RISK OF CARDIOVASCULAR DISEASES ASSOCIATED WITH ANTIDIABETIC therapy (mortality) may reveal important differences. Generalizability may be limited to a specific population. Other factors such as dosing regimen and severity of diabetes may influence the results. STUDY ON TAIWAN PAY-FOR-PERFORMANCE DIABETES REGISTRY

Confidence Interval (CI): -0.55, 0.74) compared to liraglutide while controlling for baseline HbA1c. We observed similar findings at the 24-month follow up. In the multiple linear regression, exenatide was associated with an HbA1c reduction of 0.093% (95% CI: 0.040, 0.146). Similarly, a majority of the T2D patients were male (N=126, 92%); average age was 62.93 years; average Charlson comorbidity index (CCI) was 1.53, and average BMI was 37.53 kg/m2. Among the 136 patients recruited in the study, intervention patients’ (68) scores were lower on the number of active social network domains (1.1 vs 1.2, P=0.01) than controls (68). Other baseline characteristics were evenly distributed between arms. After 3 months of follow-up, the intervention group had a statistically significantly greater increase in values for active social network domains (1.0 vs 0.1, P<0.01) and contacts (0.84, P<0.01) than the control group. At the second follow-up, (only 22 patients have reached that point so far) social network index increased in intervention patients (0.84, P<0.01) compared to the controls. CONCLUSIONS: The P2P® social networks intervention is showing improved social efficacy and integration of patients within their existing networks. These results inform the translation of diabetes education to a sustainable diabetes self-management behavior at the community level.

OBJECTIVES: To evaluate hemoglobin A1c (HbA1c) reduction in exenatide and liraglutide use in a veteran population over a 24-month follow-up period. Patients were included if they were >/=18 years, eligible for veterans benefits, and initiated exenatide or liraglutide at the Veterans Health Administration (VHA). Patients were excluded if they were prescribed for veterans benefits, and initiated exenatide or liraglutide at the Veterans Affairs Medical Center. 1318 patients were included in the study. We observed similar findings at the 24-month follow up. In the multiple linear regression, exenatide was associated with a HbA1c reduction of 0.093% (95% Confidence Interval [CI]: -0.55, 0.74) compared to liraglutide while controlling for confounders. The prevalence of acute urinary tract infections (UTIs) and genitourinary (GU) conditions in a US commercially-insured population was conducted to compare the prevalence and incidence of acute urinary tract infections (UTIs) and genitourinary infections (GUs) between adults with type 2 diabetes mellitus (T2DM) versus those without DM (no-DM). METHODS: Commercially-insured adults were selected from a large, US claims database from 2006-2010. Patients with T2DM were identified via diagnosis codes and use of non-insulin, anti-diabetic medications. Prevalence and incidence of UTIs (cystitis, urethritis, or acute pyelonephritis) or GUs (females: vulvovaginal candidiasis and bacterial vaginosis; males: balanitis) were estimated by gender for each calendar year (CY), and averages over CYs were reported. Prevalence was defined as the proportion of individuals with 1+ medical claim for UTI or GI, and incidence as the number of events over 1000 person-years, assuming each event lasted < 30 days. Age-adjusted prevalence ratio (PAR) and incidence rate ratio (IRR) between T2DM and no-DM were calculated with 95% confidence intervals (CI). RESULTS: 18-30 million individuals with T2DM were identified per CY (6.8% to 8.6% (2010). Prevalence and incidence of UTI among T2DM patients were 0.4% and 1.6% in women and 0.1% and 0.4% in men. In women, T2DM was associated with higher risk for UTIs than no-DM (PAR: 2.0 (1.9-2.1)). In men, T2DM was associated with lower risk for UTIs than no-DM (IRR: 0.81 (0.75-0.86)). In women, the prevalence and incidence of GUs among T2DM patients were higher and were 0.8% and 4.7% in T2DM females than in no-DM (0.4% and 2.7% (IRR: 2.0 (1.8-2.2))). The prevalence and incidence of GUs among T2DM males were lower and were 0.2% and 0.5% in T2DM males than in no-DM (0.4% and 0.2% (IRR: 0.4 (0.2-0.7))). Prevalence and incidence of UTIs among T2DM females were 14.1% and 180.5/1000 person-years, and rates of UTI among T2DM males were 4.3/1000 person-years. The prevalence and incidence of UTIs were higher among women than men (IRR: 4.6 (4.1-5.1)) and were lower among T2DM females than no-DM (PR: 1.40 (1.40-1.41)). IRR: 1.39 (1.38-1.39). CONCLUSIONS: T2DM was positively associated with acute urogenital conditions for both males and females.