guide line recommendations among MAs and NHFWs with uncontrolled type-2 diabetes. METHODS: A cross-sectional secondary data analysis was conducted using the continuous NHANES from 2003 to 2010. Inclusion criteria were subjects aged 20 to <80 years identifying themselves as MA or NHFW, self-reporting as having been told by a provider that they have diabetes, have had diabetes for 1 or more years with duration >10 years, and 3% or <9% a 2-hour OGTT result. The outcome measure was all-cause mortality and anti-diabetic medications recommended by the AACE/AACE 2009 guidelines based on the A1c level category (6.5%-7.5%, 7.6%-9% or >9%). Univariate and multivariate logistic regression analyses were conducted to determine the likelihood of being on recommended treatment across race/ethnicity controlling for demographic, clinical, and health care access characteristics and cohort year. RESULTS: 528 individuals (248 MAs and 280 NHFWs) met inclusion criteria. Mean age was 48(SD=12), 54% female, 89% had health insurance coverage, 94% prescription drug coverage and 94% had a routine place for health care. Forty-seven percent of individuals were on recom mended treatment of which 40% were MAs and 60% were NHFWs. Race/ethnicity, income, insurance, routine place of health care, anti-diabetic medication use and cohort year were included in the multivariate analysis. The final model showed routine place of care, anti-diabetic medication, and cohort year as statistically significant(>0.05). It found that, with borderline statistical significance, NAs ≥80% were less likely to be on the recommended treatment (OR=0.54, 95% CI 0.22-1.30). CONCLUSIONS: Only 47% of participants received recommended therapy. Routine place of care, anti-diabetic medication use and cohort year were significant predictors but race/ethnicity was borderline significant.

PDB19
FRAMINGHAM RISK SCORE ESTIMATES HIGHER CVD RISK THAN UKFPS RISK ENGINE IN NEWLY DIAGNOSED TYPE 2 DIABETES MELLITUS PATIENTS IN NORTH INDIA
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OBJECTIVES: To assess ten year cardiovascular disease (CVD) risk in newly diag nosed type 2 diabetes mellitus (duration of diagnosis ≤ 6 months) patients using Framingham risk score (FRS) and UK Prospective Diabetes Study (UKPDS) Risk Engine in a public tertiary care hospital in North India and to assess the agreement between both the risk scores. METHODS: This is a prospective, observational, questionnaire based study. Patients 18-70 years of age with the diagnosis of diabetes (duration of diagnosis ≤ 6 months) patients were collected by oral interview and clinical records of patients after obtaining informed consent from patients. Ten year CVD risk was calculated for 324 patients using FRS and UKPDS Risk Engine. FRS uses participant age, sex, total cholesterol, high-density lipoprotein cholesterol, smoking status, blood pressure and presence or absence of diabetes. UKPDS Risk Engine, a diabetes specific algorithm, uses HbA1c and ethnic ity of the patient in addition, for assessing ten year CVD risk. RESULTS: Out of 324 patients, only 211 patients were found to be of female sex [1- tailed Fisher's exact test, P=0.001]. Mean age of the participants, weight, height and BMI were 53.8 ±7.8 years, and mean duration of diabetes 10.5 ± 7.3 years, among them 505 subjects were found to have diabetes according to the 25.9% (95% confidence interval) (CI), 23.2-27.07 prevalence. Binary logistic regression analysis has shown that female gender (Odds ratio (OR), 1.42, CI 1.1-1.9, p =0.01), presence of hypertension (OR, 1.53, CI 1.3-3.3) and duration of diabetes (OR, 1.01, CI 0.99-1.03, p <0.001) were significantly associated with increased risk of heart disease. CONCLUSIONS: This study showed higher prevalence of diabetes in Indian population thus suggesting a need of regular eye examination.

PDB20
THE IMPACT OF CONCOMITANT METFORMIN ON MORTALITY AND OTHER SERIOUS OUTCOMES IN PEOPLE WITH TYPE 2 DIABETES TREATED WITH INSULIN
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OBJECTIVES: To determine whether there was an association between insulin dose and all-cause mortality or other serious events in people with type 2 diabetes treated with insulin plus metformin, and to determine if concomitant metformin with insulin reduced the risk of adverse outcome versus insulin monotherapy. METHODS: For this retrospective cohort study, subjects with type 2 diabetes who progressed to treatment with insulin monotherapy or insulin plus metformin from 2000 onwards were identified from the UK Clinical Practice Research Datalink (CPRD). The risk of all-cause mortality and a combined endpoint of any incident major cardiovascular event (MACE), cancer, or death was compared using the Cox proportional hazards model. Weight-standardised daily prescribed insulin dose (nu/kg/day) was modelled as a time-dependent, continuous co-variable. RESULTS: 11,340 subjects were identified. There were 1,840 deaths and 1,751 combined events (excluding those with a history of large vessel disease or cancer). The corresponding event rates were 43.7 deaths and 62.3 combined events per 1,000 person-years. For people in the combined insulin group (insulin + metformin), the HR for concomitant metformin was 0.68 (95% CI 0.42 to 0.54). These patterns were similar for the combined endpoint. CONCLUSIONS: There was a dose-response association between insulin dose and all-cause mortality in people treated with insulin plus concomitant metformin. Concomitant metformin was associated with a halving of the risk of death in people with type 2 diabetes injecting insulin.

PDB21
STATUS OF RETINOPATHY IN TYPE 2 DIABETES MELLITUS PATIENTS OF NORTH INDIA POPULATION
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OBJECTIVES: The aim of the study was to assess the prevalence and risk factors for diabetic retinopathy (DR) among type-2 diabetes patients residing in North India. METHODS: It is a prospective observational study conducted at endocrinology clinic of a public tertiary care hospital in north India. Patients of either gender with greater than 18 years of age and having the diagnosis of T2DM were recruited in the study with each patient had undergone fundus photography. All patients blood data was taken from patient's medical records. Binary logistic regression was done to assess the risk factors. RESULTS: A total of 2,006 T2DM subjects were recruited in the study with the mean age of 53.8 ± 7.8 years, and mean duration of diabetes 10.5 ± 7.3 years, among them 505 subjects were found to have DR accounting for 25.9% (95% confidence interval) (CI), 23.2-27.07 prevalence. Binary logistic regression analysis has shown that female gender (Odds ratio (OR), 1.42, CI 1.1-1.9, p =0.01), presence of hypertension (OR, 1.53, CI 1.3-3.3) and duration of diabetes (OR, 1.01, CI 0.99-1.03, p <0.001) were significantly associated with increased risk of DR. CONCLUSIONS: This study showed higher prevalence of DR in Indian population thus suggesting a need of regular eye examination.