tically significant for both feet (p<0.003). Hyperkeratosis of both feet, evaluated by the doctor, significantly improves after 4 weeks of treatment. The efficacy score measured by the increase in blood glucose decreased (p ≤ 0.4) on inclusion. Measured under the same conditions, it is 7.7 (± 3.2) at 4 weeks. The difference is statistically significant (p<0.001). Treatment compliance is good since 91% confirm that they respected the dosage, a trend confirmed by the fact that 94% of subjects say that they are satisfied with the treatment. CONCLUSIONS: By means of a validated score (KAD) and an efficient evaluation scale, the efficacy of Pedimed in treating the diabetic foot is confirmed.

PDB19 PREVALENCE OF DIABETES MELLITUS AMONG PATIENTS WITH VASCULAR COMPLICATIONS IN POLAND
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OBJECTIVES: The objective of this study was to estimate a prevalence of diabetes mellitus identified by literature search stated that DM was diagnosed in 26.2% of patients with heart failure, 21.5% of patients with stroke, 40% of patients hospitalised for peripheral artery disease, 52.8% of patients with lower-extremity amputation and 67.1% of patients with non-traumatic amputations. Diabetes was present in 34.9%, 9.4% and 7.1% of patients with retinopathy, vision disorders and blindness respectively.

CONCLUSIONS: DM often co-exists with vascular disorders in Poland. It affects 15% of patients with macrovascular complications and more than 20% of patients with microvascular complications.

PDB20 A1C VARIABILITY AND THE RISK OF DEVELOPING NEW DIABETES FOR THE HEALTHY ADULTS IN JAPAN
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OBJECTIVES: To evaluate the effect of A1C variability on the risk of developing new diabetes in healthy adults in Japan.

METHODS: Population-based, retrospective cohort from 2005 to 2008 in Tokyo, Japan. In healthy adults not taking diabetes medication with and without 6.5 of HbA1c at baseline, we measured annually the serum HbA1c and calculated the annual visit-to-visit variability. RESULTS: At baseline, 14,764 people (49% female) with a mean age of 50 years (SD: 12 years, range: 23 to 92), a mean fasting plasma glucose (FPG) level of 98.4 mg/dl (SD: 9.3 mg/dl) and a mean HbA1c level of 5.3 % (SD: 0.4 %) had annual check-ups over 4 years. Using the multivariate logistic regression, the A1C variability (odds ratio): 7.8 for highest quantile interval (p ≤ 0.03 pmol/mL/mo) and 0.03 pmol/mL versus 0.15 ± 0.02 pmol/mL for less intensive treatment of 1-2 infections.

CONCLUSIONS: Understanding the factors that influence C-peptide ROD may help researchers develop strategies which address heterogeneity of response to therapy. The results of improved glycemic control and reduction in complications such as ketoadosis, neuropathy or nephropathy. Including parameters for C-peptide and its ROD in pharmacoeconomic models may help estimate the burden of these complications in TID, and help quantify the benefits of preserving beta cells.

PDB22 REAL-WORLD CLINICAL OUTCOMES OF EXENATIDE BID COMPARED TO INSLUIN GLARGINE IN PATIENTS WITH TYPE 2 DIABETES
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OBJECTIVES: The safety and efficacy of exenatide BID (exenatide) compared to insulin glargine (glargine) have been studied in clinical trials and use of exenatide has been associated with reductions in A1C and weight. This study examined the clinical outcomes of exenatide versus glargine in patients with type 2 diabetes in a ‘real-world’ ambulatory care setting. METHOD: A retrospective analysis was conducted using the General Electric electronic medical record database to select exenatide (n=4,494) and glargine (n=5,424) cohorts. These cohorts were propensity-score matched to control for baseline demographic, clinical, and resource use variables (2,683 matched pairs). Matched cohorts were compared using paired t-tests and nonparametric tests as appropriate. The effectiveness endpoints were changes in A1C (primary endpoint), weight, body mass index (BMI), blood pressure (BP), lipid levels, and hypoglycemia rates. RESULTS: The matched exenatide and glargine cohorts were balanced on BMI (58 vs 58 years), females (55% vs. 53%), and baseline clinical characteristics. In a 12-month follow-up period, the exenatide cohort achieved greater mean (±SD) reduction in A1C (-0.66% ± [1.5] versus -0.41% ± [1.7], P<0.01), weight (-2.6 ± [6.8] vs. -0.2 ± [9.2] kg, P<0.01), BMI (-0.9 ± [2.6] versus -0.1 ± [2.7] kg/m², P<0.01), and systolic BP (-1.8 ± [17] vs. -0.3 ± [18] mmHg, P<0.01). More exenatide-treated patients reached the A1C goal of <7% (46% vs. 36%, P<0.01). There were no clinically significant differences in diastolic BP, lipid levels, and hypoglycemia rates between cohorts. CONCLUSIONS: Exenatide-treated patients experienced significantly greater reductions in A1C, weight, BMI, and systolic BP than the glargine cohort. These results demonstrated the clinical effectiveness of exenatide compared to glargine in a large, diverse, ‘real-world’ patient population treated in the ambulatory care setting.

Diabetes/Endocrine Disorders – Cost Studies

PDB23 BUDGET IMPACT ANALYSIS OF THE REIMBURSEMENT OF LONG-ACTING INSULIN ANALOGUES IN POLAND
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OBJECTIVES: According to HTA reports regarding long-acting insulin analogues (LAIA) these drugs should be reserved for use in selected diabetic patients only. In order to determine knowledge on LAIA in Poland we planned to be reimbursed in framework of therapeutic programme (LAIA-TP). This study assess the impact of this decision on public health-payers budget.

METHODS: The analysis was performed using modelling technique, based on systematic review of LAIA, Polish epidemiological data and literature review. We compared (A) LAIA not reimbursed, (B) LAIA reimbursed for patients with episodes of severe hyperglycaemia (after 6 months reimbursement continued only in patients successfully treated). In each scenario annual costs of insulinotherapy, monitoring and treatment of hyperglycaemia were estimated in 3-years time horizon. Model was run by having the current patient cohort progress through the model accompanied by the addition each year of a new cohort of eligible patients. Extreme scenario sensitivity analyses were conducted using modelling technique, based on systematic review of LAIA, Polish epidemiological data and literature review.

RESULTS: The introduction of LAIA-TP is expected to increase public-payers expenditure in years 1st -3th by 12,168,582, 7,972,737 and 5,424,351 PLN respectively. Assuming different assumptions about population and effectiveness of LAIA the additional expenditure could be reduced by 71%.

CONCLUSIONS: Budget impact analysis indicates that reimbursement of LAIA-TP seems to be affordable to the budget holder.

PDB24 BUDGET IMPACT ANALYSIS OF THE USE OF ASPART INSULIN DURING HOSPITALIZATION WITH PATIENTS OF HYPERGLYCEMIA IN ITALY
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OBJECTIVES: Hyperglycaemia is a frequent condition in hospitalizations for acute conditions, not always correlated with a previous presence of diabetes. Patients with hyperglycaemia experiment a worse prognosis, with increased mortality, complications and a longer hospital stay than normal ones. Several evidences in