of Daily Living (ADLs) were positively associated with more advanced stages of neuropathy and accounted for 59.66% of variance. Factors two (Symptoms), four (Autonomic Neuropathy) and five (Small Fiber) did not show a significant association with neuropathy stages. Regression with all five factors had R-square of 0.28, replicated across both regression methods.

CONCLUSIONS: The five resulting factors from the analysis of the German translated QOL database, matched those from the factor analysis using the original English version of the Norfolk QOL-DN in a European study. Two factors, Functional Status/Large Fiber and (ADLs) were positively associated with more advanced stages of neuropathy.

PDB42

ESTIMATING THE EFFECT OF SYMPTOMS OF DIABETIC PERIPHERAL NEUROPATHY AND DIABETIC RETINOPATHY ON QUALITY-OF-LIFE USING DATA FROM THE 2001–2002 NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

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OBJECTIVES: To evaluate the effect of symptoms of diabetic peripheral neuropathy (SDPN), diabetic retinopathy (DR) and co-morbid SDPN & DR (COMORB) on the Healthy Days Core Module (HRQOL-4) measures of the CDC, among US adults ≥40 years old with diagnosed diabetes, using the 2001–2002 National Health and Nutrition Examination Survey (NHANES).

METHODS: Logistic and ordinary least squares (OLS) regression models were used to assess the impact of SDPN, DR and COMORB on HRQOL-4 measures. Included in the analysis were 429 NHANES respondents ≥40 years old classified as having diagnosed diabetes. Model covariates included age, gender, race, education, current smoking status, current asthma, and history of cardiovascular disease, cancer, arthritis, COPD, hypertension and stroke. The conditions of interest were assessed based upon respondent self-report. All estimates were generated using Stata statistical software, and accounted for the complex survey design of NHANES. RESULTS: Using the 2001–2002 NHANES, we estimated that, among US adults ≥40 years old with diagnosed diabetes, those with SDPN (OR = 7.66; 95% CI = 2.90, 20.23), DR (3.43; 1.53, 7.69), and COMORB (5.43; 2.32, 12.73) were all more likely to report that they were currently in poor health, compared to those without the condition of interest. Additionally, OLS models suggest that those with SDPN had a significantly greater number of days during the past month in which their physical health was not good, compared to those without SDPN. SDPN was also associated with a significantly greater number of days during the past month in which poor physical or mental health limited usual activities. Regression with all five factors had a significantly greater number of days during the past month in which poor physical or mental health limited usual activities. SDPN was also associated with a significantly greater number of days during the past month in which poor physical or mental health limited usual activities.

CONCLUSION: We obtained complete data for VA, EQ-5D, and AAO staging in 99 eyes with better acuity. Patients who suffered impaired visual acuity (VA ≤ 0/40) reported a generally worse quality of life than patients without impairment (VA > 20/40). For those with least severe NPDR, the median EQ-5D scores were 0.73 (25th and 75th percentile 0.62, 1.0) among those with no visual impairment, compared with 0.69 (0.69, 0.8) among those with visual impairment. For those with the PDR, the median EQ-5D scores were 0.66 (0.62, 0.80) among those with no visual impairment, compared with 0.52 (0.13, 0.73) among those with impaired VA. Among patients with normal visual acuity, we observed a graded negative relationship between diabetic retinopathy progression (AAO stages) and median EQ-5D scores. CONCLUSION: A generally decreasing quality of life is observed with more impaired VA and more severe stages of diabetic retinopathy.