EFFECT OF COMPLICATIONS ON HEALTH RELATED QUALITY OF LIFE IN HUNGARIAN INSULIN TREATED DIABETIC PATIENTS

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OBJECTIVES: The main goal of the study is to assess the health related quality of life of Hungarian insulin treated patients in order to offer country-specific data for cost-utility analysis. Also to study the impact of diabetic complications on utility loss.

METHODS: In 2004 a multicenter cross-sectional questionnaire survey was conducted among 480 insulin treated diabetic patients in Hungary. Validated Hungarian version of the EQ-5D questionnaire was used to assess health status. RESULTS: Patients main characteristics were: women 56%, type 1 diabetes 58%, mean age 53 years, disease duration 18.6 years. Average EQ-5D score was 0.7661, in subgroups of patients without macrovascular, with microvascular and with both complications were 0.84 (SD 0.23), 0.65 (SD 0.33), 0.70 (SD 0.30) and 0.61 (SD 0.34), respectively. Categorizing patients by type of diabetes, EQ-5D scores similarly were 0.84 (SD 0.20), 0.77 (SD 0.16), 0.77 (SD 0.24), 0.78 (SD 0.25) in Type 1, and 0.72 (SD 0.3), 0.64 (SD 0.34), 0.67 (SD 0.32), 0.60 (SD 0.35) in Type 2. Average EQ-5D of patients with nephropathy was 0.66 (SD 0.35), with retinopathy was 0.70 (SD 0.30) and with neuropathy was 0.61 (SD 0.34). In absence of complications, the rate of patients reporting problem in mobility, self-care, everyday activities, pain or anxiety were 18%, 4%, 14%, 33%, and 32%. Contrarily, these rates were 68%, 28%, 44%, 70%, and 56% in the presence of both micro- and macrovascular disorders. CONCLUSIONS: Both microvascular and macrovascular complications has negative impact on health related quality of life in insulin-dependent diabetic population in Hungary. Neuropathy has the most negative effect. Complications in type 2 diabetes induce lower EQ-5D scores than in type 1. Mobility dimension of EQ-5D is the most affected by diabetic complications.

PATIENT AND PHYSICIAN DRIVERS OF HEALTH-RELATED QUALITY LIFE OF PATIENTS WITH TYPE 2 DIABETES IN PRIMARY CARE IN SPAIN

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OBJECTIVES: This study describes the health related quality of life (HRQoL) of type 2 diabetic patients in Spain and explores predictors of patients’ and physicians’ ratings of patients’ HRQoL. METHODS: Multicenter, naturalistic study of type 2 diabetes patients with a diagnosis longer than one year. Patients were consecutively included in the study among those attending any of the selected 30 Primary Care Centers distributed throughout Spain Sociodemographic and clinical variables were collected. Patients filled out the EuroQol-5D questionnaire (EQ-5D) and physicians filled out the EQ-5D proxy version. Data analysis included two linear regression models to evaluate patients’ and physicians’ drivers of perceived HRQoL.

RESULTS: A total of 294 patients were included in the study. The mean age of the study participants was 67.5 and the mean duration of diabetes was 9.9 years. The mean EQ-5D index score was 0.71 (0.26) for patients’ self-measurement and 0.75 (0.23) for physicians’ proxy measurement of patients’ HRQoL. For both groups, pain/discomfort was the dimension with the highest reported problems (>57%). Overall, there was good agreement in the 5 EQ-5D dimensions between patients’ and physicians’ responses (weighted Kappa = 0.67–0.72), with only anxiety/depression showing moderate agreement (0.51). Being older, not having completed at least primary studies, being on insulin and having microvascular and/or macrovascular complications, in both models, significantly decreased (p < 0.05) HRQoL. Additionally, in the patient regression model being female also lead to significantly lower (p < 0.05) patient reported HRQoL differences. CONCLUSIONS: Pain/discomfort was reported as the dimension with the most problems for patients with Type 2 diabetes in Spain Patients’ and physicians’ perception about diabetic patients HRQoL tended to have good agreement. Results suggest, in the absence of direct patient assessment, a proxy version of the EQ-5D administered to primary care physicians can provide a reasonable assessment of the HRQoL of their patients with type 2 diabetes.

EFFECT OF INSULIN GLARGINE AND NPH ON QUALITY OF LIFE IN PATIENTS WITH TYPE 2 DIABETES MELLITUS

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OBJECTIVES: Intensive treatment to achieve targeted glycemic index (HbA1c< 7% and FBG < 140 mg %) with the help of early initiation of basal insulin in addition to oral hypoglycemic agents has been proposed for Type 2 Diabetes mellitus. Insulin glargine has been reported to be as efficacious as NPH insulin along with oral hypoglycemic agents in type 2 Diabetes mellitus. However, its impact on quality of life has not been evaluated.

METHODS: Forty patients of type 2 diabetes mellitus on two or more oral hypoglycemic agents for more than three months and unable to achieve targeted glycemic index were enrolled and randomized in a open label comparative trial into two groups, 20 patients each, taking either insulin glargine or NPH insulin in combination to previous treatment. The end points evaluated were glycemic index, glycosylated hemoglobin, episodes impact on treatment satisfaction, Well being and Quality of life. RESULTS: Both the treatment groups equally achieved euglycemic levels. The mean decrease in HbA1c level in both groups was same but more number of patients (15 vs. 10) were able to achieve fair to good glycemic control in insulin glargine group. Total episodes of hypoglycemia were 50% lesser in Insulin glargine group (13 vs. 26) with no severe and lesser nocturnal episodes. Quality of life parameters improved in both groups but significantly higher in insulin glargine group (Treatment satisfaction: 43.75 ± 2.05 vs. 34.44 ± 1.68; General well being: 27.1 ± 2.37 vs. 16.75 ± 1.58; Total satisfaction: 35.50 ± 2.25 vs. 23.81 ± 1.92). Higher number of people had overall good to excellent rating of quality of life (18 vs.10).CONCLUSIONS: Achievement of targeted glycemic control was similar in both insulin regimens however, patients on insulin glargine had significantly lesser number of hypoglycemic episodes and far better treatment satisfaction, sense of well being and quality of life.

EXPLORING DIFFERENCES IN PATIENT VERSUS PUBLIC PREFERENCES IN HEALTH UTILITIES: A QUALITATIVE STUDY

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OBJECTIVE: This pilot study aimed to collect health utility and qualitative data from diabetic retinopathy (DR) patients and members of general public regarding the impact of DR and varying degrees of vision loss. This data was used to help develop...

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a subsequent valuation study to derive utility values for DR.

METHODS: Health state descriptions of visual acuity (VA) loss were developed based on the findings of in-depth interviews with diabetologists and ophthalmologists. They represented visual acuity levels in the best corrected eye (6/6-6/9, 6/12-6/18, 6/24/6/36, 6/60-6/120, counting fingers and hand motions). Two DR patients in each VA level (N = 10) and members of general public (N = 10) took part in standard gamble (SG) interviews and a cognitive debrief interview. The interview attempted to explore participants’ preferences around aspects of the health states. SG data were summarised and transcribed interviews underwent qualitative analysis of content. Qualitative data analysis attempted to explore the rationale for SG valuations and the differences in patient and public preferences. RESULTS: SG data showed that patients value vision loss and its impact on health-related quality of life differently to members of the general public. This was further supported by the findings of the qualitative interviews in which patients’ provided personal insight into their own experience of the disease and its impact on their health-related quality of life. Qualitative analysis illustrated the different perceptions of health states. CONCLUSION: The differences in patients’ and societal views of vision loss associated with DR and its impact on functioning were explored. Valuable insights were gained into the significant determinants of patient and public preferences which have implications for valuation studies. This information will be particularly important in understanding the decision making process that drives people’s choice.

PDB45

EXPERIENCE OF HYPOGLYCEMIA IS SIGNIFICANTLY ASSOCIATED WITH LOWER QUALITY OF LIFE (EUROQOL) IN DIABETIC PATIENTS TREATED WITH METFORMIN (MF) IN COMBINATION WITH A SULPHONYLUREA (SU) IN FRANCE

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OBJECTIVES: This study evaluated the experience of hypoglycaemia and its impact on QoL among diabetic patients treated with MF in combination with a SU in France. METHODS: This is an observational, cross sectional multi-center study conducted in 2005. Diabetic patients ≥ 35 years old treated with MF in combination with SU for 26 months prior to study enrollment were included. Excluded were patients receiving insulin, treated for hepatitis or HIV, or having gestational diabetes. Case report forms were developed for collection of patients’ medical record, experience of hypoglycemia, and general QoL as measured by EQ-5D. The un-weighted scoring rule was used to obtain summary EuroQoL scores. Adjusted linear regression analysis was used to evaluate the effect of hypoglycemia on patients’ QoL controlling for demographic and medical characteristics. RESULTS: Four-hundred patients were recruited: average age was 62 years and 46% were female; 45% of the patients have been diagnosed with diabetes for >7 years. One-hundred-thirty-six (34%) patients reported at least one episode of hypoglycaemia during the previous 6 months: 79 (58%) experienced mild/moderate symptoms, 53 (39%) had both mild/moderate and severe symptoms, and the remaining 3% had only severe symptoms. More than half of those reported mild/moderate symptoms, and >33% of those reported severe symptoms had 23 hypoglycemic episodes during the 6-month period prior to study enrollment. Patients with hypoglycemic episodes reported significantly lower EuroQoL scores relative to those without any symptoms (0.7 vs. 0.8, p < 0.0001). After adjusting for demographic and medical characteristics (age, gender, marital status, education, co-morbid conditions) the reduction in the EuroQoL score for those with any hypoglycemic symptoms was 0.08 (p = 0.0007) units. CONCLUSIONS: More than a third of the study patients experienced one or more hypoglycemic symptoms. This study found that presence of hypoglycemic symptoms is significantly associated with lower QoL.

PDB46

QUANTIFYING THE IMPACT OF FEAR OF HYPOGLYCAEMIA ON QUALITY OF LIFE

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OBJECTIVES: Hypoglycaemia is one of the most frequent acute complications of type 1 diabetes. The fear and anxiety associated with experiencing hypoglycaemia may cause some diabetics to deliberately allow their blood sugar to become elevated in order to avoid future events, thus risking long-term diabetic complications. This trade-off between risks suggests that the psychological impact of hypoglycaemia on quality of life may be underestimated. This study’s purpose is to quantify the impact of fear of hypoglycaemia on quality of life. METHODS: Eighty-five type 1 diabetics completed the Hypoglycaemia Fear Survey (HFS), and questions relating to the frequency and severity of hypoglycaemic events. Respondents were categorised by whether or not they had experienced a severe hypoglycaemic event in the past three months. Key differences on the HFS were used to construct five health states which described the behaviour, state of mind and events experienced during a typical week for a type 1 diabetic: baseline; fear of non-severe hypoglycaemia with and without a non-severe hypoglycaemic event; fear of severe hypoglycaemia with and without a severe hypoglycaemic event. A total of 122 people from the general population evaluated the five health states using the time-trade-off methodology. Short-term disutilities during events and long-term disutilities due to fear of future events were estimated as the differences between health state utilities. RESULTS: Fear of severe hypoglycaemia had a disutility value of −0.06 and fear of non-severe hypoglycaemia had a disutility value of −0.01. A severe hypoglycaemic event had a disutility value of −0.16, whilst the disutility associated with a non-severe hypoglycaemic event was −0.07. CONCLUSIONS: Fear of hypoglycaemia has a detrimental impact on quality of life in diabetic patients beyond that of the event itself. When comparing insulin therapies, the reduction in the incidence of hypoglycaemia should be incorporated as an important measure of treatment success.

PDB47

A USEFUL TOOL FOR EVALUATING THE FEAR OF INJECTING AND SELF-TESTING IN DIABETIC PATIENTS: THE SPANISH VERSION OF THE DIABETES FEAR OF INJECTING AND SELF-TESTING QUESTIONNAIRE (D-FISQ)

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OBJECTIVE: To validate into Spanish and recalibrate the D-FISQ, a 30-items 2-dimensions [Fear of self-injecting (FSI) and self-testing (FST)], specific questionnaire for evaluating the fear of injecting and self-testing in diabetic patients. METHODS: Forward-backward translations in duplicate were carried out by professional translators and revised by expert and non-expert panels. Type 1 and 2 diabetic patients, both genders above 18 years were enrolled in 3 primary care centres. Spanish D-FISQ