regression analysis was used to control for demographic and clinical covariates. RESULTS: The final sample (unweighted N = 7003; weighted N = 14,614) had a mean age (±SD) = 61.2 (±10.2) years, mean BMI (±SD) = 32.2 (±4.1), and 50.4% were males. There was a significant difference in both the PCS-12 and MCS-12 scores of patients by BMI, controlling for covariates. Being obese (PCS = 40.1) or very obese (MCS = 35.6) were significantly associated with lower PCS-12 and higher MCS-12 scores compared to normal weight patients (PCS = 41.0, p < 0.001 for both), while being overweight was significantly associated with higher MCS-12 scores compared to being of normal weight (MCS = 50.9 vs 48.9, p = 0.038). CONCLUSIONS: Among diabetes patients, overweight patients had significantly higher mental health scores compared to their peers with normal weight, while being at least obese was significantly associated with lower physical health scores compared to non-obese patients.

PDB110

CHANGES IN QUALITY OF LIFE (EQ-SD) AMONG TYPE 2 DIABETES MELLITUS PATIENTS INADEQUATELY CONTROLLED WITH METFORMIN PLUS SULFONYLUREA AND TREATED WITH DAPAGLIFLOZIN AS TRIPLE THERAPY REGIMEN FOR 24 WEEKS

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OBJECTIVES: Dapagliflozin, a novel, selective, oral sodium-glucose co-transporter 2 (SGLT2) inhibitor, lowers glycated hemoglobin (HbA1c) along with reduction in body weight. This study evaluated health-related quality of life (HRQoL) among type 2 diabetes mellitus (T2DM) patients treated with dapagliflozin in triple therapy during a 24-week period.

METHODS: Patients with inadequately controlled T2DM (HbA1c ≥7.5% and a body mass index ≥25 kg/m²) who had inadequate glycemic control on combination of metformin (M) and sulfonylurea (SU) were enrolled in a 24-week, international, double-blind, randomized, placebo-controlled study (NCT01392677) to evaluate the effect of dapagliflozin in combination with M+SU on HbA1c and body weight. Patients completed the EuroQol Group EQ-5D survey at baseline and week 24. Changes from baseline were calculated as a secondary end point. The change in International Quality of Life – Lite (IWQOL-Lite) and Short Form 36 (SF-36) questionnaires. Analyses of subjects meeting biomarker goals did not differ by treatment at baseline. At 52 weeks, 108% (N/D) of respondents who worked for pay, 73%/46% (N/D) went to work the next day.

PDB111

THE ASSOCIATION OF HEALTH-RELATED QUALITY OF LIFE AND ACHIEVEMENT OF DISEASE MANAGEMENT GOALS IN THE TREATMENT OF TYPE 2 DIABETES MELLITUS (T2DM)

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OBJECTIVES: Guidelines for T2DM specify goals for biomarkers (e.g., A1C, SBP, LDL weight), emphasize the avoidance of hypoglycemia, and acknowledge the critical role that individuals play in managing their diabetes. This study explored factors associated with achieving T2DM treatment goals and associated with HRQoL, using data from a previously reported 52 week study of canagliflozin 100 mg and 300 mg versus glimepiride with metformin and background diet and exercise. METHODS: This post-hoc analysis included subjects for whom baseline and post-baseline and clinical and HRQoL data were available (n=1111/1450). HRQoL was measured using the Impact of Weight on Quality of Life – Lite (IWQOL-Lite) and Short Form 36 (SF-36) questionnaires. Distributions of subjects achieving/not achieving the following individual goals: A1C <7%, SBP < 130 mmHg, LDL-C < 100 mg/dl, no symptomatic hypoglycemia, and any weight loss were calculated for pooled canagliflozin arms and glimepiride.

PDB112

THE IMPACT OF DAYTIME AND NIGHTLIFE NON-SEVERE HYPOGLYCAEMIC EVENTS ON QUALITY OF LIFE IN PEOPLE WITH DIABETES IN ALGERIA

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OBJECTIVES: Empagliflozin, an oral anti-diabetic drug, inhibits the sodium-glucose co-transporter 2 and promotes urinary glucose excretion. Six of the phase 3 studies assessed efficacy and safety, including health outcomes, of empagliflozin as monotherapy or in combination with other oral anti-diabetic treatments. The objective was to evaluate the effect of treatment on patient utility and health profiles measured (by the EQ-5D) and health resource use (HCRU). METHODS: Descriptive analyses were performed for each individual trial and pooled across trials. Multivariable analyses were performed using linear mixed models for repeated measurements to account for the longitudinal data and significant baseline characteristics. RESULTS: The overall completion rate of the EQ-5D utility index and EQ-5D-VAS at 24 weeks was above 90% in all treatment groups across trials. Patients’ utility and health profiles were high at baseline; most patients reported no problems with self-care (97% of empagliflozin; 96% of placebo); the most commonly reported problem was pain/discomfort (35% of empagliflozin, 36% of placebo reported at least “moderate” pain). After 24 weeks, in both treatment arms, patients felt slightly significantly different from baseline and all patients reported improvement in the EQ-5D-VAS. HCRU data suggest that the largest number of hospitalizations or outpatient visits were observed for general physician visits (~15%) and specialist visits (10%) across treatment groups. Most of the resources used were not diabetes-related. CONCLUSIONS: The impact of empagliflozin and placebo on 24 weeks were in general positive but small, which was not unexpected given that the majority of patients reported no problems at baseline. The percentage of patients with hospitalizations or outpatient visits was low with similar use reported among empagliflozin and placebo treatment groups.
The impact of nocturnal and daytime non-severe hypoglycaemic events on people with diabetes in Singapore

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OBJECTIVES: To study the effect of nocturnal and daytime non-severe hypoglycaemic events on people with diabetes in Singapore. METHODS: People with diabetes from five different countries who had experienced a self-reported non-severe hypoglycaemic event in the past 4 weeks were asked to take part in a nocturnal (N) and/or daytime (D) hypoglycaemic survey. The surveys were conducted face-to-face, all information, including hypoglycaemic events, was self-reported. RESULTS: In the Singaporean cohort, 76 people responded (50 for the nocturnal survey [N]; 51 for the daytime survey [D]). Mean age was 54.6 years (N/D), mean weight was 63.2 kg/68.3 kg (N/D), 63% (N/D) were male, and 84%/86% (N/D) had type 2 diabetes. Among respondents with type 2 diabetes, 12%/16% (N/D) had insulin and 100%/100% (N/D) received oral medication. Almost half of respondents had diabetes-related complications (46%/49% [N/D]), and 16%/18% (N/D) experienced hypoglycaemia at least once/week. When asked about hypoglycaemia awareness, 14%/14% (N/D) reported only noticing they were hypoglycaemic during routine blood glucose checks, while 8%/16% (N/D) were generally unaware of an event. After a hypoglycaemic event, 12%/20% contacted a health care professional and, in the following week, used on average 1.1/2.1 (N/D) extra blood glucose strips. Following a nocturnal hypoglycaemic event, mean time to return to sleep was 63 minutes, 24% reported difficulty returning to sleep after the event, almost two thirds (62%) had a high fear of a future event. In the daytime survey, the most common causes taken into account for an event were inattentiveness (55%) and taking too little medication. Half of respondents reported spending most time worrying about feeling light-headed/dizzy, having an event while alone, and passing out in public. CONCLUSIONS: In Singapore, nocturnal hypoglycaemic events impact health care utilisation and daily routines for people with diabetes. Treatment strategies to decrease hypoglycaemia could offer substantial benefits to people with diabetes.

The impact of a value-based copayment waiver benefit on medication use and spending by patient subgroup

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OBJECTIVES: To study the effect of a value-based copayment waiver benefit on diabetes care on medication adherence, diabetes care and spending among enrollees with diabetes. METHODS: The copayment waiver ($0 copay) benefit was introduced for patients with diabetes in a Demo Steering Group which had a 20% low use, 40% moderate use and 40% high use of diabetes-related office visits. The study included 444 enrollees with diabetes who were part of a pre-program adherence cohort used to evaluate the impact of such benefit. The study was divided into two parts: 1) A pre-program adherence cohort used to evaluate the impact of such benefit and 2) A program benefit cohort used to evaluate the impact of such benefit. CONCLUSIONS: The results demonstrated a significant increase in adherence for patients with low levels of pre-program adherence. The percentage of prescription fills of diabetes supplies increased 29.1% (P < 0.001) and prescriptions filled of diabetes supplies increased 29.1% (P < 0.001) in the full sample, total spending (medical plus prescription drug) decreased (P = 0.03) and patient willingness to undertake surgery indicates a chasm between perception and reality. Building in high risk factors that are expected to receive diabetes medications prior to the benefit. METHODS: Enrollees in eligible health plans with diabetes were automatically enrolled in a copayment waiver ($0 copay) benefit beginning January 2011 for diabetes, cardiovascular disease, cancer, and chronic obstructive pulmonary disease. Enrollees were excluded from a large number of similar firms without these benefits (N = 1615), with 19%/7% (N/D) of respondents reporting at working late or early, and 13%/7% (N/D) missing ≥ 1 full working day. CONCLUSIONS: Nocturnal and daytime non-severe hypoglycaemic events have an impact upon patients’ health-related quality of life and diabetes management in Colombia.