OBJECTIVES: To estimate the incremental cost-effectiveness ratio (ICER) of the pneumonia vaccination program compared to PCV-13 in routine infant vaccination in Portugal.

METHODS: The cost-effectiveness analysis (CEA) is based on a Markov model simulating meningitis, bacteremia, pneumonia and acute otitis media (AOM) in 1-year-old infants. The base case analysis was performed on children aged 0-15 years. Volumes of vaccinated doses were calculated by applying the observed post-vaccination period. Total cost per year for each option was compared.

RESULTS: The ICER of the 2013-14 vaccine compared to the 2013-14 reference vaccine was €36,792 per QALY. The 95% CI was €29,000 to €41,000 for the 2013-14 vaccine compared to the 2013-14 reference vaccine.

CONCLUSION: The 2013-14 vaccine is not cost-effective at current coverage levels, as the incremental cost per QALY is higher than the €30,000 threshold. Further research is needed to evaluate the cost-effectiveness of the vaccination program.

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THE ASSOCIATION OF WAIST CIRCUMFERENCE AND MICROVASCULAR COMPLICATIONS IN DIABETIC PATIENTS IN AN ASIAN POPULATION

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OBJECTIVES: The aim of the study was to explore the association of waist circumference with microvascular complications in Malaysian patients with type 2 diabetes mellitus.

METHODS: A total of 114,919 patients with type 2 diabetes mellitus were included in the study. The mean age of the patients was 59.8 years (SD: 11.2) with mean duration of diabetes of 6.8 years (SD: 5.1). Male patients comprised 39.9% of the sample population and 83.5% of the patients were overweight with BMI ≥23 kg/m². Nephropathy and retinopathy were present in 9.1% and 7.9% of patients respectively. The mean waist circumference was 91.4 cm (SD: 11.8) for males and 90.8 cm (SD: 11.8) for females, while 78.4% of the patients had waist circumference >90 cm for men and >80 cm for women.

RESULTS: A total of 114,919 patients with type 2 diabetes mellitus were included in the study. The mean age of the patients was 59.8 years (SD: 11.2) with mean duration of diabetes of 6.8 years (SD: 5.1). Male patients comprised 39.9% of the sample population and 83.5% of the patients were overweight with BMI ≥23 kg/m². Nephropathy and retinopathy were present in 9.1% and 7.9% of patients respectively. The mean waist circumference was 91.4 cm (SD: 11.8) for males and 90.8 cm (SD: 11.8) for females, while 78.4% of the patients had waist circumference >90 cm for men and >80 cm for women.

CONCLUSIONS: The association between waist circumference and microvascular complications was analyzed. No significant association was found between waist circumference and nephropathy or retinopathy.

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RELATIONSHIP BETWEEN GLYCAEMIC BURDEN AND MICRO- AND MACROVASCULAR COMPLICATIONS IN PATIENTS WITH TYPE 2 DIABETES MELLITUS: A REAL-WORLD STUDY IN THE PHARMO DATABASE NETWORK

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OBJECTIVES: The relationship between glycaemic burden and micro- and macrovascular complications among patients with type 2 diabetes mellitus (T2DM) was investigated using real-world data.

METHODS: A total of 34,153 T2DM patients were included; HbA1c (≥48 mmol/mol) and metformin were prescribed for ≥12 months. Microvascular complications were defined as retinopathy, diabetic foot, and nephropathy, while macrovascular complications included coronary artery disease (CAD), cerebrovascular disease, and ischaemic heart disease. The relationship between the glycaemic burden and the incidence of these complications was analyzed using a Cox proportional hazards model.

RESULTS: The glycaemic burden was defined based on the extent and duration that HbA1c values exceeded a threshold of 7% (53 mmol/mol) and was expressed as glycemic burden years (GBY). The relationship between GBY and microvascular complications was assessed using a Cox proportional hazards model, with glycemic burden entered in each regression as a categorical variable with four levels (no burden [reference], 0-<1 GBY, 1-<3 GBY, and ≥3 GBY).

CONCLUSIONS: This study showed that GBY is an important predictor of micro- and macrovascular complications, and may be important to consider in T2DM management.