A REVIEW OF HEALTH TECHNOLOGY ASSESSMENTS OF DIABETES IN ASIA AND OCEANIA
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OBJECTIVES: Health technology Assessment (HTA) has a long history in Australia and NZ and is rapidly evolving in Asian countries. The aim of this research was to identify and review English written reports on diabetes among HTA agencies in Asia and Oceania. METHODS: ISPORs directory (http://www.ispor.org) listing worldwide HTA organizations were searched for agencies in Asia and Oceania with a valid link to a webpage were included. On each agencies webpage a search was done using the term “diabetes” and English written assessments were included for further review.
RESULTS: The following HTA agencies were searched: PBDB7
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CONCLUSIONS: There were 187 abstracts reviewed with 115 abstracts reviewed and 14 English written reports were found. Self management. Reports from HSAC, NZHTA and HITAP contained economic analysis. AHTA, CCE, CHERE, HTA, NIPH, CRECON, MAPI, PHIC, PKEBM, ICTACH, and review English written reports on diabetes among HTA agencies in Asia and Oceania. A headline in English on each report was reviewed.

THE EFFECT OF METFORMIN BRAND SHIFT BY HOSPITAL ON ANTIDIABETICS UTILIZATION
Chen HY1, Chang HR1, Lang HC2
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The results showed that the quantity of gastrointestinal, liver function side effects and hypoglycemia risk, QD dosage, and mean (SD) BMI was 24.04 [3.37] kg/m2. Nine percent of patients were aware of having an HbA1c target set by their physician. Comorbid conditions were more prevalent in overweight and obese patients. Among normal weight patients 31% reported no comorbid conditions compared to 22% of overweight patients and 17% of obese patients. Prevalence of hyperglycemia, dyslipidemia and other macrovascular conditions were 44%, 36%, and 18% respectively among normal weight patients; 53%, 48%, and 19% among overweight patients and 65%, 55%, and 24% among obese patients. CONCLUSIONS: The results indicate that obese patients report higher HbA1c and higher rates of complications compared to the normal weight patients and strategies to improve target better outcomes could include managing obesity.

A SYSTEMATIC REVIEW AND META-ANALYSIS OF LITERATURE ASSESSING CLINICAL EFFICACY IN TERMS OF HBEAG-POSITIVE CHRONIC HEPATITIS B
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1Social Administration Pharmacy Division, Department of Pharmacy, Faculty of Pharmacy, Mahidol University, Bangkok, Thailand; 2Division of Social and Administrative Pharmacy, Bangkok, Thailand; 3Health Intervention and Technology Assessment Program (HITAP), Nonthaburi, Thailand
OBJECTIVES: An objective of this review was to assess clinical efficacy in terms of “HBeAg seroconversion” of treatment options for HBeAg-positive chronic hepatitis B (CHB). METHODS: A systematic review of randomized controlled trials (RCTs) of treatments for patients with HBeAg-positive CHB was performed through the Medline and Cochrane databases. The clinical studies were included only if they assessed the efficacy among the following treatment options namely 1) lamivudine; 2) entecavir; 3) interferon; and 4) interferon plus lamivudine. Indirect or mixed-treatment comparison meta-analysis with random effect model was employed to combine results of several studies. The meta-analysis was carried out using the WinBUGS14 software. Odds ratio (OR) and its 95% confidence interval (CI) were presented. Heterogeneity test was applied for testing the variation of study outcomes between studies. RESULTS: There were 115 abstracts reviewed with eight relevant RCTs included in the analysis. None of eight RCTs included all four treatment options. Five studies compared HBeAg seroconversion between entecavir and lamivudine. There were three different studies comparing interferon plus lamivudine, interferon plus lamivudine, and interferon and lamivudine plus lamivudine. Indirect comparison showed that there were no significant differences between the treatment arms.

GASTROINTESTINAL DISORDERS – Clinical Outcomes Studies

A Systematic Review and Meta-Analysis of Literature Assessing Clinical Efficacy in Terms of HBeAg-Positive Chronic Hepatitis B

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