and usual activities (P = 0.027 and P = 0.006 respectively), while
in self care, pain/discomfort and anxiety/depression dimensions,
there was no statistically significant difference between the two
groups. Mean values of the visual analogue scale assessing global
health status indicated by patients with and without type-2 dia-
abetes mellitus were 70 (SD, ±16.92) and 72 (SD, ±16.75), respec-
tively (P = 0.395). CONCLUSIONS: This study, comparing
diabetic and non-diabetic patients of the same age and sex,
suggest that the presence of type-2 diabetes mellitus is associated
with higher problems in the physical sphere, specifically in
domains such as mobility and usual activities, but not on the
overall perception of health status.

THE IMPACT OF VASCULAR EVENTS ON HEALTH-RELATED
UTILITY IN PATIENTS WITH AND WITHOUT TYPE-2
DIABETES
Currie CJ1, Peters JR1, Morrissey M1, Bergenheim K2 McEwan P1
1Cardiff Research Consortium, Cardiff, Wales, UK; 2AstraZeneca,
Molndal, Sweden; 3University Hospital of Wales, Cardiff, Wales, UK.

OBJECTIVES: Health-related utility is a numerical measure of
individual satisfaction with health status or health care, and is
routinely used for economic evaluation of new drugs. This study
measured health-related utility in patients with type-2 diabetes
and co-morbidities, such as multiple vascular events, and com-
pared it with utility in non-diabetic patients with similar events.

METHODS: Data were taken from the Health Outcomes Data
Repository, which includes medical histories, biochemistry,
health-related utility (based on the EuroQol-5D), and demo-
graphic data for a large population in the UK. The data used
here (n = 14,775; 8.3% with type-2 diabetes) were from hospi-
tal inpatients and outpatients. RESULTS: The mean health-
related utility score was lower in diabetic patients compared with
non-diabetic patients (0.53 vs. 0.67). The mean utility score for
acute myocardial infarction was 0.58 for those with diabetes
compared with 0.56 for non-diabetic patients. Respective scores
were 0.44 and 0.50 for heart failure; 0.46 and 0.53 for angina;
0.46 and 0.52 for stroke; 0.52 and 0.56 for transient ischaemic
attacks; and 0.44 versus 0.51 for renal failure. The mean utility
scores for peripheral vascular disease were similar in both groups
(0.44 with diabetes and 0.43 without diabetes). The greatest dif-
culty was in eyesight diagnoses, with utility scores of 0.50 for
diabetic versus 0.64 for non-diabetic patients. The mean utility
score was lower (0.58 ± 0.34) for patients with diabetes and no
vascular events compared with patients with neither diabetes nor
a vascular event (0.70 ± 0.31). Utility scores decreased with
increasing number of complications. The difference between dia-
betes and non-diabetes scores decreased with increasing disease
severity, from 0.07 with one event to ~0.01 with ≥3 events.

CONCLUSIONS: Type-2 diabetes is associated with decreased
utility, which is affected by the degree of co-morbidity. These
findings could affect how multiple vascular complications states
should be valued in economic models.

VALIDATION OF ORAL ANTIDIABETIC DRUGS
PRESCRIPTIONS: THE VIEWS OF PRIMARY CARE PHYSICIANS
Gutierrez L1, Magaz S1, Badia X2
1Health Outcomes Policy and Economics, Barcelona, Spain; 2Health
Outcomes Research Europe Group, Barcelona, Spain

OBJECTIVES: To assess views of primary care physicians
(PCPs) in Spain regarding the purposes and impact of inspection
validation of prescriptions (IVP) (in Spain known as “inspector visa”) prior to dispensing within the NHS, in general and par-
particularly in type-2 diabetes mellitus (T2DM) drugs, and to what
extent they are in favour of this control mechanism. METHODS:
A telephone survey was conducted during October—November,
2003 of 1471 PCP's prescribing an oral antidiabetic requiring
IVP, or being familiar with it. Sample sizes per stratum
(Autonomous Region) were calculated with a precision of 10%
and an alpha-error of 0.05. Data was weighted in order to keep
representativeness at a regional and a national level. RESULTS:
A total of 40.6% of the 3618 PCP's contacted agreed to partic-
ipate in the study and met inclusion criteria. On average, they
prescribe 30.6 drugs requiring IVP per month, and costs of time
invested in tasks related to IVP are estimated around 336 million
annually in primary care. Twenty percent (20%) of PCP’s declared that IVP put patients at risk of not receiving the appro-
priate treatment when they need it, and 56.5% believe that IVP
could delay the onset of treatment with T2DM drug. Regarding
T2DM drugs, 18.8% of PCP’s believed that Health Authorities
imposed the IVP requirement to ensure its appropriate utilisa-

A MULTIDIMENSIONAL HEALTH CARE INTERVENTION
ASSESSMENT: THE CO-ORDINATED DIABETES HEALTHCARE
NETWORK
Da Costa E1, Jasso Mosqueda G2, Lemasson H3, Roche B4,
Guerraoui A3, Aguilera D, Chicoic A1
1Centre hospitalier de Vichy, Auvergne, France; 2AREMIS
Consultants, Member of AegiNet, Neully Sur Seine, Ile de France;
3AREMIS Consultants, Member of AegiNet
Disease management assessment involves several steps: diagno-
sis, short and long term studies. From the hospital educational
experience conducted in Vichy, hospital and office based practi-
tioners developed a coordinated and multidisciplinary therapeu-
tic educational approach, the “Vichy Diabète healthcare
network”. Two assessment steps have been conducted. OBJECT-
IVES: Initial objective was to analyse the “hospital therapeutic
education program” on diabetic patients knowledge and to iden-
tify ways for improvement. The objective of the second step was
to validate, after a few months, the choices made by the network.

METHODS: Qualitative and quantitative studies were based on
data currently collected, questionnaires submitted to diabetic
patients who followed the hospital program and practitioners
who belong to the network. RESULTS: Initial assessment
showed that the hospital program impact alone is modest. A
total of 67% of the patients considered that diabetes is a severe
disease; 68% estimated that they do their best to treat them-

selfs; 60% declared that their treatment is difficult in every day
life, 50% hadn’t changed their behaviour since the diabetes diag-
nostic; 21% didn’t know the potential complications. This
underlined the need to develop the “Vichy Diabète network”.
The second step confirmed these observations; 87.9% of inter-
viewed practitioners estimated that patients could improve their
behaviour. According to them, respectively 57.5% and 66.7%
didn’t know well the targeted glycaemia and HbA1C definition,
42.4% thought that diabetes isn’t a severe disease. Adherence to
diet and physical activity recommendations is considered very
insufficient. Thus, according to patients and practitioners,
the “Vichy Diabète network” answered to their needs and expecta-
tions. CONCLUSIONS: Assessment approach conducted at dif-
f erent steps is particularly adapted to networks project. It brings
a lot of information to network care givers on strategic choices
and impact on health organisation.