25 and the SF-36. Psychometric analyses of baseline data examined internal consistency (Cronbach’s alpha), criterion validity (Spearman correlations), and discriminant validity of the VFQ-25. RESULTS: The 684 enrolled patients were primarily Caucasian (77.8%) and male (63.3%), with a mean age of 59.3 years. Cronbach’s alphas for VFQ-25 scales indicated good internal consistency, ranging from 0.72 to 0.93 for all subscales except two 2-item subscales, which had alphas of 0.68 (ocular pain) and 0.64 (social functioning). The VFQ-25 demonstrated convergent validity through statistically significant correlations with SF-36 subscales. For example, correlations of the VFQ-25 role difficulties subscale with the eight SF-36 subscales ranged from 0.40 to 0.45 (all p < 0.0001). VFQ-25 subscales significant discriminated among groups of patients differing in ETDRS visual acuity scores (e.g., total VFQ-25 score = 79.1 for patients with ETDRS score of 48–78 letters; 83.0 for patients with 79–84 letters; 89.0 for patients with 85–100 letters). CONCLUSION: The VFQ-25 demonstrated adequate internal consistency reliability, criterion validity, and discriminant validity. Results support the use of this instrument among patients with diabetic retinopathy.

**PDB34**

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

Gupta KS, Gupta U
Maulana Azad Medical College, New Delhi, India

OBJECTIVES: Intensive treatment to achieve targeted glycemic index (HbA1c <7% and FBG <140 mg%) with the help of early initiation of basal insulin secretion 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 patient each, taking either insulin glargine or NPH insulin in combination to previous treatment. The end points evaluated were glycemic index, hypoglycemic 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 levels in both groups was the 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 were significantly higher in insulin glargine group (treatment satisfaction: 43.75 ± 20.05 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). CONCLUSION: Achievement of target 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.

**PDB35**

**ESTIMATING HEALTH-RELATED QUALITY OF LIFE FROM HYPOGLYCEMIA ELICITED FROM NON-DIABETIC AND DIABETIC RESPONDENTS IN CANADA**

Levy AR1, Christensen T2, Bavinton H1, Tabberer M3, Johnson JA4
1Oxford Outcomes Ltd, Vancouver, BC, Canada, 2Novo Nordisk A/S, Bagsvaerd, Denmark, 3Oxford Outcomes Ltd, Oxford, Oxon, UK, 4University of Alberta, Edmonton, AB, Canada

OBJECTIVES: Hypoglycemia presents a challenge for patients using insulin. The fear and anxiety related to hypoglycemic episodes may inhibit intensified insulin treatment and cause patients to reduce driving, limit social activities and eat snacks. However, published estimates of health-related quality of life values (utilities) for hypoglycemia have been based on database studies and not directly measured in interviews. Our objective was to elicit societal and patient utilities in Canada for five health states including: diabetes, rare (quarterly), intermittent (monthly), frequent (weekly), and nocturnal hypoglycemia episodes. METHODS: The health state descriptions were based on the validated Hypoglycemia Fear Survey and the opinions of four experts. Time trade-off (TTO) interviews were used to elicit utilities from 79 non-diabetic and 50 diabetic respondents in Canada. The TTO method estimates utilities between 0 and 1, where 1 expresses full health and 0 represents dead. Interviewers used a TTO board that allowed respondents to trade between zero and 30 years of perfect health against 30 years in each health state. RESULTS: The diabetes health state was estimated at 0.92 (SD 0.13) and 0.88 (SD 0.13) by diabetics and non-diabetics, respectively. The disutility was greater with increasing hypoglycemia: rare episodes ranged from −0.01 to −0.03 in the two groups; intermittent −0.05 to −0.11; frequent −0.17 to −0.22; and nocturnal −0.12 to −0.17. In both groups, the disutility of nocturnal hypoglycemia was intermediate between intermittent and frequent rates hypoglycemia. CONCLUSION: Rare hypoglycemia episodes occurring only a few times a year, was rated as having only a minimal impact, whereas frequent episodes and nocturnal hypoglycemia had substantial impacts. This study is the first to directly estimate utilities for hypoglycemia, incorporating appropriately developed health states, using direct elicitation techniques, and including diabetic and non-diabetic respondents.

**PDB36**

**DIFFERENCES IN EQ-5D SCORES FOR US AND UK-BASED PREFERENCE SCORING SYSTEMS IN PEOPLE WITH TYPE 2 DIABETES MELLITUS**

Sundaram M1, Johnson JA2, Miller LA1
1West Virginia University School of Pharmacy, Morgantown, WV, USA, 2Institute of Health Economics, Edmonton, AB, Canada

OBJECTIVES: This study reports differences in utility scores obtained using the U.S. and U.K. valuations of the EQ-5D in a cross-sectional study among patients with type 2 diabetes mellitus (T2DM). METHODS: Patients with T2DM at the outpatient clinics of a university hospital completed the EQ-5D. Health state preference scores were obtained using both the US and UK valuation systems of the EQ-5D, and matched with retrospective data including A1C, co-morbidities, diabetes-related complications, and BMI from electronic records and with self-report of insulin use and depressive symptoms (using the Center for Epidemiologic Studies—Depression). Paired sample t-tests assessed overall differences in US and UK scores. Using EQ-5D scores as the dependent variable, OLS regressions assessed the significance of diabetes-related complications and co-morbidities as predictors (dichotomized) individually; these were also preformed using US-UK difference scores as the dependent variable.