The psychometric performance of the DHP-12 and DHP-18 was also estimated by using multiple regressions, controlling for the effects of patients’ socioeconomic status. RESULTS: T2D patients were mostly male (53.89%) and had a mean age of (54.97). A total of 87.79% of patients did not know their HbA1c and only 16.21% were on an insulin, neither of which varied by presence of obesity. Obese T2D patients were significantly more likely to belong to C1 socioeconomic group and significantly less likely to belong to C1 socioeconomic group than non-obese T2D patients (30% vs. 21% and 10% vs. 19%, respectively, all p<0.05). Hypertension was significantly more prevalent among obese T2D patients than among non-obese T2D patients (61% vs. 43%, p<0.05). Adjusting for differences in socioeconomic status, obese T2D patients reported significantly lower levels of PCS (Adjusted Mean (Madj)=42.7 vs 44.6, p<0.05) and had significantly lower health utilities than non-obese T2D patients (Adjusted Mean (Madj)=0.68 vs 0.72, p<0.05).

CONCLUSIONS: Few patients in Brazil were aware of their HbA1c, suggesting a lack of knowledge regarding diabetes. The majority of T2D patients were more likely to report combined hypertension and worse health status yet were no more likely to use insulin than their non-obese counterparts. Improved patient education and management of obese T2D patients may improve health outcomes for these patients.

**CONCLUSIONS:** The psychometric performance of the DHP-12 and DHP-18 can be used to assess health related quality of life in trials and studies of both type 1 and type 2 diabetes.

**PD76**

**GAP ANALYSIS OF EXISTING DISEASE-SPECIFIC HEALTH-RELATED QUALITY OF LIFE MEASURES FOR USE AMONG MULTI-ETHNIC ENGLISH-SPEAKING ASIANS WITH DIABETES: AN INTERIM ANALYSIS**

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OBJECTIVES: To evaluate existing diabetes-specific patient reported outcome (PRO) measures and the Patient Reported Outcomes Measurement Information System (PROMIS) item banks in relation to their their ability to capture health-related quality of life (HRQoL) domains that are relevant to multi-ethnic English speaking Asians with Type 2 diabetes mellitus (T2DM). METHODS: Eligible patients were recruited from a diabetes clinic in a Singapore tertiary care hospital to participate in the study. The analysis was performed by using PROMIS item banks through open coding by two independent coders followed by axial coding for category refinement. RESULTS: Of 79 T2DM patients approached, 40 participated in the study (9 men, 10 Chinese, 2 Malay, 5 Indians and 1 Eurasian, mean (SD) age: 46.8 (10.45) years). HRQoL items in T2DM were organized into 26 domains and 58 sub-domains. Existing DM-specific PRO measures did not capture cognitive functioning and restricted participation in religious activities (domains) and modified participation in social activities and engagement of others (sub-domains). 13 of 26 domains and 19 of 58 sub-domains were addressed by the PROMIS Version 1.0 item banks (physical functioning, anxiety, depression, anger, fatigue interference/experience, social role performance/satisfaction, pain interference, quality/belonging, pain interference). CONCLUSIONS: There is a significant degree of overlap in HQRoL domains and sub-domains between Western and Asian populations but gaps exist. When using generic PROMIS item banks to assess HRQoL among multi-ethnic Asian populations with T2DM, additional item banks are needed to fill these gaps and increase content validity.

**PD77**

**HEALTH-RELATED QUALITY OF LIFE BY ASSESSMENT OF CARDIOVASCULAR DISEASE (CVD) RISK IN PATIENTS WITH TYPE 2 DIABETES: KOREAN QUIT OF DIABETES-DEPENDENT QUALITY OF LIFE (KR-ADDQL) I**

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OBJECTIVES: To explore how the assessment of CVD risks impact health-related quality of life (HRQoL) in patients with type 2 diabetes. METHODS: A prospective, multi-center observational study was carried out in Korea. CVD risks were assessed in patients with type 2 diabetes and aged 40 years by carotid ultrasound (CUS). Before and 6 months after CUS, patients completed a questionnaire on HRQoL using a diabetes-specific instrument: KR-ADDQoL. RESULTS: The mean present QoL of 622 patients (male 50.5%, mean age 60.0±9.5 years), was -3.9877 P<0.002. Patients reported the greatest impact of diabetes on family life (from 2.27 to 2.19, P<0.002) and stated the greatest distress 4 items; Barriers to activity 5 items; disinhibited eating 3 items). Rasch analysis showed that the performance of the items included in the brief measures is satisfactory. The DHP-12 was found to be the most valid measure of health related quality of life in diabetes that provides a strong basis for the development of a shorter measure that can be used as a brief assessment to reduce responder burden. Both the DHP-12 and DHP-18 can be used to assess health related quality of life in trials and studies of both type 1 and type 2 diabetes.