PDB104
SELF-REPORTED MENTAL HEALTH STATUS IN ADULTS WITH DIABETES AND COMORBID DEPRESSION
Berends H1, Trammell-Fisher D2, McQueen R3
1Nova Southeastern University, Fort Lauderdale, FL, USA, 2University of Colorado Anschutz Medical Campus, Aurora, CO, USA
OBJECTIVES: To investigate the marginal impact of depression on self-reported mental health status in adults with diabetes mellitus in the United States. METHODS: We pooled data from 2007 and 2011 from the Medical Expenditure Panel Survey (MEPS) to create a retrospective cohort of adults diagnosed with diabetes, and those with comorbid diabetes and depression. Outcomes included responses from the Kessler Index (K6), six domains of non-specific mental health, and the mental component summary (MCS) of the Short Form-12 (SF-12). Outcomes were estimated using multivariable regression analyses and adjusted for demographic and clinical characteristics. RESULTS: Compared with adults that had diabetes and no depression (N = 4,455), those with diabetes and depression (N = 3,037) had a marginally decreased mental health status (K6: 2.69, 95% CI: 2.03, 3.56; p = 0.05), were more likely to report restlessness all of the time (odds ratio (OR): 2.69; 95% CI: 2.03, 3.56; p = 0.05), and less likely to report feeling as though everything is an effort (OR: 0.19; 95% CI: 0.14, 0.25; p < 0.0001). Earlier studies (Zang et al. 2008) in the field of diabetes identified that there is a significant relationship between the time before diagnosis and health insurance status among the United States population and depression (Zang et al. 2008). Among US inhabitants showed that the type of insurance is also significantly related to poor glycemic control. Our study aimed to identify whether there is a relationship between socio-demographics (e.g., income) and health-related Quality of Life (HRQoL). CONCLUSIONS: The study reconfirms the relationship between insurance, employment and health outcomes among diabetes patients in the United States. Previous studies showed that these affect the access to care, quality of care, and quality of life in diabetes management, but these are also likely to influence health outcomes in terms of HRQoL.

PDB105
APPLICATION OF THE NEW INSTRUMENT FOR ASSESSMENT OF HYPOGLYCEMIA EXPERIENCES IN PATIENTS WITH TYPE 2 DIABETES MELLITUS PATIENTS
Ilona T1, Nikitina T2, Kurbatova K2
1National Pirogov Medical Surgical Center, Moscow, Russia, 2Multinational Center of Quality of Life Research, Saint-Petersburg, Russia
OBJECTIVES: Hypoglycemia is the major factor limiting intensive glycemic control and causing severe morbidity, mortality and reduced quality of life in DM patients. Comprehensive assessment of HS is worthwhile. The objective of this study was to test the psychometric properties of the new tool for assessing treatment satisfaction – Patient Treatment Satisfaction Questionnaire, which included the EQ-5D-5L instrument and accompanying VAS. In addition to the EQ-5D-SL instrument patients were also asked a series of questions to identify their socio-demographic background. By means of logistic linear regression modeling the health utility scores derived from the EQ-5D-SL instrument are linked to the socio-demographic background of the diabetes patients. METHODS: The test socio-demographics are significantly related to HRQoL (p < 0.001). Yet, together they explain only 10% of the variance in HRQoL. Earlier studies showed that type of insurance by (p-value: 0.12) and employment (p-value: 0.13) were significantly related to HRQoL (p < 0.0001). Household income (p = 0.253), insurance by Medicare (p = 0.12), and hypertension (p = 0.013) all were less significantly related to HRQoL. CONCLUSIONS: The study reconfirms the relationship between insurance, employment and health outcomes among diabetes patients in the United States. Previous studies showed that these affect the access to care, quality of care, and quality of life in diabetes management, but these are also likely to influence health outcomes in terms of HRQoL.

PDB106
RACIAL DISPARITIES IN TYPE 2 DIABETES MEDICATION ADHERENCE IN MEDICAID ADULTS WITH DEVELOPMENTAL DISABILITIES
Patel S1, Bakrihuman R2, Chang J1, Erickson S1, Bagozzi R1, Caldwell C1, Woolford S2
1The University of Michigan, Ann Arbor, MI, USA, 2University of Michigan, Ann Arbor, MI, USA
OBJECTIVES: The prevalence of diabetes mellitus is high among patients with developmental disabilities (cerebral palsy, autism, down’s syndrome and cognitive disabilities). Developmentally disabled individuals with chronic diseases experience delays in detection of comorbidities, poor disease management and low quality of care. This study examines the racial health disparities in medication adherence and medication persistence in developmentally disabled adults with type 2 diabetes enrolled in Medicaid. METHODS: This was a retrospective cohort study based on a combination of the Health belief model and Aday Anderson’s model of health care utilization. The dataset used for this study was the MarketScan® Multi-State Medicaid Adult Data. Adults aged 18-64 years with a prior diabetes diagnosis were identified, and a new diagnosis of type 2 diabetes enrolled in Medicaid from January 1, 2004 and December 31, 2010 were included. Adults aged 18-64 years were included if they had a 90-day enrollment for at least 12 months and were excluded if they were dual eligible. Anti-diabetic medication adherence and diabetic medication persistence were measured using multivariate logistic regression and the Cox proportional hazard regression models, respectively. RESULTS: The study included 19,491 adults. After controlling for covariates, African Americans had 24% lower odds of adhering to anti-diabetic medications compared to Caucasians (OR = 0.76, 95% CI 0.59-0.98, p = 0.05). African Americans on the other hand, were more persistent in taking their anti-diabetic medications compared to Caucasians. (Hazard Ratio = 0.97, 95% CI = 0.87-1.07, p < 0.000). CONCLUSIONS: The needs of the developmentally disabled is overlooked to some extent than the needs of individuals without disabilities. Policy recommendations should focus on increasing the number of outpatient centers as well as primary caregivers who can understand the disease management needs of the patient and accordingly collaborate with other specialized health care professionals to enhance the overall quality of care for the patient.

PDB107
RELATIONSHIPS BETWEEN SOCIO-DEMOGRAPHICS AND HEALTH RELATED QUALITY OF LIFE AMONG DIABETES PATIENTS IN THE UNITED STATES
Bienek K1, McBride M2, Love T3, Hertskirch R4, Pike P1, Dean C5
1GfK Disease Atlas, Brussels, Belgium, 2GfK, New York, NY, USA, 3GfK USA, New York, NY, USA, 4GfK, Nürnberg, Germany, 5GfK NOP, London, UK
OBJECTIVES: Earlier studies (Zang et al. 2008) in the field of diabetes identified that there is a significant relationship between the time before diagnosis and health insurance status among the United States population and depression (Zang et al. 2008). Among US inhabitants showed that the type of insurance is also significantly related to poor glycemic control. Our study aimed to identify whether there is a relationship between socio-demographics (e.g., income) and Health Related Quality of Life (HRQoL). METHODS: A cross-sectional survey of diabetes patients (n = 1,480) living in the United States. Each patient completed a comprehensive questionnaire, which included the EQ-5D-SL instrument and accompanying VAS. In addition to the EQ-5D-SL instrument patients were also asked a series of questions to identify their socio-demographic background. By means of logistic linear regression modeling the health utility scores derived from the EQ-5D-SL instrument are linked to the socio-demographic background of the diabetes patients. RESULTS: The test socio-demographics are significantly related to HRQoL (p < 0.001). Yet, together they explain only 10% of the variance in HRQoL. Earlier studies showed that type of insurance by (p-value: 0.12) and employment (p-value: 0.13) were significantly related to HRQoL (p < 0.0001). Household income (p = 0.253), insurance by Medicare (p = 0.12), and hypertension (p = 0.013) all were less significantly related to HRQoL. CONCLUSIONS: The study reconfirms the relationship between insurance, employment and health outcomes among diabetes patients in the United States. Previous studies showed that these affect the access to care, quality of care, and quality of life in diabetes management, but these are also likely to influence health outcomes in terms of HRQoL.

PDB108
THE USEFULNESS OF PATIENT TREATMENT SATISFACTION QUESTIONNAIRE (PTSQ) IN DIABETES MELLITUS (DM) PATIENTS
Ilona T1, Nikitina T2, Kurbatova K2
1National Pirogov Medical Surgical Center, Moscow, Russia, 2Multinational Center of Quality of Life Research, Saint-Petersburg, Russia
OBJECTIVES: Treatment satisfaction is an important factor of quality of care, especially in treating chronic diseases such as DM. The goal of study was to test the usefulness of the new tool for assessing treatment satisfaction – Patient Treatment Satisfaction Questionnaire (PTSQ) in the population of type 2 DM (T2DM) patients. METHODS: 500 patients with T2DM on different basal-bolus insulin treatment were included in the study. Age 61.8, 52.5% male patients. PTSQ consists of five numerical rating scales, scored from 0 (worst) to 10 (best). Cronbach alpha was used to estimate reliability of the new tool. RESULTS: The study reconfirms the relationships between insurance, employment and health outcomes among diabetes patients in the United States. Previous studies showed that these affect the access to care, quality of care, and quality of life in diabetes management, but these are also likely to influence health outcomes in terms of HRQoL.

PDB109
EVALUATING THE RELATIONSHIP BETWEEN BODY MASS INDEX (BMI) AND HEALTH-RELATED QUALITY OF LIFE (HRQoL) OF PATIENTS WITH DIABETES MELLITUS
A1, Rascati K1, Lawson K1, Barner JC1, Wilson J1, Novak S2
1The University of Texas at Austin, Austin, TX, USA, 2Austen Outcomes Research, Inc, Austin, TX, USA
OBJECTIVES: Only a few studies have reported how Body Mass Index (BMI) relates to the Health-Related Quality of Life (HRQoL) of diabetic patients in the US, and results of these studies are mixed. This study assessed the relationship between BMI and HRQoL of diabetic patients in the US. METHODS: The study included 7,251 patients aged 18 years or older with diabetes mellitus type 2 (DM2) in the US, who completed the Medical Outcomes Study Short Form 12 (SF-12). The sample included 1,010 patients aged 18-24 years, 1,750 aged 25-29, 9 obese BMI: 30.0-40.0 and morbidly obese BMI: ≥40.0 kg/m² Multivariate