Objective: Last few years there is drastic increase in type 2 DM cases especially in India. Quality of life is considered as one of the better assessment for management of type 2 Diabetes in recent years. The main objective of the study was to assess the HRQoL among the diabetes patients using the EQ-5D (kannada version) and to correlate with patient demographic, complications and treatment. Methods: The study was carried out in medicine Out Department of a tertiary care hospital for the period of 6 months. Patients who have fulfilled the inclusion criteria were enrolled in the study and demographic details like name, age, sex, occupation, and medical and medication history were collected from the medical record. Patients were interviewed using the questionnaire was self-administered with the help of an interviewer to avoid biasness in data collection. SPSS ver 20.0. Results: Total of 120 patients were selected as per the inclusion criteria, among them majority were males (60% N = 72) and mean age was 56±10.3 years. The mean value of TTO and VAS was 0.70±0.2 and 0.68±0.16 respectively. There was statistically significant relationship between HbA1c level and EQ-5D score (p<0.05). Patients suffering from HTN and cardiovascular complications have lower EQ-5D scores than the mean scores, and was statistically significant for HTN (p<0.05). There was significant relationship between EQ-5D score and the presence of neuropathy and retinopathy (p<0.05). Patients with increased number of subjective symptoms such as lethargy, fatigue, body pain, weight loss etc. have lower EQ-5D scores (p<0.05). Conclusions: We observed age wise increase in prevalence of diabetic complications. Patient with increased age, increased HbA1c levels, presence of complications and increased number of diabetic symptoms showed increased problems with different dimensions of EQ-5D. We also observed increased age, increased HbA1c, and increased number of diabetes symptoms will decrease the TTO and VAS scores.

PDB105
HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH ADRENAL INSUFFICIENCY RECEIVING PLENADREN COMPARED WITH IMMEDIATE-RELEASE HYDROCORTISONE
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Background: Previous studies in patients with primary adrenal insufficiency (PAI) on conventional replacement therapy suggest decreased health-related quality of life (HRQoL), and that patients report more frequently fatigue, increased anxiety and inability to work compared to background population. Objectives: To study self-reported health related quality of life (HRQoL) in patients with PAI. Patients treated with Plenadren (modified-release hydrocortisone) were compared with patients treated with immediate release hydrocortisone (IRHC) replacement therapy. Methods: This was a cross-sectional, multi-centre, non-interventional survey of patients with PAI receiving Plenadren or immediate release hydrocortisone (IRHC) replacement therapy. Subjects: One hundred thirty-four adult patients with PAI of whom 36 (19 females [53%]) were treated with Plenadren and 98 (77 females [79%]) were treated with IRHC. Results: Plenadren was effective and in three selected measures (Cushing's disease, positive test with type 2 diabetes (T2D) in Denmark who experienced a decrease in their HbA1c level). A validation study with people with T2D in Denmark to obtain quantifiable knowledge about the short-term impact of a change in HbA1c levels. 3) TTO survey using health states based on results from stage 2. 'Not well-controlled diabetes was included in HbA1c average of 11.6%, and 'well-controlled diabetes' an HbA1c average of 4-7%. Both health states implied change in insulin regimen and change in weight. Respondents were either adults with T2D (Sweden) or from the general public (UK and Denmark) and were separately randomly allocated to evaluate 6 of the 10 health states through an internet-based survey. Results: In total, 406 respondents were available for analysis (UK n=1777, Denmark n=1799, Sweden n=484). 'Well-controlled diabetes' was associated with a utility of 0.85-0.91 and 'not well-controlled diabetes' with utilities of 0.71-0.80. The treatment regimen health state was associated with a positive benefit on HRQoL relativeto IRHC as estimated by the EQ-5D questionnaire, and may therefore be advantageous when compared to IRHC substitution.

PDB106
A CROSS-SECTIONAL ASSESSMENT OF HEALTH-RELATED QUALITY OF LIFE AMONG TYPE 2 DIABETIC PATIENTS IN PAKISTAN
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Objectives: This study was aimed to describe the Health Related Quality of Life profile of Type 2 Diabetes Mellitus population attending outpatient clinics in Pakistan. Methods: The study was designed as a cross-sectional descriptive survey. Type 2 diabetic patients attending a tertiary care hospital in Sargodha, Pakistan were targeted for the study. The EuroQol EQ-5D was used for the assessment of Health Related quality of Life and was scored using values derived from the UK general population. Descriptive statistics were used for the analysis. Data was interpreted using the Chi-square test for association and the analysis was performed using SPSS ver 20.0 as p < 0.05 was taken as significant. Results: Three hundred and ninety two patients were approached for the study. The cohort was dominated by males (n=225, 56.50 %) with 5.58±4.09 years of history of type 2 diabetes. The study highlighted poor Health related quality of life among patients with Type 2 Diabetes Mellitus (0.47± 0.336). Gender, marital status, education, monthly income, occupation, location and duration of the disease were significant to be associated with Health Related Quality of Life (p<0.001). Conclusions: Type 2 Diabetes Mellitus imposes a negative effect on health related quality of life. Attention is needed to highlight determinants of health related quality of life for implementation of policies for better management of Type 2 Diabetes Mellitus, particularly in early treatment phases where improving Health Related Quality of Life is still possible.

PDB107
HEALTH RELATED QUALITY OF LIFE IN PATIENTS WITH DIABETIC FOOT ULCERATION – OBSERVATIONAL STUDY IN POLAND
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Objectives: Diabetic foot ulcer (DFU) is a common complication of diabetes and not only an important factor of mortality among patients with diabetes but also decreased quality of life. Several clinical trials showed that patients with foot ulceration have significantly decreased HRQoL as compared to those without DFU. Most of these studies used SF-36 for quality of life measures, however it is suggested that the results from this HRQoL survey may be confounded by non-foot related complications of the diabetes. The short form of Diabetic Foot Ulcer Scale (DFS-SF) is a condition-specific tool, providing comprehensive measurement of DFU impact on patients’ QoL. The Polish translation of DFS-SF has undergone a full linguistic validation.

PDB110
QUANTIFYING THE SHORT-TERM IMPACT OF CHANGES IN HBA1C, WEIGHT AND INSULIN REGIMEN ON HEALTH-RELATED QUALITY-OF-LIFE
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Objectives: Understanding immediate improvements in health related quality of life (HRQoL) due to better glycemic control may help inform decisions relating to the management of diabetes. This study investigated the short-term impact on HRQoL associated with HbA1c change, body weight change, and the complexity of treatment regimen, using time-trade off (TTO) methodology. Methods: The study was a cross-sectional, multi-centre, non-interventional survey of people with type 2 diabetes (T2D) in Denmark who experienced a decrease in their HbA1c level. 2) A validation study with people with T2D in Denmark to obtain quantifiable knowledge about the short-term impact of a change in HbA1c levels. 3) TTO survey using health states based on results from stage 2. ‘Not well-controlled diabetes’ reflected an HbA1c average of 11.6%, and ‘well-controlled diabetes’ an HbA1c average of 4-7%. Both health states implied change in insulin regimen and change in weight. Respondents were either adults with T2D (Sweden) or from the general public (UK and Denmark) and were separately randomly allocated to evaluate 6 of the 10 health states through an internet-based survey. Results: In total, 406 respondents were available for analysis (UK n=1777, Denmark n=1799, Sweden n=484). ‘Well-controlled diabetes’ was associated with a utility of 0.85-0.91 and ‘not well-controlled diabetes’ with utilities of 0.71-0.80. The treatment regimen health state was associated with a positive benefit on HRQoL relativeto IRHC as estimated by the EQ-5D questionnaire, and may therefore be advantageous when compared to IRHC substitution.

PDB119
WILLINGNESS TO PAY FOR ONE QUALITY ADJUSTED LIFE YEARS IN PATIENTS WITH TYPE 2 DIABETES
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Objectives: The aim of this study was to estimate willingness to pay (WTP) amount for one quality adjusted life years (QALY) in diabetic patients and investigating factors that associated with it. Methods: A cross sectional survey with face to face interviews was conducted with diabetic patients in Tehran city between June and August of 2014 to elicit WTP for QALY as following: First, Current health preferences of TTO was conducted. Finally, value of QALY was estimated by combining preferences. A regres-