tions, health care utilization, and costs in 12-month follow-up period were assessed. Complications included microvascular (e.g. diabetic retinopathy), macrovascular (e.g. atherosclerosis), and other diabetic complications. Cox proportional hazards models were used to compare complication rates, adjusting for baseline characteristics. Generalized linear models/two-part models were similarly used for utilities and costs. RESULTS: The study included 15,139 patients (47% female, mean age 51.9 [SD = 8.3]) receiving DPP4i combinations and 41,602 patients (42% female, mean age 51.9 [SD = 8.3]) receiving SU combinations. At baseline, DPP4i patients had higher rates of medication use than SU patients (MET: 61.7% vs. 40.4%; TZD: 23.0% vs. 11.8%, lipid-lowering: 53.2% vs. 35.4%, number of different medications: 3.7 vs. 3.5, P < 0.0001). After adjusting for baseline, hazard ratios of complications were significantly lower for patients treated with DPP4i combinations (microvascular complications: 0.872, P < 0.001; macrovascular complications: 0.933, P = 0.0015; other complications: 0.921, P < 0.0001). DPP4i patients had higher mean diabetes-related prescription drug costs ($1,629 vs. $1,476, P < 0.001) but lower all-cause medical services costs ($7631 vs. $7251, P = 0.0001). CONCLUSIONS: Compared to SU combinations, DPP4i combinations are associated with lower rates of diabetic complications and health care utilization. While patients on DPP4i combination incurred higher diabetes-related drug costs, they found to have lower all-cause medical-services costs.

PDB18
DIRECT MEDICAL COSTS OF DIABETES MELLITUS IN CHINA: ANNUAL COST OF ILLNESS AND LONG-TERM PROJECTIONS USING A VALIDATED DIABETES MODEL
Palmer JL1, Caputo J2, Foos V3, Grant D4, Lamotte M5, Lloyd A5, Mcowan P6
1TMF Health Media, Shanghai, China, 2TMF Health Media, Singapore, China, 3TMF Health Media, Basel, Basel-Stadt, Switzerland, 4TMF Health Media, Singapore, Singapore, Singapore, 5TMF Health Media, Beijing, China, 6TMF Health Consulting, London, UK, 7TMF Health, Vilvoorde, Belgium, 8HEOR Consulting, Monmouth, Monmouthshire, UK
OBJECTIVES: The prevalence of diabetes in China is rising, and was recently estimated to be 6% in 2011 in The Chinese National Diabetes and Metabolic Disorders Study, with a large proportion of patients previously undiagnosed. The costs of treating complications in all patients and managing the disease in diagnosed patients are high. The aim of this study was to estimate the annual cost of illness for all patients and lifetime diabetes costs diagnosed in patients in China. METHODS: A model was developed to estimate the cost of diabetes for 2011. Diabetes complication costs were derived from hospital surveys in Beijing and Chengdu. Diabetes treatment strategies were based on the intensive arm of the UK Prospective Diabetes Study (UKPDS) and in China the China Diabetes Intensive Treatment Study, utilising a large survey of 20 internists of endocrine and metabolism departments in 20 hospitals from September to November in 2011 in 9 cities of China. 11 internists worked in tier-1 hospitals and 9 worked in tier-2 hospitals. All the internists who are department heads in the field of diabetes in Malaysia. Diabetes complication costs were derived from interviews with three expert diabetologists based in India, with a mix of residency and post-residency training, and from hospital surveys in Beijing and Chengdu. Diabetes treatment strategies were based on the intensive arm of the UK Prospective Diabetes Study (UKPDS), the China Diabetes Intensive Treatment Study and interviews with local expert physicians in China. Costs were classified into six major groups: diabetes complications, renal complications, acute events, eye-disease, neuropathy and diabetic foot complications, and concomitant medications. Costs were expressed in 2011 Chinese Yuan (CNY) with equivalent US dollar (USD) values (exchange rate USD to CNY 0.1594). RESULTS: Myocardial infarction was the most costly cardiovascular complication with a first year cost of IDR207.2 million (USD22,673), followed by stroke, unstable angina and heart failure. Renal complications were also significant contributors of cost with transplantation estimated to cost approximately IDR1.5 million (USD221,532) in the first year and IDR145 million (USD16,033) in each subsequent year. Hemodialysis cost over IDR89.3 million (USD9,944) annually and peritoneal dialysis cost over IDR57.1 million (USD6,391) each year. The most expensive ocular procedure was cataract surgery (IDR1.5 million [USD173]). Lower limb amputation was the most costly of the diabetic foot complications (IDR221.2 million USD25,375). CONCLUSIONS: Estimates of complication costs suggest that the 7 million patients with diabetes represent a substantial economic burden in Indonesia. The data collected in this study represent a valuable resource to investigate the economic impact of diabetes treatments in the Indonesian setting.

PDB21
DIRECT MEDICAL COSTS OF DIABETES-RELATED COMPLICATIONS IN INDIA
Todorova L1, Hnoosh A2, Korde G3, Shiu M4
OBJECTIVES: Diabetes is associated with a substantial and growing clinical and economic burden in India, accounting for approximately 11% of national health care expenditure in 2010. Moreover, the management of diabetes-related complications is the main contributor to the overall cost of the disease. The objective of the study was to obtain current direct costs for the management of diabetes-related complications in India. METHODS: Direct costs of diabetes-related complications were derived from interviews with three expert diabetologists based in India, with a mix of residency and post-residency training, and interviews with local expert physicians in China. Diabetes complication costs were derived from hospital surveys in Beijing and Chengdu. Diabetes treatment strategies were based on the intensive arm of the UK Prospective Diabetes Study (UKPDS), the China Diabetes Intensive Treatment Study and interviews with local expert physicians in China. Costs were classified into six major groups: diabetes complications, renal complications, acute events, eye-disease, neuropathy and diabetic foot complications, and concomitant medications. Costs were expressed in 2011 Indian Rupees (INR) with equivalent US dollar (USD) values (exchange rate USD to INR 31.9). RESULTS: Myocardial infarction was the most costly cardiovascular complication with a first year cost of INR78,101 (USD7,070) and INR75,823,253 (USD8,135) in each subsequent year. The most expensive ocular procedure was cataract surgery (INR25,000 [USD232] per procedure) and ulcer infection (INR27,000 [USD257] per procedure) were the most costly foot complications. CONCLUSIONS: In India, direct costs associated with the management of diabetes-related complications, in particular renal and cardiovascular complications, contribute significantly to the economic burden associated with diabetes. Costs presented in this study will provide useful data for economic evaluations of diabetes interventions in India.

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