THE IMPACT OF DIABETES TYPE 2 ON QUALITY OF LIFE
Niewada MP¹, Glogowski CA², Gierczynski JM², Latek M³, Pietrasik AL¹, Kamiński B³, Krzyzanowska AM²
¹Medical University of Warsaw, Warsaw, Poland; ²GlaxoSmithKline Pharmaceuticals S.A., Warsaw, Poland; ³Warsaw School of Economics, Warsaw, Poland

OBJECTIVES: The Cost Of Diabetes type 2 in Poland (CODIP) study is the first attempt aimed at valuating clinical characteristics and Health Related Quality of Life (HRQoL) associated with type 2 diabetes in Poland.

METHODS: We assessed quality of life of 303 patients (mean age 61, mean time from diagnosis 10.86 year, males 49%). Detailed information on quality of life was collected with EuroQol-5D and Visual Analog Scale. The influence of complications and therapeutic strategies on quality of life was evaluated. The HRQoL score was analyzed as a function of number and type of complications or therapeutic strategies, controlled for age, BMI and sex.

RESULTS: The strong relationship between HRQoL and complications was observed. Patients without complications reported mean HRQoL of 0.63 (95% CI: 0.59–0.68). The presence of microvascular or macrovascular complications resulted in degresion of HRQoL to 0.55 (95% CI: 0.51–0.59) and 0.53 (95% CI: 0.49–0.58), respectively. Both types of complications were associated with the lowest HRQoL value: 0.44 (95% CI: 0.41–0.48). Patients treated with diet and exercise only reported quality of life equalled 0.61 (95% CI: 0.47–0.72), while oral hypoglycemic drugs therapy decreased quality of life to 0.57 (95% CI: 0.53–0.62). Insulin based therapy was associated with the lowest quality of life scores: 0.46 (95% CI: 0.41–0.49) for monotherapy to 0.51 (95% CI: 0.47–0.54) for combined use of insulin and oral drugs. The complications, but not treatment type, were found associated with the lowest quality of life scores: 0.46–0.49 (95% CI: 0.41–0.49) for combined use of insulin and oral drugs.

CONCLUSIONS: The strong relationship between HRQoL and complications was observed. Patients without complications reported mean HRQoL of 0.63 (95% CI: 0.59–0.68). The presence of microvascular or macrovascular complications resulted in degresion of HRQoL to 0.55 (95% CI: 0.51–0.59) and 0.53 (95% CI: 0.49–0.58), respectively. Both types of complications were associated with the lowest HRQoL value: 0.44 (95% CI: 0.41–0.48). Patients treated with diet and exercise only reported quality of life equalled 0.61 (95% CI: 0.47–0.72), while oral hypoglycemic drugs therapy decreased quality of life to 0.57 (95% CI: 0.53–0.62). Insulin based therapy was associated with the lowest quality of life scores: 0.46 (95% CI: 0.41–0.49) for monotherapy to 0.51 (95% CI: 0.47–0.54) for combined use of insulin and oral drugs. The complications, but not treatment type, were found associated with the lowest quality of life scores: 0.46–0.49 (95% CI: 0.41–0.49) for combined use of insulin and oral drugs.

A RETROSPECTIVE AUDIT OF PATIENTS REDUCING PROTON PUMP INHIBITOR DOSE TO Lansoprazole 15MG
Emmas CE, Rosen JP
AstraZeneca UK, Luton, United Kingdom

OBJECTIVES: NICE recommends the use of proton pump inhibitors (PPIs) at the lowest effective dose in patients with gastroesophageal reflux disease. Changing patients from a standard or high dose PPI to esomeprazole 20mg has shown that only 5% (8/146) of patients returned to a higher dose PPI in the subsequent 6 months. The purpose of this study was to assess the frequency with which patients who had reduced PPI dose to lansoprazole 15mg returned to a higher dose PPI. METHODS: A retrospective audit of electronic patient records at 4 UK general practices identified patients on continuous PPI therapy at standard or high dose who had been switched to lansoprazole 15mg and recorded any changes in PPI therapy during the subsequent 6 months. The audit identified 175 patients previously on regular (≥2 PPI prescriptions in the previous 6 months) standard or high dose PPI who had been changed to lansoprazole 15mg. Within 6 months of the first lansoprazole 15mg prescription, 26% (46/175) of patients had changed back to a higher dose PPI. Similar switch rates were obtained if