given the increase in medicines, especially injectables, coming to market in the future.

**PD871**
**ASSOCIATION OF BLOOD GLUCOSE CONTROL WITH HEALTH-RELATED QUALITY-OF-LIFE UTILITY FOR TYPE-1 DIABETES PHARMACOECONOMIC MODELS**

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**OBJECTIVES:** Pharmacoeconomic models in diabetes link blood glucose control as measured by hemoglobin A1c to diabetes-related complications. Despite advances in diabetes modeling, there is limited research on the relationship between A1c and health-related quality of life (HRQoL) that is independent of diabetes-related complications. Our objective was to quantify the cross-sectional relationship between A1c and HRQoL utility scores in adult type-1 diabetes (T1D) patients, after adjusting for diabetes-related complications.

**METHODS:** The EuroQol-5 dimensions (EQ-5D) questionnaire was administered to adult T1D patients during one clinic visit at the University of Colorado Barbara Davis Center for Diabetes (BDC) from November 2011 – July 2012. We combined individual-level data from the EQ-5D questionnaire with A1c data from the BDC medical record. Utility scores were derived using the US time-tradeoff valuation function. VARIATIONS AMONG SIX GENERIC INDEXES

**CONCLUSIONS:** This study indicates that generic indexes are useful for evaluating patient preference in comparison to conventional islet transplantation. While considering both endocrinologists’ and patients’ preferences, all three BAP scenarios assessed gained a higher overall preference in comparison to conventional islet transplantation.

**CONCLUSIONS:** This study supports the appropriateness of the transplant the probability of success also highlights the discrepancies between endocrinologists’ and type 1 diabetes patients’ preferences. In the future, BAP developers can benefit from this multidisciplinary approach by critically reviewing their BAP design, in view of patient safety and clinical performance.

**PD874**
**PATIENT PREFERENCES FOR THE TREATMENT OF TYPE-2 DIABETES: A SCOPING REVIEW AND ASSESSMENT OF METHODS**

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**OBJECTIVES:** Patient-centered outcomes research (PCOR) aims to incorporate patient preference into the evaluation of competing therapies. We sought to identify and use aed to assess patient preferences in the literature, focusing on medication preference of adults with type-2 diabetes.

**METHODS:** Studies of patient preferences for type-2 diabetes medications were identified from the PubMed, EMBASE, CINAHL and EconLit databases using a registered reference protocol (PRISMA) and applying inclusion criteria. Studies were included if they presented data on the preferences of adults with type-2 diabetes and excluded if they had no primary data on preference, focused only on behavioral change or on treatments for complications or co-morbid conditions. Two investigators reviewed titles, abstracts, and articles sequentially to select studies based on the inclusion and exclusion criteria. Disagreements were resolved by consensus. Data were abstracted into standardized forms and summaries were calculated.

**RESULTS:** In total, 184 papers were identified, of which 57 published between 1985 and 2011 met the selection criteria. Of these, 40% could be categorized as being primarily focused on preferences using systematic methods such as standard gamble (n=2), and time trade-off (n=6). The remaining 35 papers had preference data as a secondary aim, asking patients about their preferences and/or willingness to continue using or recommend products studied in a clinical trial. CONCLUSIONS: While an extensive literature focused on medication preferences of patients with type-2 diabetes can be identified, evidence synthesis is hindered by the diverse range of methods, including a majority of papers that assess preferences in an unsystematic way. Further research is needed to collect results of different methods and to assess the quality of preference studies.

**PD875**
**PATIENT-REPORTED SEVERE HYPOGLYCEMIC EVENT RATE IN NATIONAL HEALTH AND WELLNESS SURVEY**

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**OBJECTIVES:** Severe hypoglycemic events are serious yet underreported adverse events that may lead to morbidity and even mortality. These events are an important limiting factor to good glycemic control. The objective of this study was to determine self-reported severe hypoglycemic rate in T2DM, basal insulin users in the National Health and Wellness Survey (NHWS) US population.

**METHODS:** NHWS is a large international self-reported, real-world, patient-level survey which collects information on metrics such as patients’ demographics, behaviors and attitudes towards diseases in over 165 therapeutic conditions. We used an extract from the 2010 NHWS dataset composed of T2DM patients who were taking basal insulin monotherapy or in combination with oral anti-diabetic medications (OAD). The respondents (n=425) recalled number of severe hypoglycemic events they had in the last 4 weeks and 6 months prior to the survey. We analyzed event rates using multiple regression.**

**RESULTS:** Fifty-one percent of respondents were female and the mean age was 61.6 (SD=10.03). The overall severe hypoglycemic event rate for the 4-week recall periods was 0.34 and 0.27 per patient-year, respectively. Among basal insulin only users (n=60), the event rates were 0.43 (6 month recall) and 0.37 (4 week recall) per patient-year. Among basal insulin plus OAD users (n=365), the rates were 0.32 (6 month recall) and 0.26 (4 week recall) per patient-year. There was no significant difference observed between baseline characteristics in severe hypoglycemia rates and insulin treatment categories after adjusting for the covariates were non-significant.**

**CONCLUSIONS:** Basal insulin only users reported more severe hypoglycemic events in last 4 weeks and 6 months prior to the survey. We analyzed event rates using multiple regression. **RESULTS:** Fifty-one percent of respondents were female and the mean age was 61.6 (SD=10.03). The overall severe hypoglycemic event rate for the 4-week recall periods was 0.34 and 0.27 per patient-year, respectively. Among basal insulin only users (n=60), the event rates were 0.43 (6 month recall) and 0.37 (4 week recall) per patient-year. Among basal insulin plus OAD users (n=365), the rates were 0.32 (6 month recall) and 0.26 (4 week recall) per patient-year. There was no significant difference observed between baseline characteristics in severe hypoglycemia rates and insulin treatment categories after adjusting for the covariates were non-significant. **CONCLUSIONS:** Basal insulin only users reported more severe hypoglycemic events in last 4 weeks and 6 months prior to the survey.