These survey results demonstrate how much a treatment characteristic of a...ness were the commonest sequelae of NSHEs (78% and 51% of respondents, respectively). Effects of nocturnal NSHEs lasted significantly longer than effects of daytime NSHEs: T1DM = 15.3 vs. 5.1 hours (p < 0.0001). In the week following a NSHE, blood glucose testing increased 12% (T1DM) and 21% (T2DM). In employed respondents (47% of total), 20% of NSHEs caused loss of work-time, which was longer following nocturnal NSHEs: T1DM = 2.7 vs. 1.1 hours (p = 0.0184). T2DM = 2.5 vs. 1.6 hours (p = 0.1340). Over a third of employed respondents experienced difficulty concentrating at work following NSHEs (T1DM = 39%; T2DM = 45%). Respondents contacted a health care professional (HCP) after 3% (T1DM) and 7% (T2DM) of NSHEs. Overall, respondents rarely or never informed HCPs about NSHEs (T1DM = 82%; T2DM = 69%). CONCLUSIONS: NSHEs are common in addition to the complications of diabetes in a random sample of patients. The personal well-being, work productivity, and health care resource use. As they are seldom reported to HCPs, the burden of hypoglycaemia may be underestimated.


PDB130

PATIENTS' PREFERENCES IN ORAL DIABETES TREATMENT: A DISCRETE CHOICE EXPERIMENT IN TYPE2 DIABETES MELLITUS

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OBJECTIVES: The aim of the empirical study is to evaluate patients' preferences for...tiation of glycated hemoglobin [HbA1c], risk of genital infection, risk of gastrointestinal problems (coefficient. HYE: 0.458) or additional cost (coefficient. ME: 0.420) ranked in middle importance in the time/money attribute. DCE used a fractional factorial design and random effect estimation of the N = 626 (N = 318 HYE + N = 308 ME) T2DM patients participated in the survey. The estimation revealed a clear dominance for prevention of hypoglycaemia (coefficient: 0.937) and adjustment of HbA1c (coefficient: 0.541). The attributes, additional healthy life years (coefficient: 0.458) or additional cost (coefficient: 0.420) were in the middle rank and both of significant importance. The side effects, risk of genital infection (coefficient: 0.301), risk of gastrointestinal problems (coefficient: 0.296) and risk of urinary tract infection (coefficient: 0.241) followed in this order. Possible weight change (coefficient: 0.047) was of less importance (last rank) to the patients in this evaluation. CONCLUSIONS: These results represent how patients evaluate how theoretical oral diabetes treatments affects the treatment decision. Understanding how patients perceive and value different aspects of oral diabetes treatment is vital to the optimal design and evaluation of treatment options. (B 209403011/14)

PDB131

HYE AND ME AS IDENTICAL CURRENCIES IN PREFERENCE STUDIES?

A discrete-choice experiment in type2 diabetes mellitus

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OBJECTIVES: Our objective was to derive clinically relevant time-equivalents in comparison to money-equivalents from Discrete-Choice Experiment (DCE) data. By separating the decision model and including a) healthy life-years equivalent (HYE) b) money equivalents (ME) and c) survey (S) the model can be extended if both lead to similar preference patterns and allow answering the question: Can HYE or ME serve as identical "currency" for patients with type2 diabetes mellitus (T2DM) patients? METHODS: A DCE, separated into two versions, was applied to identify patient preferences in oral diabetes treatments. (a) 4 attributes and one continuous variable of the time/money attribute. DCE used a fractional factorial design and random effect estimation of the N = 626 (N = 318 HYE + N = 308 ME) T2DM patients revealed similar preference patterns for both survey version were prevention of hypoglycaemia (coefficient: HYE: 0.937; coefficient. ME: 0.847) and adjustment of hemoglobin A1c (HbA1c) (coeficient: HYE: 0.541; coefficient. ME: 0.649) occurred on first rank. Additional healthy life years (coefficient: HYE: 0.458) or additional cost (coefficient. ME: 0.420) ranked in middle position. Side effects of risk of genital infection (coefficient: HYE: 0.301; coefficient. ME: 0.416), risk of gastrointestinal problems (coefficient: HYE: 0.296; coefficient. ME: 0.408) and risk of urinary tract infection (coefficient. HYE: 0.241; coefficient. ME: 0.355) followed accordingly. Possible weight change (coefficient. HYE: 0.047; coefficient. ME: 0.067) showed no significant effect in this evaluation. CONCLUSIONS: For the first time the methods of HYE and ME were used in one study to be able to compare patients' preferences regarding those two continuous currencies (HYE/ ME vs. S). The estimation of the N = 626 (N = 318 HYE+ N = 308 ME) T2DM patients, as well as the influence of those criteria on the patients' decision patterns and patient benefit. Therefore, as HYE and ME led to comparable preference patterns, both can be discussed as summary measures of health outcome for decision-making (N = 626) or treatment-related outcomes 

PDB132

SAGIT: A NOVEL CLINICIAN-REPORTED OUTCOME TOOL DESIGNED FOR MANAGING ACROMEGALY IN CLINICAL PRACTICE

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OBJECTIVES: SAGIT is a clinician-reported outcome tool designed to help endocrinologists describe acromegaly patients and disease activity in their everyday practice. SAGIT is a multi-dimension disease Signs and Symptoms (DSS) tool that is easy to use, clear and focused to clinical practice with a low number of evaluative items (9). Assisted by comorbidities (A), GH concentration (G - either assessed as GH nadir after oral glucose tolerance test or GH random or series), IGF-1 concentration (I) and Tumor (T). The objective of the present work to assess acceptability, feasibility and potential uses of SAGIT with endocrinologists in real conditions. METHODS: Endocrinologists from France (n = 2), Germany (n = 1), Italy (n = 2), Spain (n = 2) and United States (n = 2) completed SAGIT for patients with active acromegaly (n = 9), comparison of acromegaly management with and without SAGIT. Results: Endocrinologists' reported their perception and opinion of the tool using the PRAgmatic Content and Face validity Test. RESULTS: Endocrinologists had similar opinions about the tool and diabetes in a random sample of patients. The personal well-being, work productivity, and health care resource use. As they are seldom reported to HCPs, the burden of hypoglycaemia may be underestimated.