DEVELOPMENT OF A BRIEF MEASURE OF HEALTH RELATED QUALITY OF LIFE

THE VALIDATION OF THE DIABETES HEALTH PROFILE (DHP-18) AND THE BRIEF HEALTH PROFILES (BHP-12) AND DHP-12, AND Rasch analysis was used to investigate the performance of the selected items. The psychometric performance of the DHP-12 and DHP-18 was also compared.

PDB74

PATIENT REPORTED ACCESS TO HEALTH CARE IN PATIENTS WITH DIABETES AND OBESITY: STUDY ON MEDICAL PANEL EXPENDITURE SURVEY (2008)

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OBJECTIVES: Diabetes and obesity are escalating in adults which increase risk of developing non communicable diseases. Studies on patients with diabetes and/or obesity show that factors like patients in rural communities, type of insurance, gender, age, among the factors that influence access to healthcare and understand health related issues is it important to study factors influencing access to health care for co-occurrence of diabetes and obesity. The aim of this study is to investigate the hypothesis that access to healthcare is different for diabetic patients with and without obesity.

METHODS: Medical Expenditure Panel Survey (MEPS) 2008 data was analyzed for diabetic patients with and without obesity. Access to health care was measured as patients who reported to have usual source of care (USC) provider. Logistic regression and goodness of fit tests were conducted to get the best fit model. All analysis was performed by using STATA 11.

RESULTS: A total of 155 participants with diabetes and/or obesity were involved in the study, Out of 155 patients, 53.89% had obesity while 1078 reported to have USC provider. Logistic regression and goodness of fit tests were conducted to investigate the performance of the selected items. The psychometric performance of the DHP-12 and DHP-18 was also compared.

CONCLUSIONS: Few patients in Brazil were aware of their HbA1c, suggesting a lack of knowledge in this area. Also, patients with diabetes and obesity who reported to have comorbid hypertension and worse health status yet were no more likely to use insulin than their non-obese counterparts. Improved patient education and management of obese T2D patients may improve health outcomes for these patients.

PDB75

THE VALIDATION OF THE DIABETES HEALTH PROFILE (DHP-18) AND THE DEVELOPMENT OF A BRIEF MEASURE OF HEALTH RELATED QUALITY OF LIFE IN DIABETES (DHP-12)

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OBJECTIVES: The Diabetes Health Profile (DHP-18) is widely used to assess health related quality of life in diabetes across three domains (psychological distress, barriers to activity and disinterested eating). The first aim of this study is to validate the three domain conceptual framework of the DHP-18. A further aim is to develop a new brief version of the diabetes health profile (DHP-12) that is based on the same conceptual framework and has equivalent psychometric performance to the DHP-18.

METHODS: Factor analysis was used to investigate the psychometric performance of the DHP-18. Multivariate regression and item level period considered were used to select items for the DHP-12, and Rasch analysis was used to investigate the performance of the selected items. The psychometric performance of the DHP-12 and DHP-18 was also compared.

RESULTS: The three domain conceptual framework of the DHP-18 was confirmed. Regression analyses selected 12 items for inclusion in the new brief instrument across the three domains (psychological distress 4 items, Barriers to activity 5 items, disinterested eating 3 items). Rasch analysis showed that the performance of the items included in the brief measures was satisfactory. The DHP-12 used to be administered in a series of multiple regressions, controlling for the effects of patients’ sociocentric status. RESULTS: T2D patients were mostly male (53.89%) and had a mean age of (54.97). A total of 87.79% of patients did not know their HbA1c and only 16.21% were on insulin, neither of which varied by presence of obesity. Obese T2D patients were significantly more likely to belong to B1 socioeconomic group and significantly less likely to belong to C1 socioeconomic group than non-obese T2D patients (30% vs. 21% and 10% vs. 19%, respectively, all p<0.05). Hypertension was significantly more prevalent among obese T2D patients than among non-obese T2D patients (61% vs. 43%, p<0.05). Adjusting for differences in sociocentric status, obese T2D patients reported significantly lower levels of PCS (Adjusted Mean (Madj) = 42.7 vs. 44.6, p<0.05) and had significantly lower health utilities than non-obese T2D patients (Adjusted Mean (Madj) = 0.68 vs. 0.72, p<0.05).

CONCLUSIONS: Few patients in Brazil were aware of their HbA1c, suggesting a lack of knowledge in this area. Also, patients with diabetes and obesity who reported to have comorbid hypertension and worse health status yet were no more likely to use insulin than their non-obese counterparts. Improved patient education and management of obese T2D patients may improve health outcomes for these patients.

PDB76

GAP ANALYSIS OF EXISTING DIABETES-SPECIFIC HEALTH-RELATED QUALITY OF LIFE MEASURES FOR USE AMONG MULTI-ETHNIC ENGLISH-SPEAKING ASIANS WITH DIABETES: AN INTERIM ANALYSIS

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OBJECTIVES: To evaluate existing diabetes-specific patient reported outcome (PRO) measures and the Patient Reported Outcomes Measurement Information System (PROMIS) item banks in relation to their their ability to capture health-related quality of life (HRQoL) domains that are relevant to multi-ethnic English speaking Asians with Type 2 diabetes mellitus (T2DM).

METHODS: Eligible patients were recruited from a diabetes clinic in a Singapore tertiary care hospital to participate in a survey of the adult Brazilian population (N=12,000). Obese T2D patients (n=155) were compared with non-obese T2D patients (n=320) on demographics, HbA1c, insulin usage, health behaviors and prevalence of hypertension and hypercholesterolemia. Differences amongst the two groups on levels of health status (assessed with the SF-12) were explored in a series of multiple regressions, controlling for the effects of patients’ socio-economic status. RESULTS: T2D patients were mostly male (53.89%) and had a mean age of (54.97). A total of 87.79% of patients did not know their HbA1c and only 16.21% were on insulin, neither of which varied by presence of obesity. Obese T2D patients were significantly more likely to belong to B1 socioeconomic group and significantly less likely to belong to C1 socioeconomic group than non-obese T2D patients (30% vs. 21% and 10% vs. 19%, respectively, all p<0.05). Hypertension was significantly more prevalent among obese T2D patients than among non-obese T2D patients (61% vs. 43%, p<0.05). Adjusting for differences in sociocentric status, obese T2D patients reported significantly lower levels of PCS (Adjusted Mean (Madj) = 42.7 vs. 44.6, p<0.05) and had significantly lower health utilities than non-obese T2D patients (Adjusted Mean (Madj) = 0.68 vs. 0.72, p<0.05).

CONCLUSIONS: Few patients in Brazil were aware of their HbA1c, suggesting a lack of knowledge in this area. Also, patients with diabetes and obesity who reported to have comorbid hypertension and worse health status yet were no more likely to use insulin than their non-obese counterparts. Improved patient education and management of obese T2D patients may improve health outcomes for these patients.

PDB77

HEALTH-RELATED QUALITY OF LIFE BY ASSESSMENT OF CARDIOVASCULAR DISEASE (CVD) RISK IN PATIENTS WITH TYPE 2 DIABETES: KOREAN QUOTID OF DIABETES-DEPENDENT QUALITY OF LIFE (KR-ADQOL)

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OBJECTIVES: To explore how the assessment of CVD risks impact health-related quality of life (HRQoL) in patients with type 2 diabetes.

METHODS: A prospective, multi-center observational study was carried out in Korea. CVD risks were assessed in patients with type 2 diabetes and aged ≥ 40 years by carotid ultrasound (CUS). Before and 6 months after CUS, patients completed a questionnaire on HRQoL using a diabetes-specific instrument: KR-ADQOL that estimates the impact of diabetes on 18 life domains. Each item includes both impact (range: -3 [least] to +1 [least]), and importance (range: 0 [least] to 3 [most]) scores. These are multiplied and summed to estimate the average weighted impact (AWI) in pres, which is reflective of the impact of diabetes HRQoL. RESULTS: The mean present Qol of 622 patients (male 50.5%, mean age 60.0±9.5 years), was 0.49±0.92 (range: -3 [extremely bad] to 3 [excellent]) and diabetes-dependent QoL Impact on freedom to eat (-1.76±0.93). At 6months after assessment of CVD risks, the same domains were expressed as the most important and the greatest impact. In terms of the change in impact of diabetes on life domains, it was lesser in freedom (from -2.9 to -2.14, P=0.002), but was greater in freedom to eat (from -4.33 to -4.07, P=0.04). AWI of diabetes considering all life domains was also a bit decreased (from -2.52 to -2.50) although it was not statistically significant. There were no differences in the change of the AWI according to the T2D risk level. Impact of diabetes on HRQoL was positively changed after the assessment of CVD risks.

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VARIATION IN ATTACHMENT STYLE AND HEALTH OUTCOMES OF DIABETES PATIENTS

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