OBJECTIVES: A once-weekly formulation of exenatide (EQW) received positive opinion from the EMA in April 2011 for the treatment of type 2 diabetes. No head-to-head clinical trial comparing EQW with insulin glargine (IG) for 24 weeks has been conducted. Therefore a network meta-analysis was performed comparing EQW and IG for glycemic control and weight change for HbA1c goal attainment. METHODS: A network meta-analysis was performed comparing EQW and IG for glycemic control and weight change for HbA1c goal attainment. RESULTS: The network meta-analysis included 11 trials comparing EQW and IG. At 24 weeks, EQW was non-inferior to IG for HbA1c with a mean difference (95% CI) of -0.14% (-0.32, 0.02) and a 7.0% difference in NNT to attain HbA1c goal was 8 (7.4) for EQW vs 15 (8.6) for IG. For weight change, EQW was not associated with HbA1c goal attainment. These findings support the use of EQW in treating T2DM with data specific to patients age 65 years or older. CONCLUSIONS: EQW is effective and comparable to IG in treating T2DM with data specific to patients age 65 years or older.

PB90
WEIGHT LOSS, INDEPENDENT OF DRUG CLASS, PREDICTS HBA1C GOAL ATTAINMENT IN PATIENTS 65 YEARS OLD AND OLDER IN A REAL-WORLD SETTING
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OBJECTIVES: To evaluate weight change and glycemic control in patients age ≥65 with type 2 diabetes (T2DM) in a usual-care setting. METHODS: Treatment naïve patients age ≥65 years with T2DM and a prescription (index date) for a sulfonylurea (SU), metformin (MET), thiazolidinedione (TZD), GLP-1 agonist (GLP-1), or DPP-4 inhibitor (DPP-4) were identified in an electronic medical record database from 1/1/2000 to 6/30/2010. HbA1c <7% or ≥7% and weight gain or loss of ≥5% were assessed 1 year post-index. Logistic regression identified the likelihood of weight loss and attaining HbA1c goal by antidiabetic drug class, controlling for baseline HbA1c and weight, and for weight change for HbA1c goal attainment. RESULTS: Of 12,473 patients, 46.4% were male and the mean age was 71.7 years. At baseline 26.7% had HbA1c <7%, mean weight 86.8 ± 18.7 kg. Breakdown by drug class was: 38.4% SU, 19.1% TZD, 16.6% DPP-4, 1.9%, and GLP-1 - 0.6%. At 1 year, 34.8% lost ≥5% of body weight and 46.5% had an HbA1c <7%. In logistic regression analyses, MET and DPP-4 (OR 1.4 and 1.36, p<0.05) were associated weight loss relative to SU, TZDs were negatively associated with weight loss (OR 0.86, p<0.05), and GLP-1 did not differ (OR 0.55, p=0.08). Patients who lost weight were 2.36 times as likely as those who did not to attain HbA1c goal (p<0.05). Drug class was not associated with HbA1c goal attainment (p>0.05). CONCLUSIONS: In patients with T2DM age ≥65, those who lost weight were more likely to attain HbA1c goal than those who did not. MET and DPP-4 were associated with weight loss vs. SU, but drug class did not associate with HbA1c goal attainment. A randomized controlled trial comparing these findings and support guideline recommendations to consider weight-effect properties of antidiabetics in treating T2DM with data specific to age ≥65.

PB91
ACHIEVING TARGET GOALS IN PATIENTS WITH T2DM TREATED WITH EXENATIDE ONCE WEEKLY OR INSULIN GLARGINE: A RETROSPECTIVE ANALYSIS OF THE NUMBER-NEEDED-TO-TREAT
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OBJECTIVES: This retrospective analysis analyzed the number of patients needed to be treated (NNT) with the GLP-1 receptor agonist exenatide once weekly (ExQW) vs titrated insulin glargine (IG) over 26 weeks to allow one additional patient to attain their HbA1c and weight goal. METHODS: Data from the DURATION-3 trial was analyzed retrospectively. Treatment targets included: 1) glycaemic (HbA1c ≤6.5% or fasting plasma glucose (FPG) <7 mmol/L), 2) systolic blood pressure (SBP ≤130 mmHg), 3) low-density lipoprotein cholesterol (LDL ≤2.59 mmol/L), and 4) weight loss or maintenance. Hypoglycemic events were also assessed. RESULTS: There were 3001 patients with complete data for the 24-week post-baseline (T2) population (223 NNT, 223 IG and 223) for subpopulations of patients on different background therapies (metformin ≥ sulfonylurea). NNT was calculated using 1/Absolute Risk Reduction (percent of patients reaching goal in the ExQW treatment arm - percent of patients reaching goal in the IG treatment arm) for each treatment group. RESULTS: ExQW was associated with a 2.6 week shorter T2 goal attainment compared to IG. CONCLUSIONS: In this observational study, switching patients with T2DM who were inadequately controlled on NPH to exenatide resulted in minimal incidence of severe hypoglycemia.

PB92
GLARAGLINE USE IN RUSSIA: A PROSPECTIVE STUDY TO EVALUATE PATIENTS SWITCHED FROM NPH INSULIN TO INSULIN GLARGINE COMPARED WITH THOSE MAINTAINED ON NPH
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OBJECTIVES: The LANtus Utilisation in Russia Study 2 (LAURUS 2) was an observational study undertaken at 245 sites as a follow-up to the LAURUS study. It evaluated the efficacy of switching patients with type 2 diabetes mellitus (T2DM) from NPH insulin to insulin glargine in real-life clinical practice. METHODS: Eligible adult patients who had taken NPH and oral antidiabetic drugs (OADs) for ≥12 months. During the 12-week study period all patients continued OADs. The active arm included patients whose physicians switched their basal insulin from NPH to glargine. Patients in the control group continued on NPH. Primary end point was change in HbA1c. Secondary end points included changes in fasting blood glucose (FBG) and insulin dose and hypoglycaemic episodes (HBEs). RESULTS: Data were available for 2618 of the 3000 enrolled patients. Patients had a mean duration of diabetes of 9.3 ± 5.1 y and mean duration of insulin therapy of 2.6 ± 2.6 y. Mean baseline HbA1c was 9.0 ± 1.5 % and 9.2 ± 1.4 % in the NPH and glargine groups, respectively. After 12 weeks, mean HbA1c decreased by 0.6 % and 1.7 % in the NPH and glargine groups, respectively (p<0.001). HbA1c <7% was attained by 84.8% and 25.8% of patients, respectively. Mean FBG decreased 1.4 ± 1.7 mmol/L and 3.3 ± 2.1 mmol/L, respectively (p<0.001). Mean insulin dose increased in both groups. At baseline, ≥1 severe hypoglycaemic episode was reported by 0.4% and 0.7% of NPH and glargine patients, respectively. At 12 weeks, no glargine patients reported severe hypoglycaemia, but 2 (0.8%) NPH patients had at least 1 episode. CONCLUSIONS: In this observational study, switching patients with T2DM who were inadequately controlled on NPH to glargine improved glycaemic control with minimal incidence of severe hypoglycaemia.

PB93
A PROSPECTIVE REGISTRY TO IDENTIFY PATIENTS' CHARACTERISTICS ASSOCIATED WITH ACHIEVING TARGET METABOLIC CONTROL AFTER THREE MONTHS TREATMENT WITH INSULIN GLULISINE IN TYPE 1 AND 2 DIABETES MELLITUS PATIENTS PREVIOUSLY UNCONTROLLED ON BASEAL INSULIN AND/OR OTHER ANTI-DIABETIC TREATMENT (API REGISTRY)
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OBJECTIVES: Baseline and population-based studies showed that glycemic control (HbA1c ≤7.0%) is often not achieved in patients with either type 1 (T1DM) or type 2 (T2DM) diabetes mellitus. The aim of this prospective registry was to identify patient characteristics associated with achieving HbA1c ≤7.0% in a real-life setting. METHODS: Results from the API registry were used to assess the associations between patient characteristics and achievement of glycemic control (HbA1c ≤7.0%) after adding insulin glulisine to previous anti-hyperglycaemic therapies. METHODS: The API registry included adult patients with T1DM or T2DM who were receiving basal insulin (+ anti-diabetic agents) and still had HbA1c >7%. Patients for whom the treating physician had initiated the addition of insulin glulisine within the month prior to study entry were assessed at baseline and 3 months. Logistic regression using the backward elimination technique was performed to identify the patient characteristics. RESULTS: HbA1c was available at