subjected (range 31.4% in US – 38.1% in France, p = 0.827) reported having a NSHE at least weekly. Diabetes management was impacted as 20.9% of insulin dependent subjects reported decreasing their normal insulin dose on average 18.7 units per day over 3.2 days. Furthermore, a mean of 7.0 extra blood glucose tests were conducted in the week following the last NSHE. For those whose last NSHE was at work (n = 483), work productivity was impacted with 28.6% reporting missed work (e.g., leaving early) due to this NSHE. For those whose last NSHE occurred during the day but outside of work (n = 368), 18.2% of respondents reported work absenteeism due to this NSHE. For those whose last NSHE was during sleep (n = 121), 16.5% of respondents reported working absent because of this NSHE. CONCLUSIONS: NSHEs have a considerable impact on work loss productivity across these countries. The seriousness of NSHEs may be underestimated and should be considered an important part of diabetes management.

ATTEMPTED WEIGHT LOSS OR REGULAR EXERCISE: IMPACT ON QUALITY OF LIFE AMONG ADULTS WITH AND WITHOUT TYPE 2 DIABETES MELLITUS

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OBJECTIVES: Weight management and exercise are key self-management treatments for patients with type 2 diabetes mellitus (T2DM). This study examined the association between trying to lose weight or exercising regularly and health-related quality of life among individuals with and without T2DM. METHODS: Respondents to the US National Health and Nutrition Examination Survey (NHANES) were used to identify respondents (n = 10,318) who were ≥18 years old, and who had a diabetes diagnosis, or who were diabetes-free and without ESRD. Respondents who reported attempting weight loss in the past 12 months (6750) or attempting exercise at least weekly (2868) were included. The analyses were divided into four groups: those with T2DM who reported weight loss in the past 12 months and those who did not, those with T2DM who reported exercising at least weekly, and those who did not. Self-reported quality of life was measured with the Short Form-36 (SF-36) and the Short Form-Medication Outcomes Questionnaire (SF-MOQ). RESULTS: Compared to respondents who did not report either weight loss or exercise, respondents reporting weight loss, exercise, or both had significantly better SF-36 scores (p < 0.05), in almost all domains. In the T2DM group, the magnitude of the differences was greatest for respondents who reported both weight loss and exercise regularly. CONCLUSIONS: The health benefits of weight loss and exercise are significant for adults with T2DM. These findings support the inclusion of weight loss and exercise in diabetes management counseling for adults with T2DM.

THE IMPACT OF DIABETIC NON-SEVERE HYPOGLYCEMIC EPISODES ON FUNCTIONING AND DIABETES MANAGEMENT: A 4 COUNTRY PERSPECTIVE

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OBJECTIVES: To increase our understanding of the impact of diabetes-related non-severe hypoglycemic episodes (NSHE’s) on patient functioning and diabetes management. METHODS: A web-based survey of adults with diabetes (US, France, Germany, and UK). NSHE’s were classified as occurring in the past month, past 12 months, or during sleep (nocturnal). RESULTS: 6,756 persons with diabetes were surveyed, 2,430 had at least one NSHE in the past month. The mean age was 46.1 ± 14.8 (range 19-90, 1375 (56.7%) were female and average duration of diabetes was 12.8 ± 11.8 years (range 0.08–72.8), 89.2% (n = 2,167) reported at least 1 day time NSHE and 44.7% (n = 1086) had at least 1 nocturnal NSHE. In the past month, $45.64 out-of-pocket was spent on foods, glucose products, transportation, etc. to either prevent or cope with these NSHE’s. For daytime NSHE’s, the average amount of time respondents reported not functioning at their usual level was 9.0 ± 24.9 hours if the NSHE occurred while they were active and 12.4 ± 6.2 hours for NSHE occurring while not active. On average, 8.3 extra blood glucose monitoring test strips were used and insulin was decreased on average by 10 units over the following 6 days. For sleep related NSHE’s, on average, it took 1.4 ± 1.9 hours to return to sleep with 15.6% not being able to go back to sleep at all after the episode. 81.9% (n = 889) reported being tired the following day as a result of the event. Sleep related NSHE’s resulted in on average 11.4 ± 8.4 1 extra blood glucose monitoring test strip used and insulin was decreased on average by 13.8 units over the following 6 days. CONCLUSIONS: NSHE’s have a considerable impact on daily functioning as well as add to the financial burden of living with diabetes. The seriousness of NSHE’s may be underestimated and should be considered an important part of diabetes management.

RELATIONSHIP BETWEEN CARE FINANCING STRUCTURE AND DIABETES CARE ASSESSMENTS AMONG MEDICAID BENEFICIARIES WITH TYPE 2 DIABETES

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OBJECTIVES: We estimated rates of diabetes care indicated services in adult type 2 diabetics in a state Medicaid population and associations between receipt of services in Fee-For-Service (FFS), Care Management (CM), i.e., fee-for-service plus care coordination and Managed Care (MC) subprograms. METHODS: A retrospective cohort analysis of Indiana Medicaid 2006 and 2007 eligibility, claims, and encounter files was conducted. Persons 18 to 64 y/o, with diabetes based on ICD-9 codes or NDC codes, and ≥12 months continuous eligibility in one subprogram were included. Exclu-