a subsequent valuation study to derive utility values for DR.

METHODS: Health state descriptions of visual acuity (VA) loss were developed based on the findings of in-depth interviews with diabetologists and ophthalmologists. They represented visual acuity levels in the best corrected eye (6/6-6/9, 6/12-6/18, 6/24-6/36, 6/60-6/120, counting fingers and hand motions). Two DR patients in each VA level (N = 10) and members of general public (N = 10) took part in standard gamble (SG) interviews and a cognitive debrief interview. The interview attempted to explore participants’ preferences around aspects of the health states. SG data were summarised and transcribed interviews underwent qualitative analysis of content. Qualitative data analysis attempted to explore the rationale for SG valuations and the differences in patient and public preferences. RESULTS: SG data showed that patients value vision loss and its impact on health-related quality of life differently to members of the general public. This was further supported by the findings of the qualitative interviews in which patients’ provided personal insight into their own experience of the disease and its impact on their health-related quality of life. Qualitative analysis illustrated the different perceptions of health states. CONCLUSION: The differences in patients’ and societal views of vision loss associated with DR and its impact on functioning were explored. Valuable insights were gained into the significant determinants of patient and public preferences which have implications for valuation studies. This information will be particularly important in understanding the decision making process that drives people’s choice.

PDB45

EXPERIENCE OF HYPOGLYCEMIA IS SIGNIFICANTLY ASSOCIATED WITH LOWER QUALITY OF LIFE (EUROQOL) IN DIABETIC PATIENTS TREATED WITH METFORMIN (MF) IN COMBINATION WITH A SULPHONYLUREA (SU) IN FRANCE

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OBJECTIVES: This study evaluated the experience of hypoglycemia and its impact on QoL among diabetic patients treated with MF in combination with a SU in France. METHODS: This is an observational, cross sectional multi-center survey conducted in 2005. Diabetic patients (≥35 years old) treated with MF in combination with SU for 6 months prior to study enrollment were included. Excluded were patients receiving insulin, treated for hepatitis or HIV, or having gestational diabetes. Case report forms were developed for collection of patients’ medical record, experience of hypoglycemia, and general QoL as measured by EQ-5D. The un-weighted scoring rule was used to obtain summary EuroQoL scores. Adjusted linear regression analysis was used to evaluate the effect of hypoglycemia on patients’ QoL controlling for demographic and medical characteristics. RESULTS: Four-hundred patients were recruited: average age was 62 years and 46% were female; 45% of the patients have been diagnosed with diabetes for >7 years. One-hundred-thirty-six (34%) patients reported at least one episode of hypoglycemia during the previous 6 months: 79 (58%) experienced mild/moderate symptoms, 53 (39%) had both mild/moderate and severe symptoms, and the remaining 3% had only severe symptoms. More than half of those reported mild/moderate symptoms, and >33% of those reported severe symptoms had ≥3 hypoglycemic episodes during the 6-month period prior to study enrollment. Patients with hypoglycemic episodes reported significantly lower EuroQoL scores relative to those without any symptoms (0.7 vs. 0.8, p < 0.0001). After adjusting for demographic and medical characteristics (age, gender, marital status, education, co-morbid conditions) the reduction in the EuroQoL score for those with any hypoglycemic symptoms was 0.08 (p = 0.0007) units. CONCLUSIONS: More than a third of the study patients experienced one or more hypoglycemic symptoms. This study found that presence of hypoglycemic symptoms is significantly associated with lower QoL.

PDB46

QUANTIFYING THE IMPACT OF FEAR OF HYPOGLYCAEMIA ON QUALITY OF LIFE

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OBJECTIVES: Hypoglycaemia is one of the most frequent acute complications of type 1 diabetes. The fear and anxiety associated with experiencing hypoglycaemia may cause some diabetics to deliberately allow their blood sugar to become elevated in order to avoid future events, thus risking long-term diabetic complications. This trade-off between risks suggests that the psychological impact of hypoglycaemia on quality of life may be underestimated. This study’s propose is to quantify the impact of fear of hypoglycaemia on quality of life. METHODS: Eighty-five type 1 diabetics completed the Hypoglycaemia Fear Survey (HFS), and questions relating to the frequency and severity of hypoglycaemic events. Respondents were categorised by whether or not they had experienced a severe hypoglycaemic event in the past three months. Key differences on the HFS were used to construct five health states which described the behaviour, state of mind and events experienced during a typical week for a type 1 diabetic: baseline; fear of non-severe hypoglycaemia with and without a non-severe hypoglycaemic event; fear of severe hypoglycaemia with and without a severe hypoglycaemic event. A total of 122 people from the general population evaluated the five health states using the time-trade-off methodology. Short-term disutilities during events and long-term disutilities due to fear of future events were estimated as the differences between health state utilities. RESULTS: Fear of severe hypoglycaemia had a disutility value of −0.06 and fear of non-severe hypoglycaemia had a disutility value of −0.01. A severe hypoglycaemic event had a disutility value of −0.16, whilst the disutility associated with a non-severe hypoglycaemic event was −0.07. CONCLUSIONS: Fear of hypoglycaemia has a detrimental impact on quality of life in diabetic patients beyond that of the event itself. When comparing insulin therapies, the reduction in the incidence of hypoglycaemia should be incorporated as an important measure of treatment success.

PDB47

A USEFUL TOOL FOR EVALUATING THE FEAR OF INJECTING AND SELF-TESTING IN DIABETIC PATIENTS: THE SPANISH VERSION OF THE DIABETES FEAR OF INJECTING AND SELF-TESTING QUESTIONNAIRE (D-FISQ)

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OBJECTIVE: To validate into Spanish and recalibrate the D-FISQ, a 30-items 2-dimensions [Fear of self-injecting (FSI) and self-testing (FST)], specific questionnaire for evaluating the fear of injecting and self-testing in diabetic patients. METHODS: Forward-backward translations in duplicate were carried out by professional translators and revised by expert and non-expert panels. Type 1 and 2 diabetic patients, both genders above 18 years were enrolled in 3 primary care centres. Spanish D-FISQ