PDB83

MEDICATION ADHERENCE AND SATISFACTION WITH TREATMENT IN PATIENTS WITH DIABETES MELLITUS RECEIVING ORAL COMBINATION THERAPY: DATA OF A REAL-WORLD STUDY

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OBJECTIVES: Medication adherence and satisfaction with treatment are key dimensions of healthcare quality. Large proportion of patients with type 2 diabetes mellitus (T2DM) receive oral combination therapy. We aimed to assess medication treatment satisfaction in T2DM patients receiving oral combination therapy in a real-world setting. METHODS: 160 T2DM patients receiving combination therapy for at least 6 months (mean 6.5 yrs, 0.6–17 yrs) were included in the study. In comparison with insulin, patients treated with GLP-1 showed higher adherence to treatment (88.1% vs 82.7%, p<0.001). Higher persistence is also achieved with GLP-1 vs insulin (62.0% vs 55.9%, p=0.046). After 3 months treatment persistence rate start to diverge and differences are maintained during the study period (6 months, persistence rates 86.1% for GLP-1 vs 79.4% for insulin; 10 months 77.1% vs 70.8%, respectively).

CONCLUSIONS: Adherence and persistence to treatment seems to be higher with GLP-1 than insulin in T2DM patients in Spain. Further studies are needed to understand reasons for those differences between treatments. The overall management of T2DM should address adherence and persistence as key drivers for achieving therapeutic goals.

PDB84

ADHERENCE TO INITIATED BASAL INSULIN ANALOG TREATMENT IN TYPE 1 AND 2 DIABETES

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POSSIBILITIES: Poor adherence and low persistence to treatment could lead in not achieving recommended glycemic goals in T2DM patients. The aim of this study was to assess the adherence and persistence of patients who initiate treatment with insulin or with glucagon-like peptides analogs (GLP-) in Spain.

RESULTS: 1,301 patients were recruited, mean age was 67.6 years, 51.6% men, 935 initiated with insulin and 366 with GLP-1. In comparison with insulin, patients treated with GLP-1 showed higher adherence to treatment (88.1% vs 82.7%, p<0.001). Higher persistence is also achieved with GLP-1 vs insulin (62.0% vs 55.9%, p=0.046). After 3 months treatment persistence rate start to diverge and differences are maintained during the study period (6 months, persistence rates 86.1% for GLP-1 vs 79.4% for insulin; 10 months 77.1% vs 70.8%, respectively).

CONCLUSIONS: Adherence and persistence to treatment seems to be higher with GLP-1 than insulin in T2DM patients in Spain. Further studies are needed to understand reasons for those differences between treatments. The overall management of T2DM should address adherence and persistence as key drivers for achieving therapeutic goals.