COMPARATIVE STUDY OF ANNUAL TREATMENT COST OF GLARGINE INSULIN AND DERIVATIVE INSULINS IN PATIENTS WITH TYPE 2 DIABETES MELLITUS IN MEXICO

Reyes-Lopez A1, Lemus A2, Sil MJSA3, Acevedo GAR3
1Mexico City, Mexico, 2Sanofi-aventis de México, Mexico City, D.F, Mexico, 3Hospital Carlos, Mt. Gregor Sánchez Navalía, IMSS, Mexico City, Mexico

OBJECTIVES: To perform a comparative study comparing annual costs linked to the treatment with Insulin Glargine (IG) and Insulin Detemir (ID) from the Mexican private market perspective. METHODS: Clinical data related to each treatment derives, from a study performed by Rosenstock et al (2006): a 52-week open-label, parallel, multinational trial, which compares efficacy and safety of IG and ID. This trial demonstrated no difference in terms of HbA1c and tolerability. However, this study has shown that patients treated with IG required a lower total dose of insulin, and that 55% of patients treated ended up the study with two injections per day in order to reach control. The cost of each insulin regimen was calculating using the unit cost of insulins, needles and blood glucose tests. Costs calculations referred to year 2008 and unit costs were derived from public tenders databases and published tariffs. A sensitivity analysis was performed using a Monte Carlo simulation. RESULTS: Overall, patients treated with IG required 59% more insulin than those treated with IG. In patients with DM2, management with IG has lower total costs than IG, which allows savings of US$173.7 per patient-year. Savings were related to the costs of total insulin, needles and blood glucose tests. Sensitivity analysis showed a range of savings between US$288 and US$661 in a 95% confidence interval. CONCLUSIONS: For patients with DM2, treatment with Insulin Glargine is an efficacious and cost-saving option compared with ID, because Insulin Glargine is associated with a comparable efficacy and tolerability and lower annual total costs, allowing savings of up to US$474.7 per patient-year which represents 35.2% of the overall cost of insulin per patient-year.

DIABETES/ENDOCRINE DISORDERS – Patient-Reported Outcomes Studies

ADHERENCE TO GLIMEPIRIDE FOR TYPE 2 DIABETICS IN COLOMBIA

Fragozo A1, Puerta MF2, Alfonso R1, Romero A1
1Universidad El Bosque, Bogota, Colombia, 2Sanofi-aventis, Bogota, Colombia, 3University of Washington, Seattle, WA, USA, 4Country Club, Fundación Salamandra, Bogota, Colombia

OBJECTIVES: To assess adherence and main causes of discontinuation in diabetic patients who started treatment with glimepiride in real-life settings in Colombia. METHODS: A cohort of type 2 diabetic patients from 66 centers, who started treatment with glimepiride and were evaluated 1 mg were followed for 1 year. Physical examination and bio tests were performed according to clinical practice every 3–4 months. Quality of life was assessed (SF-8) at baseline and the end of follow-up. RESULTS: 444 patients were included; 43.1% female; mean age: 59.9 ± 12.5 for females and 58.0 ± 11.4 years for men. Most patients had higher education level(73%), 28.5% were retired, and 60% were paying health care out-of-pocket. The most common comorbidity was hypertension (64.1%). Baseline BMI and abdominal circumference: 27.6 kg/m2 and 97.9 cm for males and 27.4 kg/m2 and 93.2 for females. Mean HbA1c levels and fasting blood glucose: 8.3% and 199.88 mg/dl. Just 4% had additional antidiabetic medications. After 1 year of follow-up, information on 82% (n = 367) of the patients was available, 75% (n = 332)continued the treatment with glimepiride. The main reason to discontinue the treatment was forgetfulness. All patients who continued the treatment improved their glycomic control with significant changes (p < 0.05) in mean HbA1c (6.57%) and fasting blood glucose (109 mg/dl). Characteristics associated with discontinuation of treatment, were higher education, higher socioeconomic status, better insurance coverage, and healthy habits. Patients also reported improvement in their quality of life at the end of the follow-up. Only 1 patient reported an adverse event not related with the treatment (hip fracture). No serious adverse events or hypoglycemic events requiring medical attention were reported. CONCLUSIONS: In the first year of treatment with glimepiride most patients continue the therapy, and the main reason for discontinuation was forgetfulness. Patients who are adherent to their anti-diabetic therapy, with glimepiride in Colombia, improve glycomic control and improve self-rated health status.

CONCLUSIONS: Realizar un análisis descriptivo de la encuesta de utilización y gastos en salud para personas con diabetes y verificar la existencia de desigualdades en estos indicadores según distintas dimensiones demográficas y socioeconómicas. METODOLOGÍAS: Análisis estadístico descriptivo e inferencial: diferencias en medias y proporciones se verificaron mediante Student, ANOVA y Chi2. RESULTADOS: Identificamos un 10.2% de diabéticos (N = 1,238,892), cifra similar a la prevalencia por autoresposta encontrada en la Encuesta Nacional de Factores de Riesgo (ENFR). La proporción de hombres y la edad promedio fue mayor a las registradas en la población sin DM (64.7% vs. 48.3%; 53.2 ± 22 vs. 39.3 ± 21.4). El 75.7% de los diabéticos tenía seguro de salud (Seguridad Social el 83.3%). Entre estas personas, en los últimos 30 días: 1) el 75.8% realizó al menos una consulta clínica; 2) el 35.9% se realizó al menos un análisis o práctica; 3) el 1.75% consultó por salud mental; 4) el 92.1% ha usado y el 69.7% comprado, algún medicamento; y 5) el 5.2% se interno en el último año. Algunas de estas tasas de uso fueron significativamente diferentes según el tipo de cobertura médica (p < 0.01). Entre los diabéticos, el gasto medio para muchos de los conceptos fue significativamente menor (p < 0.01) para los afiliados a la Seguridad Social respecto de otros tipos de cobertura. Asimismo, los diabéticos registraron mayores gastos medios de bolívorodos en medicamentos (ARS 723 v/s ARS 42.7) e internaciones (ARS 220.0 v/s ARS 144.5) que los no DM. CONCLUSIONES: Este estudio es el primer análisis descriptivo poblacional que investiga la interrelación de variables socioeconómicas y demográficas con utilización y gasto de bolívorodos en personas con DM de Argentina. Estos resultados son útiles para la programación, elaboración y evaluación de programas de atención y prevención de diabetes en el sistema de salud argentino.