaningful (ES > 0.2). Also, there was a trend to fewer days missed from work reported by patients on rimonabant 20 mg (720 days) compared with those on placebo (1242 days) over the study period (p = 0.2 based on the number of patients with at least 1 day missed from work). CONCLUSIONS: HRQOL results showed both a statistically significant and clinically meaningful improvement in total score and also several domains (Physical Function, Self-esteem and Work) of the IWQOL-Lite questionnaire, with rimonabant versus placebo after a once daily administration of 20 mg rimonabant in this population of overweight/obese patients with diabetes.