OBJECTIVES: Diabetes Mellitus is best managed through a combination of HbA1c testing, self-testing of blood glucose, and close interactions with HCPs. It has been previously shown that Italian diabetes patients have a very low rate of adherence to appropriate care, compared to those in other EU countries. In this study, we examined diabetes-related adherence differences between Italian diabetes patients and non-diabetic controls, comparing adherence to reported behaviors compared to current patient treatment guidelines. RESULTS: Despite guidelines stating that all patients must receive HbA1c testing twice per year, 42.5% of Italian patients reported receiving an HbA1c test in the past 12 months compared to 72% of non-diabetic controls. Instead, these patients are favoring blood glucose self-monitoring, which has been previously shown to be an insufficient substitute for HbA1c testing. Italian patients also reported that their doctor or nurse managing their diabetes more so than patients in any other tested country. Italians get diabetes information from Newspapers/Magazines, Internet, TV/Radio, Relatives/Friends more than other Europeans (37% v 34%, 33% v 28%, 30% v 26%, 25% v 21% respectively). CONCLUSIONS: While many Italian diabetes patients are reporting low adherence to guideline driven testing and preferences for managing their own diabetes without intervention from their HCP, change is needed. This represents a major opportunity for more targeted Italian patient management strategies. It is likely that Italian patient preferences and recognition of necessary change drivers to realize more cost-effective care. This study describes how local patient preferences can impact outcomes, and therefore must be built into chronic disease management solutions for meaningful change to occur.

PBDB8

ASSOCIATION BETWEEN KNOWLEDGE AND MEDICATION ADHERENCE IN PATIENTS WITH TYPE 2 DIABETES MELLITUS IN PAKISTAN

Nazir SU1, Hassali MA2, Saleem F3, Bashir S4, Aljadhey H5

1School of Pharmaceutical Sciences, Penang, Malaysia, 2Universiti Sains Malaysia (USM), Pulau Pinang, Malaysia, 3Universiti Sains Malaysia, Penang, Malaysia, 4University of Sargodha, Sargodha, Pakistan, 5King Saud University, Riyadh, Saudi Arabia

OBJECTIVES: Diabetes mellitus is a serious health problem. Medication adherence is a key determinant of therapeutic success in patients with diabetes mellitus. The purpose of this study was to assess medication adherence and its potential association with diabetes related knowledge in patients with type 2 diabetes mellitus.

METHODS: This study was carried out at the outpatient clinics of a public sector teaching hospital in Sargodha, Pakistan. Besides demographic and disease related information, adherence to medication, knowledge about diabetes, complications, and diet was assessed. The Adherence Scale and Michigan diabetes knowledge test was used to assess the medication adherence and diabetes related knowledge, respectively. Descriptive statistics were used to determine the demographic and disease characteristics of the patients, and the impact on adherence to medication related to knowledge and adherence. RESULTS: Three hundred and ninety-two patients were interviewed. Of 392 patients, 245 (62.5%) of the patients had poor knowledge about diabetes while 282 (71.9 %) were categorized as good adherent. Only 13 patients (3.3 %) were considered as good adherer in the study. The correlation coefficient between total scores of knowledge and total medication adherence score was 0.036 (p = 0.05), indicating a weak correlation between knowledge scores and adherence level.

CONCLUSIONS: Knowledge of diabetes mellitus among these patients was average; however, adherence to drug therapy was also poor. Patients’ knowledge about diabetes had positive association with medication adherence. Improving diabetes knowledge of people can result in better adherence, which may result in better control of diabetes.

PBDB9

DOES TREATMENT ADHERENCE CORRELATES WITH HEALTH-RELATED QUALITY OF LIFE: FINDINGS FROM A CROSS SECTIONAL ANALYSIS OF TYPE 2 DIABETES MELLITUS PATIENTS IN PAKISTAN

Nazir SU1, Hassali MA1, Saleem F2, Bashir S3, Aljadhey H4

1School of Pharmaceutical Sciences, Penang, Malaysia, 2Universiti Sains Malaysia (USM), Pulau Pinang, Malaysia, 3Universiti Sains Malaysia, Penang, Malaysia, 4University of Sargodha, Sargodha, Pakistan, 5King Saud University, Riyadh, Saudi Arabia

OBJECTIVES: Patient adherence with a therapeutic regimen predicts successful treatment and reduces the severity of negative complications. The objective of this study was to explore the relationship between Health-Related Quality of Life (HRQoL) and treatment adherence among type 2 diabetes mellitus patients in Sargodha, Pakistan.

METHODS: The study was designed as a cross-sectional descriptive survey. Type 2 diabetic patients attending a tertiary care institute in Sargodha, Pakistan were targeted for the study. The Urdu version of the Mossey Medication Adherence Scale (MMAS-Urdu) and EuroQol Quality of Life Scale (EQ-5D) was used to assess medication adherence and HRQoL, respectively. Descriptive statistics were used for the elaboration of socio-demographic characteristics. The Spearman’s Rho correlation test was used to measure the association between medication adherence and HRQoL. P < 0.05 was taken as significant.

RESULTS: Three hundred and thirty-two patients and ninety-two patients were approached for the study. The cohort was dominated by males (n=222, 56.60 %) with 5.58 ± 4.09 years of history of type 2 diabetes mellitus. The majority of respondents (n=157, 34.90 %) were categorized in age group of 51 to 60 years with mean age of 50.77 ± 9.671 years. The present study highlighted that individuals with type 2 diabetes mellitus had decreased HRQoL (0.4715 ± 0.3360) and poor medication adherence (4.44± 1.8). Significant, yet weak positive correlations were observed between medication adherence and HRQoL (r= 0.217), while the EQ-5D utility values for amputation and end-stage renal disease are lacking.

CONCLUSIONS: Differences between type 1 and type 2 diabetes populations mean for economic evaluation it is preferable to obtain utility values from exclusively type 1 diabetes populations. In type 1 diabetes the presence of complications has a significant detrimental impact on HRQoL, but the magnitude of the impact depends on the choice of HRQol instrument. This will have implications on cost-effectiveness models of type 1 diabetes.