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ADDQoL INDICATES NEGATIVE IMPACT OF DIABETES ON QUALITY OF LIFE DESPITE HIGH LEVELS OF SATISFACTION WITH TREATMENT.

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Background and Aims: The Diabetes Treatment Satisfaction Questionnaire (DTSQ) is a widely used measure (in 20+ languages) of patient satisfaction with treatment. The DTSQ is often, perhaps misleadingly, referred to as a quality of life (QoL) indicator. The Audit of Diabetes-Dependent Quality of Life (ADDQoL) was designed to have a broader focus on the impact of diabetes on QoL, taking into account the relevance, importance and impact of diabetes on life domains. Similarities and differences between the DTSQ and ADDQoL are here investigated with a view to assessing their suitability for evaluating new treatment regimens. **Methods:** DTSQ and ADDQoL were used in DIABQoL+, a study of 795 patients attending annual review at one of two UK hospital diabetes clinics. **Results:** The ADDQoL average weighted impact (AWI) score showed an expected small but significant correlation with DTSQ total satisfaction ($r=0.25$, $p<0.001$). Despite high levels of treatment satisfaction (mean 27.76, sd 6.47; maximum score possible = 36), the ADDQoL AWI score indicated negative impact of diabetes on QoL (mean -1.96, sd 1.71; maximum negative impact possible = -9). Most negative impact was for the domain 'freedom to eat as I wish' (mean -3.61, sd 3.14). More negative impact of diabetes on QoL was reported by insulin-treated than by non-insulin-treated patients ($p<0.01$) but their treatment satisfaction did not differ. People with complications reported greater negative impact of diabetes on QoL than did those without complications ($p<0.001$) and less treatment satisfaction ($p<0.05$). **Conclusions:** ADDQoL was more sensitive to differences in treatment and complications even though DTSQ is commonly found to be sensitive to treatment changes in clinical trials. DTSQ showed high levels of treatment satisfaction alongside perceived negative impact of diabetes on QoL. As ADDQoL identifies more negative psychological outcomes, it has even more scope for showing improvements following treatment change. Treatments that increase dietary freedoms without loss of diabetes control will have marked benefits for individuals' QoL.