well-being (Rubin RR, Peyrot M., 1999). A number of factors have been implicated, including poor glycaemic control (Testa MA, Simonson DC. 1998), obesity (Redekop WK, Koopmanschap MA, Stolk RP, Rutten GE, Wolffenbuttel BH, Niessen LW., 2002)(Coffey JT, Brandle M, Zhou H et al., 2002), treatment side effects (e.g.hypoglycaemia (Davis RE, Morrissey M, Peters JR, Wittrup-Jensen K, Kennedy-Martin T, Currie CJ., 2005)) and especially the presence of diabetes complications (Rubin RR, Peyrot M 1999)(UK Prospective Diabetes Study Group, 1999). The complexity of diabetes regimens might also impact on HRQoL(Rubin RR, Peyrot M 1999)(Lau CY, Qureshi AK, Scott SG., 2004), resulting in reduced adherence to therapy (Odegard PS, Capoccia K., 2007) and, as a consequence, reduced therapeutic effectiveness. Type 2 diabetes is a chronic disease associated with insulin resistance and a progressive failure of the pancreatic beta cells. (UKPDS Group *Lancet*, 1998). (Kahn SE, Haffner SM, Heise MA, Herman WH, Holman RR, Jones NP, Kravitz BG, Lachin JM, O'Neill MC, Zinman B, Viberti G 2006) (Kasuga M, 2006).

Type 2 diabetes is believed to account for about 90% of all cases of diabetes (World Health Organization: 2008). The American Diabetes Association (ADA) reported that, in the USA in 2007, 17.5 million people were diagnosed with diabetes. Estimates from the Centers for Disease Control and Prevention (CDC), which include persons with both diagnosed and undiagnosed diabetes, place the number of Americans with diabetes at 23.6 million (CDC National Center for Chronic Disease Prevention and Health Promotion: 2007). The number of people with diagnosed diabetes is growing at a rate of 1 million per year (American Diabetes Association ,2008), and is projected to reach over 48 million by 2050 (Caro JJ, Ward AJ, O'Brien JA, 2002). The impact of diabetes on the US economy is alarming, with a total estimated cost of US\$174 billion in 2007. A majority of the economic burden, \$116 billion, can be attributed to expenditures for medical care (American Diabetes Association ,2008). A majority of these costs are for treatment of complications of the disease (*Diabetes Care* 2006) (Caro JJ, Ward AJ, O'Brien JA,2002)