COUNTRIES uncontrolled patients.

SELF-MONITORING BLOOD GLUCOSE: STRIPS CONSUMPTION RATE AND COSTS

rates — and burden — of hypoglycaemia may therefore be underestimated. loss and increased health care resource use, however hypoglycaemia awareness patients; a third occurring at nighttime. NSHE were associated with work time

CONCLUSIONS: was 3.2 over the 7 days following each NSHE. Nine percent of patients contacted low?') was reported in 57% (versus 63% in overall study). Of the 36% employed, measurement (BGM), or low BGM (≤55 mg/dl) without symptoms, which the

Mean insulin-treatment duration was 7 years, mean HbA 1c7.9% (SD 1.6). defined as events requiring third-party assistance — were also reported. Severe hypoglycaemic events (SHE) —

Objectives: Assessing the burden of disease based on data retrieved from a large series of these patients.

A retrospective chart audit was

To estimate, in Argentina, the number

an analysis (N=335). Patient demographics,

Molecular Medicine and Surgery, Karolinska Institute, Stockholm, Sweden

Elgart JF, Gonzalez L, Rucci E, Gagliardino JJ

CENEXA - Centro de Endocrinología Experimental y Aplicada (UNLP-CONICET La Plata, Centro

Burden of Acromegaly — A Retrospective Chart Audit

ELGIFF, Health, Bariloche, Spain, Novartis Pharmaceutical, East Hanover, NJ, USA, ‘Novartis Farma S.p.A., Origgio/VA, Italy, ‘Endocrinology Unit, DUM and Centre of Excellence for Biomechanical Research, IRCCS-AOU San Martino - IST, University of Genova, Italy

OBJECTIVES: Acromegaly, a relatively rare chronic endocrine disorder, results from excessive growth hormone (GH) secretion from a pituitary adenoma. Information on treatment practices and burden of acromegaly is limited. This study focused on assessing the burden of disease based on data retrieved from a large series of these patients.

Methods: A cross-sectional chart audit was conducted in September 2012 in US, France and Italy. Ninety-seven endocrinologists completed structured case report forms for the 4 most recently- seen acromegalic patients (N=388), those on the last choice of medical therapy 3 months ‘qualified’ for this this analysis (N=335). Patient demographics, comorbidities, treatment history, insulin-like growth factor [IGF]-1, random growth hormone [GH], symptoms and health care resource utilization were recorded. Control of IGF-1 was defined as IGFL1<ULN, control of GH as GH<2.5 μg/L.

RESULTS: Fifty-two percent of patients were males, mean age 51 years; 63% with controlled IGF-1, 34% with controlled IGF-1-GH. The prevalence of comorbidities (hyper tension, diabetes, arthritis) was similar in patients with controlled versus uncontrolled IGF-1 and in patients with controlled versus uncontrolled IGF-1-GH. The rate of paresthesia was significantly lower in patients with controlled versus uncontrolled IGF-1 (10% vs. 23%, p=0.003) and in patients with controlled versus uncontrolled IGF-1-GH (9% vs. 25%, p=0.015). Utilization of health care resources was similar in patients with controlled versus uncontrolled IGF-1 except for days hospitalized, which were significantly higher in patients with uncontrolled IGF-1. Patients with controlled IGF-1-GH had significantly lower number of HCP visits, hospitalizations and length of hospitalization than those uncontrolled (p<0.01). In multivariable models predicting resource utilization based on biochemical control and comorbidities, IGF-1-GH was found to be a statistically significant predictor (GH =0.5, p<0.001) for hospitalizations, and days hospitalized (p=0.05). CONCLUSIONS: This retrospective chart audit demonstrated that acromegalic patients with controlled IGF-1-GH had reduced symptom burden and resource utilization than uncontrolled patients.

PDB62 PATIENT-REPORTED FREQUENCY AND IMPACT OF HYPOGLYCEMIA IN TYPE-2 DIABETES PATIENTS RECEIVING PREMIXED INSULIN IN SEVEN EUROPEAN COUNTRIES

Method: A total of 3827 insulin users from seven European countries (Austria, Belgium, France, Germany, Italy, Portugal, Spain) and Switzerland were recruited, mainly via online panels, to complete four questionnaires at week-intervals. Data were collected on demographics and non-severe hypoglycaemic events (NSHE) in the preceding seven days. NSHE was an event defined by hypoglycaemic symptoms (HBS) or biochemical measurement (BGM), or low BGM (<55 mg/dl) without symptoms, which the

Objections: Hypoglycaemia is a common complication of insulin therapy and can impede optimal diabetes management, with implications for patients and health care resourcing. Many patients with Type-2 diabetes mellitus (T2DM) use premixed insulin regimens, but data on frequency and impact of hypoglycaemia in these patients are limited outside clinical trials.

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