Abstracts

OBJECTIVE: Diabetic peripheral neuropathy (DPN) is a debilitating complication of diabetes and causes sensory symptoms that impact health and functionality. The purpose of this study was to test the hypothesis that there was a direct association between the symptoms associated with DPN (SDPN), as measured by a new instrument the Neuropathy Total Symptom Score (NTSS-6 [self administered]), and health-related utility as measured by the EQ5Dmax. The NTSS-6 provides a score of 0 to 3.66 in each of six domains. The score (range 0 to 21.96) is simply summed with zero meaning no symptoms. METHODS: A postal survey using various instruments including the NTSS-6 and the EQ5D was mailed to subjects identified at random as having either type-1 or Type-2 diabetes using the same methods as the Health Outcomes Data Repository (HODA)R. Univariate and multivariate analysis were applied. This is a preliminary analysis of the first 604 returns. RESULTS: The mean age of respondents was 64 years (IQR 55–73); 58% were male and the mean duration of diabetes was 14 years (IQR 5–18). Of the 604 patients, 24% reported having no neuropathic symptoms. The overall mean (SD) EQ5Dmax was 0.65 (0.33), and mean NTSS-6 score 6.2 (median and IQR 4.3, 1.0–10.33). In univariate analysis there was a direct association between the two instruments (correlation coefficient 0.57). Modeling the EQ5Dmax in multiple linear regression analysis to account for confounding, the NTSS-6 score was found to remain directly associated with utility, whereby an increase of one unit on the NTSS-6 resulted in as reduction in the EQ5Dmax of 0.029 units (p < 0.001). CONCLUSIONS: SDPN, as measured by the NTSS-6, were directly associated with health-related utility. After accounting for confounding factors, a unit change in the NTSS-6 was equivalent to a change in utility that is considered to be clinically meaningful.

PD859 DEVELOPMENT OF A SCALE FOR DIABETIC PATIENT PROFILING BASED ON PATIENT ATTITUDE TOWARDS INSULIN

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OBJECTIVE: To develop self-report questionnaires for physicians use in the evaluation of diabetic patient reluctance to start or step up insulin regimens. METHODS: An Advisory Committee (AC) was set up. It consisted of 3 diabetes specialists/endocrinologists, 1 behavioural psychiatrist and 2 general practitioners. Three patient focus groups were formed from a pool of 23 type-2 diabetologists, 1 behavioural psychiatrist and 2 general practitioners. The survey can facilitate discussion of adherence barriers to adherence in chronic conditions. The survey can facilitate discussion of adherence barriers to adherence in chronic conditions. RESULTS: Twenty items were retained based on correlation with validity criteria and clinical relevance in the following domains: Lifestyle, Attitudes and Beliefs, Help from Others, Talking with Health care Team, and Difficulty Taking Medicines. A post hoc cut point dichotomizing responses into “present” and “absent” was selected for each item. The Barrier Total Index (BTI), the number of “barrier-present” items, had an observed range from 0 to 18, a mean of 4.2 (±3.4), and good reliability (Cronbach’s alpha = 0.77). The validity of the BTI with a self-report of a missed dose of medicine in the past week was excellent. Patients who “missed” had a mean of 6 barriers vs. 2.6 for those who did not (p < 0.001). CONCLUSION: The ASK Adherence Barrier Survey appears to be a useful tool to identify barriers to adherence in chronic diseases. The survey can facilitate discussion of adherence and identify opportunities to implement barrier-specific interventions.

PD861 PERCEIVED HEALTH CARE INFORMATION ON DIABETES: MEASUREMENT OF PATIENT SATISFACTION

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Patient knowledge on own disease is recognised as key factor to reach therapeutic goals. OBJECTIVE: To develop a questionnaire exploring patient preference on SBGM systems; to measure patient satisfaction on medical information delivered by the hospital health care personnel. METHODS: 454 NIDDM patients,