OBJECTIVES: To identify and compare the health outcomes profiles of adults receiving medical care at specialty clinics for chronic pain and largely asymptomatic (diabetes) chronic conditions. METHODS: Patients receiving care at pain or diabetes clinic completed the PROMIS-29 instrument that measures 7 health domains. Item response theory-based scores are on the 7-metric with a mean of 50 and standard deviation (SD) of 10 based on the general United States population (norm). RESULTS: A total of 227 patients participated in the study (n=128 chronic pain; n=99 diabetes). The mean age was 46.7 years (SD=13.7), 56% were women, 86.8% non-Hispanic white, and 31.2% had ≥12 years of education. Pain clinic patients were significantly older and less educated than diabetes clinic patients; however there were no other demographic differences between patient groups. All 7 domain scores were statistically significantly worse for the chronic pain clinic patients compared with diabetes clinic patients (P<0.001 for all comparisons). The smallest and largest differences between clinics were observed for anxiety (mean difference 7.7 points) and pain interference (mean difference 11.7 points), respectively. Adjustment for age, sex, and education only slightly attenuated differences between the two patient populations. For example, the unadjusted mean difference between diagnostic groups for physical function was 17.7 (P<0.001), while the mean difference was 17.5 (P<0.001) when adjusted for pain interference. Adjustment for clinic pain clinic sample had mean scores that were 0.9 to 1.7 SDs worse than the norm on all domains. CONCLUSIONS: Compared with patients with diabetes, chronic pain clinic patients had a substantially poorer PROMIS-29 health outcome profile. Findings indicate that not only are health outcome profiles for chronic pain patients poor relative to the US population, but also poor relative to patients with a different chronic but relatively asymptomatic condition (diabetes) suggesting that aversive symptoms may have a more significant impact than chronic disease per se.

PDB81

IMPACT OF DEPRESSION ON ABC GOAL ATTAINMENT & HEALTH-RELATED QUALITY OF LIFE AMONG ADULTS WITH TYPE 2 DIABETES

Shah BM, Messina D, Ho J, et al

OBJECTIVES: For patients with type 2 diabetes (T2DM), achieving optimal levels of hemoglobin A1c (HbA1c), blood pressure (BP), and LDL-cholesterol (LDL-C), or the Valve Medical Group endpoints, has been associated with an increased rate of diabetes-related mortality. This study examined the impact of depression on attainment of ABC goals and health outcomes in T2DM patients. METHODS: This study was a retrospective analysis of the National Health and Nutrition Examination Survey and Medicare data from 2007-2012. Participants with a diagnosis of T2DM who also had obesity or SD, or both were included. Findings included the following: 1) the rate of depression diagnosis was 12% and was associated with fewer ABC goal attainments; 2) of all participants, 34.7% were women, 56% were non-Hispanic white, and 47% had ≥12 years of education. The most common conditions were anger (23.4%) for Emotional; sleep problems (42.5%) for Mental; and disability (38.2%) for Physical. Adjustment for age, sex, education, depression status, and health outcomes only slightly attenuated the differences observed (e.g., there was a 2.4% decrease in ABC attainment rates). Depression may have a more significant impact than chronic disease per se.

PDB82

THE INCREDENTIAL BURDEN OF OBESITY AND SLEEP DISORDERS AMONG INDIVIDUALS WITH TYPE 2 DIABETES MELLITUS

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OBJECTIVES: Obesity is a strong risk factor for sleep disorders and type 2 diabetes mellitus (T2DM). SD and T2DM are often associated. This study examined the incidence of the burden of T2DM and SD in patients with T2DM. METHODS: Data were analyzed from the 2012 US National Health and Wellness Survey, a nationally representative, online survey of 71,157 adults (≥18 years). Respondents with T2DM were categorized into 4 groups: T2DM only, T2DM with obesity, T2DM with SD, T2DM with obesity and SD. Respondents provided information on health status (SF-36: mental and physical component summary (MCS, PCS)) and SF-6D (health utility scores), mental health (Work Productivity and Activity Impairment questionnaire) and healthcare utilization in the past 6 months. Multivariable analyses were performed to adjust for baseline differences (e.g., age, gender, ethnicity, household income, insurance status, comorbidity burden, etc.) RESULTS: Among respondents with T2DM (n=17,066), 39.5% female, 60.0 years, 63.0% were obese, 23.0% had SD, and 17.4% had obesity and SD. Multivariable analyses showed significantly worsening health status and greater productivity loss and healthcare utilization among respondents with T2DM who also had obesity or SD, or both. Respondents with T2DM/Obesity/SD reported the poorest outcomes (vs. T2DM only): lower MCS (43.9 vs. 51.1), PCS (39.1 vs. 47.1), health utilities (0.62 vs. 0.73), greater absenteeism (5.5% vs. 2.0%), presenteeism (26.9% vs. 10.9%), overall work impairment (30.0% vs. 12.6%), activity impairment (45.1% vs. 29.1%), provider visits (4.6 vs. 3.6), and emergency visits (20.9 vs. 16.1), all p<0.05. CONCLUSIONS: Majority of respondents with T2DM and SD were obese,suggesting a strong link between obesity and SD. Coexistence of obesity and SD reported to significantly impact health status, productivity, and healthcare utilization in patients with T2DM. Interventions focusing on SD and obesity may be clinically and economically beneficial.

PDB83

AN INDIRECT COMPARISON OF IQWOL-LITE TOTAL SCORE CHANGE IN SUBJECTS TREATED WITH CANAGLIFLOZIN, EXENATIDE QW, TITRATIPOGLIPTIN, OR PIOGLITAZONE IN DUAL TITRATION WITH THE BACKGROUND METFORMIN TRAINS 1, SLIE A, VAN SANDEN S, DIELS J

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OBJECTIVES: Few indirect comparisons have been performed examining health-related quality of life (HRQoL) data, owing in part to paucity of data collection. As health care delivery becomes increasingly patient-centered, examining HRQoL outcomes with these methods will become important for decision making. This analysis utilized indirect comparison methods to assess differences in Impact of Weight on Quality of Life – Lite (IQWOL-Lite) total score for canagliflozin (CANA), compared to exenatide QW (ExQW), sitagliptin (SITA), and pioglitazone (PIO), using trial data evaluating these agents as add-on to metformin. METHODS: Published results from the DURATION-2 trial of ExQW compared to PIO and SITA, and subject-level data from a trial comparing CANA to SITA (DIA3006), were available for analyses. Disease characteristics and baseline IQWOL-Lite scores were similar, and both trials assessed change in IQWOL-Lite total score from baseline to Week 26. Bayesian fixed-effect models with non-informative priors were used to estimate the difference in IQWOL-Lite total score for CANA (100 and 300 mg, pooled) versus ExQW, SITA, and PIO. Analyses were also performed to test the robustness of these results, including those that adjusted for potential confounders of HRQoL. RESULTS: In the unadjusted analysis, the probability that CANA is better than IQWOL-Lite, SITA, and PIO was 60.6% (median difference of 0.43 [-0.43-2.84], 3.62 [0.89 (1.02-5.52), and 9.95 [5.46 [1.06, 16.64]. Restricted to DURATION-2 inclusion and exclusion criteria, the probabilities were 61.8%, 82.1%, and 98.9%, respectively. Further adjustment for the country difference of the overall probability of 74.6% versus IQWOL-Lite, 85.9% versus SITA, and 98.5% versus PIO. CONCLUSIONS: The adjusted analyses suggest that CANA is associated with at least similar IQWOL-Lite change scores compared to ExQW and greater improvements in IQWOL-Lite score compared to SITA and PIO. These analyses illustrate that indirect comparisons of HRQoL data should explore potential confounders of HRQoL.