where mean BMI was lowest (Italy). CONCLUSIONS: Weight control is an important aspect of management of T2DM. This requires accurate assessment and agreement of patient weight and BMI levels by treating physicians and their patients. Accurate risk stratification based on weight and BMI may help improve effective communications and disease management decisions between T2DM patients and their treating physicians.

Satisfaction with diabetes treatments: Impacts on patient health-related quality of life and productivity

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OBJECTIVES: Diabetes is a debilitating and common illness that can lead to significant disability. Key patient-reported outcomes are important as they can influence productivity and patient health-related quality of life (HRQL). The objectives of the current research were to: (1) assess the current level of treatment satisfaction within existing oral anti-diabetics (OADs) and (2) determine the association between treatment satisfaction and productivity and HRQL. METHODS: The PERI (Patient Experience Research Interview) tool was a cross-sectional web-based survey of adults diagnosed with type 2 diabetes mellitus (T2DM) using OADs, but not insulin. Treatment satisfaction was assessed using the Diabetes Medication Satisfaction questionnaire (DiabMedSat). HRQL was examined with the EQ-5D instrument. The Work Productivity and Activity Impairment (WPAI) and Diabetes Productivity Measure (DPM) questionnaires were used to assess productivity. Pearson's correlations and linear regression models were used to assess strength and direction in association. RESULTS: Of 2,074 survey respondents, 53% were men and mean age was 60 years (SD = 10.83). 64% of respondents report being very/extremely satisfied with their diabetes treatments. Total DiabMedSat score was 79.5; higher scores were reported with the burden subscale (89.5) versus the efficacy and symptom (i.e. tolerability) subscales (69.8 and 69.5). There was a direct correlation between overall treatment satisfaction and higher EQ-5D scores (R2 = 0.401, p < 0.0001). Conversely, treatment satisfaction was a strong predictor of increased in work and life productivity (DPM: r2 = 0.393 and r2 = 0.40, p < 0.0011). Similar correlation results were observed with WPAI. After controlling for patient demographics, treatment satisfaction has greater effects on presentism (impairment while working). WPAI: -0.472, 95% CI: -0.611 to -0.333, p < 0.001 than EQ-5D (WPAI: -0.29, 95% CI: -0.417 to -0.078, p = 0.263). CONCLUSIONS: Among T2DM patients, there is a high level of satisfaction with OAD therapies, though improvements could be made in efficacy and tolerability. Increases in treatment satisfaction can have a direct improvement on productivity and health-related quality of life.

Contributions of and relationship between expectations about and experiences with insulin therapy to treatment satisfaction in insulin-naïve patients with type 2 diabetes

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OBJECTIVES: To assess the relationship between patients’ expectations about and experiences with insulin therapy, and how they contribute to overall treatment satisfaction. METHODS: The Expectations about Insulin Therapy (EATIQ) and the Experience with Insulin Therapy Questionnaires (EWITQ) were administered at baseline and endpoint, respectively, to insulin-naïve patients with type-2 diabetes in a randomized controlled trial comparing treatment algorithms for an inhaled insulin. Pearson correlation coefficients were calculated between EATIQ and EWITQ scores and patient characteristics and patient reported outcomes measures. Wilcoxon Signed Rank tests was used to compare EATIQ and EWITQ scores with treatment satisfaction scores. RESULTS: Differences between EATIQ and EWITQ scores were calculated to categorize patients into three groups according to the extent to which their expectations about insulin therapy were met by experiences (i.e., not met, met, and exceeded). One-way analysis of variance with Scheffe post-hoc tests was performed to detect differences in treatment satisfaction scores among the three groups. RESULTS: EATIQ and EWITQ data were available for 240 patients (male: 61% male, age: 58 (mean years old), diabetes duration: 10 years, HbA1C: 8.4%). More positive expectations were significantly associated with greater self-efficacy (p < 0.01); more positive experiences were significantly associated with shorter diabetes duration, less symptom distress and greater well-being, self-efficacy, and treatment satisfaction (p < 0.01). Overall, patients’ experiences with insulin therapy were significantly more positive than their expectations, with 58% of patients’ experiences exceeding expectations, 29% experienced met by expectations, and 13% experiences less than expectations. Post-hoc tests indicated that diabetes treatment satisfaction scores were significantly different among the three groups with higher scores associated with the exceeding of expectations by experiences. CONCLUSIONS: Expectations may not independently impact treatment satisfaction, but their relationship with experiences significantly contributes to treatment satisfaction. The EATIQ and EWITQ may be useful tools for clinicians in identifying differences in expectations and experiences concerning insulin therapy.

The association between patient-reported diabetes symptoms and tolerability issues of oral antidiabetic agents on work and life productivity

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OBJECTIVES: Diabetes symptoms and tolerability issues of existing treatments may affect work productivity, contributing to the overall burden of type-2 diabetes mellitus (T2DM). Objectives were to document the frequency of diabetes symptoms and tolerability issues among existing oral antidiabetic drugs (OAD) and determine their...