

Abstracts

345

assessed with WHO DTSQ. Use of InDuo also resulted in significantly higher rating of insulin therapy, lack of interference with lifestyle and ease of injecting when away from home. Seventy-nine percent patients preferred treatment with InDuo rather than SVM, with convenience, ease of use, and accuracy being major factors ($p < 0.001$). Other important features that resulted in testing of BG more often with InDuo than with a SVM included specific features like the 5-second BG analysis (60%) and small blood sample requirement (55%). For InDuo 91% used BG memory several times a week (66% used doser memory several times a week). Overall, the enrolled population showed a significant mean reduction of 0.54% in the A1C values ($p < 0.0001$). Using combination device a large subset of patients (32%) showed substantial increases in frequency of daily SMBG monitoring (Mean 1 more reading/day). **CONCLUSIONS:** Use of the InDuo was associated with improvements in patient treatment satisfaction, which were reflected, in improved compliance (more injections or blood tests per day) in a substantial portion of the patients tested.

DIABETES (including Parathyroid Disease)**DIABETES (including Parathyroid Disease)—Health Policy Studies**

PDB27

HOSPITALIZATIONS WITHIN THE VA AMONG VETERANS WITH DIABETESWen L¹, Parchman M², Linn W¹

¹Audie L. Murphy Division, South Texas Veterans Health Care System, San Antonio, TX, USA; ²University of Texas Health Science Center at San Antonio, San Antonio, TX, USA

OBJECTIVES: To examine admissions within the VA facility among veterans with diabetes and the relationship between number of admissions and type of antidiabetic therapy. **METHODS:** Veterans with diabetes mellitus at a Texas Veterans Health care System were selected by identifying those with an ICD-9 code for diabetes from the outpatient file. Veterans who received continuous care at the VA from FY 2000 to 2002 were selected. Local Patient Treatment File and pharmacy file provided information on all VA admissions and prescription data. A published method on attributing hospital utilization to diabetes based on ICD-9 codes and codes for diagnostic-related groups from administrative databases were used. This method classifies admissions into 3 categories: clearly attributable to diabetes; probably attributable to diabetes; or not attributable to diabetes. Type of medication therapy was defined as the following: oral therapy all 3 years; oral and insulin; insulin only; escalating therapy; and other (i.e. insulin to oral or oral to no medication). **RESULTS:** Of the 2285 veterans included in the study, there were 1687 admissions at the VA facility over the 3-year period. A total of 772 patients accounted for the admissions. The mean length of stay per admission was 5.34 days (+/- 5.01). Of the admissions, 106 (6.4%) were clearly attributable to diabetes; 578 (35.1%) were probably attributable to diabetes and 964 (58.5%) were not attributable to diabetes. Comparisons showed that mean rank for number of admissions for those on oral therapy only was significantly lower than the following: both insulin and oral ($Z = -5.43$, $p < 0.005$); insulin only ($Z = -4.36$, $p < 0.005$); escalating therapy ($Z = -6.67$, $p < 0.005$) and other ($Z = -7.01$, $p < 0.005$). **CONCLUSIONS:** Approximately 40% of admissions among veterans with diabetes were either clearly attributable or probably attributable to diabetes. Receiv-

ing oral therapy only was associated with fewer number of hospital admissions than those on more intense therapy.

DIABETES (including Parathyroid Disease)**DIABETES (including Parathyroid Disease)—Methods**

PDB28

GLYCEMIC CONTROL AS A CLINICAL OUTCOME VARIABLE: THE IMPACT OF NON-STANDARDIZED MEASURES

Kavookjian J

West Virginia University School of Pharmacy, Morgantown, WV, USA

OBJECTIVE: Glycemic control is a clinical outcome variable often used in diabetes intervention research. Misconceptions about A1C (glycosylated hemoglobin) and GHb (glycated hemoglobin) measures can lead to the use of different glycemic control measures within a study, threatening reliability and validity of outcomes results. While A1C is the standard for long-term glycemic control, the GHb measure may be more appropriate among patients with hemoglobin variants like the sickle cell factor and is sometimes used by clinicians who are aware that their patient population has prevalence of these variants. GHb measures are generally higher than A1Cs. The objective of this study was to examine the impact on outcomes results of using data from mixed (A1C or GHb) sites. **METHODS:** A convenience sample of 183 patients from four patient care sites participated in a cross-sectional survey measuring self-care behaviors, diabetes history, and demographics. Glycemic control data were gathered from patient charts and aggregated; one site used GHb. Aggregated glycemic control data were analyzed with other study variables. The GHb data were then converted to A1C equivalents using a regression formula provided by the National Glycohemoglobin Standardization Program (NGSP); analyses were conducted again and compared. **RESULTS:** Mean glycemic control for the sample with unconverted GHb readings was 8.40% (sd = 2.79); the mean for the A1C converted sample was 7.84% (sd = 1.89). Significance of variable relationships varied between the two, and the magnitude of relationship among correlated variables was greater among the unconverted GHb sample. Mean glycemic control for both analyses revealed statistically significant associations ($p < 0.05$) with readiness for all diabetes self-care behaviors except vigorous exercise, but variable associations among the group with unconverted GHbs were stronger. **CONCLUSIONS:** If data within a study include different or non-standardized glycemic control measures, they should be converted to be sure results reflect a standard variable.

PDB29

VALIDATION OF THE DIABETES RESOURCE CONSUMPTION INDEX (DRCI): A RISK ADJUSTMENT TOOL FOR PREDICTING HEALTH CARE RESOURCE USE AND COSTSJoish VN¹, Malone DC², Wendel C³, Mohler MJ³

¹University of Utah, Salt Lake City, UT, USA; ²University of Arizona, Tucson, AZ, USA; ³Southern Arizona VA Health Care System, Tucson, AZ, USA

OBJECTIVES: The purpose of this study was to validate a diabetes resource consumption index (DRCI). **METHODS:** The data for this study was collected from the Southern Arizona Veterans Affairs Health care System. A random split study sample was created from the computerized medical record of veterans with diabetes. Model estimation was done on the first sample ($n = 367$) and validation using the other 50% of the sample ($n = 367$). A Fisher's z-statistic was used to assess the degree of correspondence between the predicted and actual values