PDB104  SELF-REPORTED MENTAL HEALTH STATUS IN ADULTS WITH DIABETES AND COMORBID DEPRESSION

Bremni1, Trammel-Fisher D, McQueen R3
1Novo Southeastern University, Fort Lauderdale, FL, USA, 2University of Colorado Anschutz Medical Campus, Aurora, CO, USA

OBJECTIVES: To investigate the marginal impact of depression on self-reported mental health status in adults with diabetes mellitus in the United States. METHODS: We pooled 2009 and 2011 from the Medical Expenditure Panel Survey (MEPS) to create a retrospective cohort of adults diagnosed with diabetes, and those with comorbid diabetes and depression. Outcome included responses from the Kessler Index (K6), six domains of non-specific mental health, and the mental component summary score (MCS) of the Short Form 12 (SF-12). Outcomes were estimated from multivariable regression analyses and adjusted for demographic and clinical characteristics. RESULTS: Compared with adults that had diabetes and no depression (N = 4,487), patients with diabetes and depression (N = 4,487) were more pronounced in patients with severe or/nightly hypoglycemia than without it (OR: 2.26; 95% CI: 1.65, 3.06; p < 0.001). Hypoglycemia was more pronounced in patients with severe or/nightly hypoglycemia than without it (OR: 2.26; 95% CI: 1.65, 3.06; p < 0.001). Hypoglycemia was more pronounced in patients with severe or/nightly hypoglycemia than without it (OR: 2.26; 95% CI: 1.65, 3.06; p < 0.001). Hypoglycemia was more pronounced in patients with severe or/nightly hypoglycemia than without it (OR: 2.26; 95% CI: 1.65, 3.06; p < 0.001).

PDB107  RELATIONSHIPS BETWEEN SOCIO-DEMOGRAPHICS AND HEALTH RELATED QUALITY OF LIFE AMONG DIABETES PATIENTS IN THE UNITED STATES

Byerick K1, Mcbride M1, Love T2, Hertzerich R3, Pike F1, Dean C3
1University of Michigan, Ann Arbor, MI, USA, 2University of Michigan, Ann Arbor, MI, USA, 3University of Michigan, Ann Arbor, MI, USA

OBJECTIVES: To investigate the marginal impact of depression on self-reported mental health status in adults with diabetes mellitus in the United States. METHODS: We pooled 2009 and 2011 from the Medical Expenditure Panel Survey (MEPS) to create a retrospective cohort of adults diagnosed with diabetes, and those with comorbid diabetes and depression. Outcome included responses from the Kessler Index (K6), six domains of non-specific mental health, and the mental component summary score (MCS) of the Short Form 12 (SF-12). Outcomes were estimated from multivariable regression analyses and adjusted for demographic and clinical characteristics. RESULTS: Compared with adults that had diabetes and no depression (N = 4,487), patients with diabetes and depression (N = 4,487) were more pronounced in patients with severe or/nightly hypoglycemia than without it (OR: 2.26; 95% CI: 1.65, 3.06; p < 0.001). Hypoglycemia was more pronounced in patients with severe or/nightly hypoglycemia than without it (OR: 2.26; 95% CI: 1.65, 3.06; p < 0.001). Hypoglycemia was more pronounced in patients with severe or/nightly hypoglycemia than without it (OR: 2.26; 95% CI: 1.65, 3.06; p < 0.001). Hypoglycemia was more pronounced in patients with severe or/nightly hypoglycemia than without it (OR: 2.26; 95% CI: 1.65, 3.06; p < 0.001).

PDB108  THE USEFULNESS OF PATIENT TREATMENT SATISFACTION QUESTIONNAIRE (PTSQ) IN DIABETES MELLITUS (DM) PATIENTS

Jonna T1, Nikitina T2, Kurbatova R3
1National Pirogov Medical Surgical Center, Moscow, Russia, 2Multinational Center of Quality of Life Research, Saint-Petersburg, Russia

OBJECTIVES: To investigate the marginal impact of depression on self-reported mental health status in adults with diabetes mellitus in the United States. METHODS: We pooled 2009 and 2011 from the Medical Expenditure Panel Survey (MEPS) to create a retrospective cohort of adults diagnosed with diabetes, and those with comorbid diabetes and depression. Outcome included responses from the Kessler Index (K6), six domains of non-specific mental health, and the mental component summary score (MCS) of the Short Form 12 (SF-12). Outcomes were estimated from multivariable regression analyses and adjusted for demographic and clinical characteristics. RESULTS: Compared with adults that had diabetes and no depression (N = 4,487), patients with diabetes and depression (N = 4,487) were more pronounced in patients with severe or/nightly hypoglycemia than without it (OR: 2.26; 95% CI: 1.65, 3.06; p < 0.001). Hypoglycemia was more pronounced in patients with severe or/nightly hypoglycemia than without it (OR: 2.26; 95% CI: 1.65, 3.06; p < 0.001). Hypoglycemia was more pronounced in patients with severe or/nightly hypoglycemia than without it (OR: 2.26; 95% CI: 1.65, 3.06; p < 0.001). Hypoglycemia was more pronounced in patients with severe or/nightly hypoglycemia than without it (OR: 2.26; 95% CI: 1.65, 3.06; p < 0.001).
These results show that the choice of glucose lowering agent can impact goal attainment on Δ baseline score, trial stratification factors, and treatment.

and any weight loss were calculated for pooled canagliflozin arms and glimepiride. Included subjects for whom baseline and post-baseline clinical and HRQoL data were available for patients treated with placebo + MET + SU (n = 108) based on ANCOVA model with treatment group as a covariate. Corresponding 24-week values were 78.4 (±2.9) and 78.5 (±3.0), respectively. Across all trials, the largest percentage of hospitalizations or outpatient visits was observed for general physician visits (~15%) and specialist visits (~4%). Differences in patient utility and health profiles between trials. These differences were statistically significant for differences between empagliflozin and placebo on the EQ-5D-5L utility index and the SF-36 physical and mental component summary scores.

Methods: Two surveys were conducted to understand the effects of non-severe hypoglycaemic events on patients with diabetes in Bangladesh. Patients with diabetes from five different countries who had experienced a non-severe hypoglycaemic event in the past 4 weeks were asked to partake in a nocturnal (N) and/or daytime (D) hypoglycaemia survey. Respondents were asked to describe their fear of experiencing a hypoglycaemic event, whether a nocturnal event had a higher impact on their daily routine compared with a daytime event (38%/21% [N/D]). Among the 27%/24% (N/D) respondents who worked for pay, 27%/46% (N/D) went to work at least 4 days of the past week (n = 4/6). Extra blood glucose tests were performed at least once weekly by 24%/40% (N/D) and at least once during the past 4 weeks by 92% (N/D). Hypoglycaemia had a mean age (±SE) of 50.9 ± 0.1 (N/D) in Bangladesh, nocturnal and daytime non-severe hypoglycaemic events severely impact health care utilisation, work productivity, and quality of life in people with diabetes.

Regression analysis was used to control for demographic and clinical covariates. Results: The final sample (unweighted N = 7003; weighted N = 14 million) had a mean age (±SE) of 61.2 (±0.2) years, mean BMI (±SE) of 32.2 (±0.1), and 50.4% were males. There was a significant difference in both the PCS-12 and MCS-12 scores of patients by BMI, controlling for covariates. Being obese (PCS = 40.1) or morbidly obese (PCS = 35.6) were significantly associated with lower scores compared to normal weight patients (PCS = 41.0, p < 0.001 for both), while being overweight was significantly associated with higher MCS-12 scores compared to being of normal weight (MCS = 50.9 vs 48.9, p = 0.038). Conclusions: Among diabetes patients, overweight patients had significantly higher mental health scores compared to their peers with normal weight, while being at least obese was significantly associated with lower physical health scores compared to non-obese patients.

Cognitive or functional impairment in quality of life (EQ-SD) among type 2 diabetes mellitus patients inadequately controlled with metformin plus sulfonylurea and treated with dapagliflozin as triple therapy regimen for 24 weeks

Distributions of subjects achieving/not achieving the following individual goals: Dapagliflozin 10 mg + MET + SU (n = 108) were compared with patients treated with placebo + MET + SU (n = 108) based on ANCOVA model with treatment group as an effect and baseline value as a covariate. Results: EQ-5D visual analog scale (VAS), 0-100 (mean ± standard deviation) were 74.6 ± 20.0 (n = 72) and 73.1 ± 20.5 (n = 36) for the dapagliflozin and placebo groups, respectively. Corresponding 24-week values were 78.4 (±2.9) and 78.5 (±3.0), respectively. Across all trials, the largest percentage of hospitalizations or outpatient visits was observed for general physician visits (~15%) and specialist visits (~4%). Differences in patient utility and health profiles between trials. These differences were statistically significant for differences between empagliflozin and placebo on the EQ-5D-5L utility index and the SF-36 physical and mental component summary scores.