

skills, and attitudes of both patients and colleagues. Between April 1994 and April 1996 PNs cared for 360 new NIDDM (30–70 yr). Process and outcome assessments including use of materials and approach, attitudes to care, and perceived control among patients and practitioners, quality of life HbA_{1c}, and cardiovascular risk factors among patients will be reported at end of 1996.

P48. Using art to explore the relationship between the dietary recommendations for healthy eating, non-insulin-dependent diabetes, and weight reduction.

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As part of a 1-day training session in the dietary treatments for diabetes, practice nurses were asked to design an advert or poster to illustrate the dietary recommendations for one of three subjects: healthy eating; non-insulin-dependent diabetes; weight reduction. The nurses worked in groups of three, using flipchart paper and thick, coloured crayons. Groups were not aware of what each of the other groups had been asked to do. On their completion, the posters were displayed on the wall of the training room. Each team discussed their poster, facilitated by a community dietitian. This method was used to evaluate current dietary knowledge and misconceptions. These were addressed in a positive way and the course adjusted as appropriate. The similarities were examined and emphasized. This innovative method promoted a pleasantly relaxed, informal atmosphere. It encouraged active participation, discussion, the sharing of ideas and teamwork, together with promoting 'right brain' thinking and creativity. If we want to encourage health professionals to change their ways of relating to their clients who have diabetes, then we need to look for innovative ways to train them, which encompasses the philosophy we want to promote.

P49. A patient satisfaction survey of the EUCLID participants.

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Few studies obtain feedback about participants' experiences on a clinical trial. We report findings from 360 IDDM patients who completed a 2-year placebo-controlled trial of lisinopril in 18 European centres. Patients were grouped into those who participated for 'altruistic' reasons, for self-motivated reasons ('self') and those 'persuaded' by their doctor. Those in the 'self' group felt better mentally after treatment than the 'altruistic' or 'persuaded' groups (53%, 33%, and 29%, respectively, $p=0.002$) and were prepared to travel further for their diabetes care; with 29%, 19%, and 18% ($p=0.1$) spending over 2 hours travelling to the clinic. The 'persuaded' group were less happy with uncomfortable tests such as retinal photography (66%, 75% 'altruistic' and 74% 'self', $p=0.5$), the number of clinic visits (50%, 74% 'altruistic', 78% 'self', $p=0.005$) and were more likely to be unhappy with the long and invasive glomerular filtration rate procedure (8%, 2% 'altruistic', 2% 'self', $p=0.2$). Physical health was considerably better in men than women ($p=0.05$) at the end of the study. We conclude that it is important to ascertain patients' views in order to design better studies and therefore to maximize recruitment for future research.

P50. Interaction between social support and injection regimen in predicting teenagers' concurrent glycosylated haemoglobin assays.

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Teenagers with diabetes (15 girls, 12 boys) were interviewed using revised version of the Diabetes Social Support Interview (friends). As a measure of health status their latest glycosylated haemoglobin assays were used. Friends and peers were reported to provide significantly more tangible (89% at least one item) and emotional (93% at least one item) support than either informational (8% at least one item) or companionship (22% at least one item) support. Although the number of tangible and emotional behaviours are roughly equal, participants saw emotional support as significantly more supportive (mean tangible score=10.41: mean support score=16.33; $p<0.05$). None of the demographic variables (age, gender, parental occupation or duration of illness) were significant predictors of glycosylated haemoglobin (HbA_{1c}) assays. The most significant predictor of HbA_{1c} assays ($p<0.05$) was the teenagers' prescribed injection regimen (2, 3 or 4 injections a day) with more daily injections predictive of higher HbA_{1c} assays. Perceived support from peers/friends was also a significant predictor of HbA_{1c} assays ($p<0.05$), with more support predictive of lower HbA_{1c} levels. Using multiple regression analysis, injection regimen and social support accounted for 39% ($p<0.01$) of the variance in HbA_{1c} assays.

P51. Quality of life in non-insulin-dependent diabetes: the effect of comorbidity.

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There is no gold standard measurement of quality of life (QoL). Correlation with another measure is a common method of validity testing. Performance of six measures relating to QoL was assessed among patients with NIDDM from four general practice registers (age 30–70 years; $n=131$; 71% response). Four generic measures (SF-36; Dartmouth COOP/WONCA Charts; State Trait Anxiety Inventory (Short Form) and Well-Being Questionnaire) and two disease-specific measures (ADDQoL and Depressed Well-Being (DWB)) were considered. Scores measuring similar life domains across different measures were correlated: physical, emotional, mental health, social, pain, and global QoL/health. Within domains, generic measures correlated as expected. ADDQoL and DWB measured impact of diabetes in particular rather than health in general and their scores did not correlate highly with generic measures, indicating that they provided different information. Patients with comorbid conditions (about half) tended to have poorer scores on generic but not disease-specific questionnaires. Both types revealed poorer functioning for people with diabetes-related illness. While generic questionnaires are useful for comparisons across disorders, diabetes-specific measures may detect changes caused by diabetes and its treatment, which could be masked in generic questionnaires by the impact of comorbid conditions.