to be adherent than females (p = 0.05). CONCLUSIONS: American Diabetes Association guidelines recommend statin therapy in every diabetes patient of age 40 years and above, regardless of their low-density lipoprotein level. Low adherence can result in the development of cardiovascular diseases, which can lead to increase in outpatient and inpatient costs and hence, increase in health care costs. Adherence to statins was suboptimal among this study population. This presents an increased risk of developing cardiovascular diseases, which can lead to increases in the health care costs for this self-insured university.

IMPROVING OUTCOMES AND PRODUCTIVITY FOR EMPLOYEES WITH DIABETES

METHODS: A one year, pre-post longitudinal study. Patients served as their own controls. Community pharmacists providedMTM services to the City of Toledo employees and their dependents with diabetes. Employees were seen every 3 months at one of seven participating pharmacy sites. Participants received a 3 month supply of medications at the cost of one co-pay as an incentive. Data collected: quality of life scores (SF-36), self-reported adherence (Modified Morisky scale of 1–5, 1 being always adherent and 5 being never adherent), number of sick days, and patient satisfaction with services (Likert scale of 1–5, 1 being highly unsatisfied and 5 being highly satisfied). Data was analyzed using SPSS v 16.0 for one year using descriptive statistics and Friedman tests.

RESULTS: One hundred one employees enrolled at baseline. Patients had improved scores on physical functioning, role physical, body pain, and social functioning. The physical component summary remained roughly the same. Mental component scores decreased, but not significantly. Self-reported adherence improved significantly from 3.8 to 4.2 (p < 0.001) over 12 months. Experience with the pharmacist and experience with pharmacy services were the highest rated items. CONCLUSIONS: Improved quality of life and adherence can help increase productivity of employees and can help reduce costs for employers by reducing disease-related missed days of work. Employers looking to save costs and improve productivity can utilize the services provided by pharmacists.

ASSESSING QUALITY OF LIFE IN SHORT STATURE YOUTH – THE QOLISSY PROJECT FOCUS GROUP AND COGNITIVE DEBRIEFING EXPERIENCE

METHODS: A web-based survey was developed based on literature, expert input and 68 patients participating in focus-group or individual interviews. Persons with self-reported diabetes in US, France, Germany, and UK participated in the survey. The study population consisted of patients aged 18–64 with diabetes, but not type 1 diabetes, kidney dialysis, or insulin pump. The web-based surveys were translated and adapted for 10 target languages with medium to high PCS-12, obese patients had higher MC and LPC than normal weight and obese, Diabetic complications included heart disease, stroke, retinopathy, neuropathy, and nephropathy. MCs were estimated using a generalized linear regression model with log link and gamma distribution after adjusting for patient characteristics and comorbidities. LPC was calculated based on missed working days due to illness and average hourly wage using a two part model for working adults. All costs were converted to 2008 U.S. dollars. RESULTS: The study identified 3,621 diabetic patients. Patients with low PCS-12 had more complications, compared to those with high PCS-12 (17.0% vs. 4.4%). A similar trend was also observed for MCS-12. Patients with lower PCS-12 had higher MC ($12,203 in low QOL vs. $3,172 in high QOL) and LPC ($1,632 in low QOL vs. $2,923 in high QOL). A similar trend was found in the relationship between MCS-12 and both costs, but this relationship was weaker than that of PCS-12. Among patients with medium to high PCS-12, obese patients had higher MC and LPC than normal or overweight patients. CONCLUSIONS: Lower levels of QOL were associated with a higher economic burden on diabetic patients, especially the physical QOL component. Among diabetic patients with higher levels of physical QOL that are less conditioned by disease severity and complications, the impact of obesity on economic burden was observed.