The ITEQ comprises 28 items with the subscales 'leisure activities' (4 items), 'psychological barriers' (2 items), 'handling' (5 items), 'diabetes control' (6 items), 'dependence' (5 items), 'weight control' (3 items), 'sleep' (2 items) as well as one item assessing general TS. First results demonstrated good psychometric properties. The aim of the present paper was to compare the performance of the ITEQ and DTSQ in discriminating patients TS in different insulin therapies. METHODS: A sample of T2DM patients (n = 150) completed the ITEQ and DTSQ. TS as assessed by the instruments was compared between respondents with different insulin regimens (intensified insulin therapy, n = 70; OAD plus insulin, n = 47; longacting insulin only, n = 33) using analysis of variance (ANOVA). RESULTS: While ITEQ subscales (diabetes control, dependence, weight control, sleep) and the total score revealed significant differences in patients TS between therapy regimens (p < 0.001), results for the DTSQ score were only marginally significant (p = 0.154). Furthermore different patterns for ITEQ subscales were observed even for variants of insulin therapy within one type of regimen. CONCLUSION: Comparisons with an existing measurement suggest that the ITEQ performs well in discriminating TS levels in patients undergoing diabetes treatment. The content of the ITEQ subscales provide important information about specific aspects of patients TS in insulin treatment. In the near future, the ITEQ will be translated into other languages.

THE DIABETES MEDICATION SATISFACTION TOOL (DMSAT): DEVELOPMENT AND VALIDATION OF A NEW PATIENT-CENTERED OUTCOMES INSTRUMENT FOR CLINICIANS

Anderson RT1, Balkrishnan R2
1Wake Forest University School of Medicine, Winston Salem, NC, USA; 2The Ohio State University College of Pharmacy, Columbus, OH, USA

OBJECTIVES: As an aid to diabetes clinical care and research we sought to develop a valid and reliable instrument: the Diabetes Medication Satisfaction Tool (DMSAT) to measure patient satisfaction with a broad spectrum of diabetes treatment regimens in primary care. This was a cross-sectional survey study to develop and test a self-report questionnaire on satisfaction with diabetes medications. METHODS: Item content was obtained from focus groups of patients attending community health clinics, pre-tested in a sample of 53 patients with Type 2 diabetes, and examined in a sample of 140 patients of a group family practice with a diagnosis of diabetes and prescribed medical therapy. Factor analysis and tests of subscale and total score means across clinical groups were used to examine measurement characteristics. RESULTS: Sixteen items were retained assessing four distinct medication treatment experiences: ease and convenience, lifestyle burdens, well-being, and medical control. Construct validity of the scales and total score were demonstrated by statistically significant (p < 0.05) associations with treatment complexity, follow-up visits, self-rated glucose control, health worries, and A1c in the last six months. Internal consistency reliability coefficients for the scales and total score ranged from 0.89 to 0.95. CONCLUSION: The results of this study suggest that the DMSAT has good construct validity and reliability, and is sensitive to levels of clinical and patient reported outcomes that relate to treatment burden and Type II diabetes control. The DMSAT offers a comprehensive assessment of the patient acceptability and satisfaction with the use of diabetes medication therapy in their daily life. Testing across two independent patient samples showed DMSAT scores correspond to clinically relevant outcomes.