PHS91
EVALUATION OF THE QUALITY OF LIFE OF DIABETIC PATIENTS IN MINAS GERAIS STATE, BRAZIL
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OBJECTIVES: To evaluate the quality of life (QoL) of diabetic patients and its associated factors.

METHODS: In January to February 2014 patients with diabetes mellitus (DM) were interviewed in cities of Minas Gerais State about sociodemographic data, FAS with graphic, clinical and QoL aspects. QoL was measured by the EuroQol questionnaire (EQSD). Descriptive analysis, correlation, linear regression multivariate analyses were performed.

RESULTS: We interviewed 2,620 patients. Of these, 69% were women, 84% had type 2 DM and 16% type 1. The mean age was 61 years (x = 61). The descriptive system EQSD scores ranged from -0.186 and 1.00 (μ = 0.7158; e = 0.22) and for the visual analog scale from 0 to 100 (μ = 67.5; e = 22). These values are consistent with the universe (μ = 1.00; e = 0.7) for the general population of the municipalities studied.

The mean QoL of diabetic patients was 0.716 (e =0.22). Multivariate analysis showed that the following aspects significantly decrease QoL of the patients: (I) not being able to do usual activities; (II) bedridden for sickness; (III) worse self-rated health status; (IV) history of arthritis, osteoarthritis or rheumatism; (V) obesity; (VI) depression; (VII) stroke; (VIII) retinopathy; (IX) neurophaty; (X) chronic lung disease; (XI) thrombosis; (XII) need for help to take medicines; (XIII) growing old; (XIV) years on medication; (XV) living alone; (XVI) have been hospitalized in the last 15 days; (XVII) have spent money on diabetes and (XVIII) not do exercise (p < 0.05).

CONCLUSIONS: The interviewed diabetic patients had worse QoL than the general population and the diabetes complications decreases QoL of these patients, which points out to the need for better disease control, monitoring and more educational activities that effectively contribute to the self-care.

HEALTH SERVICES - Health Care Use & Policy Studies

PHS92
PREDICTORS OF MAMMOGRAPHY SCREENING AMONG WOMEN AGED 50-74
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OBJECTIVES: Breast cancer is the most common cancer and the second highest cause of death due to cancer among women. The US Preventive Services Task Force and the American Association of Family Physicians recommend biennial mammography screening for women aged 50-74. This study was conducted at determining factors associated with mammography screening among women in this age group.

METHODS: Women (50-74 years) who participated in the Behavioral Risk Factor Surveillance System in 2013 were included (n=15,426). Weighted mammogram screening prevalence rates were estimated. The interviwers were trained in how to collect sociodemographic (age, race, marital status, education, income, healthcare coverage, employment), clinical (time since last routine check-up and pap smear, health status, history of cancer), and lifestyle (physical activity and smoking status) factors associated with mammogram screening.

RESULTS: Most participants (77%) reported having a mammogram within the past 2 years. Factors associated with mammogram screening within the past 2 years included: older age (ORs range: 1.26-1.57), higher education (OR=1.49; 95%CI=1.38-1.60), having a health plan (OR=2.63; 95%CI=2.22-3.12), check-up within past year vs. 2 years or more (OR=5.02; 95%CI=4.30-5.86), pap smear within past year vs. 5 years or more (OR=9.25; 95%CI=8.01-10.69), history of cancer (OR=1.23; 95%CI=1.18-1.39), being married (OR=1.96; 95%CI=1.08-3.13), and non-smoking (OR=1.70; 95%CI=1.50-1.93). Blacks were more likely to screen than whites (OR=1.69; 95%CI=1.40-2.04). Those with less than high school education were less likely to screen when compared with those who attended college (OR=0.81; 95%CI=0.66-0.999). The retired were more likely to screen than those employed for wages (OR=1.31; 95%CI=1.12-1.52). The unmarried were less likely to screen than the married (OR=0.79; 95%CI=0.70-0.98).

CONCLUSIONS: Mammogram screening prevalence was briefer women than men by Healthy People 2020. Our findings identified population subgroups that may benefit from focused interventions. Policymakers may want to consider ensuring that patients have health insurance, regular check-ups, monitoring and more educational activities that effectively contribute to the self-care.

PHS93
DISCUSSION BETWEEN PROVIDERS AND PATIENTS ABOUT PROSTATE SPECIFIC ANTIGEN TESTING IN USA
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OBJECTIVES: To explore the a) effect of socio-demographic and personal characteristics on extent of discussions between men and healthcare providers about prostate specific antigen (PSA) testing and b) effect of discussions on PSA testing.

METHODS: This retrospective cross-sectional study analyzed data collected from 2012 wave of the Behavioral Risk Factor Surveillance System (BRFSS). A discussion with providers about PSA testing was considered as a dependent variable. Baseline category logit model was used to measure effect of sociodemographic (age, sex, race, educational level and employment status) and personal variables (health status, self-rated health status, and self-rated health status of family members) on having a discussion about PSA testing. Logistic regression was used to test association between levels of discussion and whether a person had PSA test.

RESULTS: Among 133,040 males, 84996 (63.9%) neither advantages nor disadvantages were discussed. Highest level of education, age, recommendation for having a PSA test by provider and having a unique personal provider were positively associated with discussions about PSA testing. Odds of not having a PSA test at least was 6.67 times (OR = 7.14, 95% CI=6.67-7.69) more for those who had no discussion compared to those who had discussed advantages or disadvantages and was less by at least 81% (OR = 0.18, 95% CI = 0.17-0.19) for those who discussed both advantages and disadvantages compared to those who discussed nothing.

CONCLUSIONS: Most men and providers did not discuss PSA testing. Men with higher education, being older and having a unique personal provider were more likely to have discussed about PSA testing with their providers. Discussions with providers had a significant positive impact on PSA testing. Providers should discuss completely about PSA testing with men to help them in decision making.