of 900,000 adults. Multiple linear regression analysis of simulation output relating LE to levels of BMI was conducted using R. RESULTS: The relationship between self-reported BMI and mean age was significant for both men and women. A decrease in BMI was associated with a 0.06 years less life expectancy. The deleterious effect of increasing BMI was observed in both men and women. The effect was more pronounced in men than in women. CONCLUSIONS: The relationship between BMI and life expectancy was significant and the effect was more pronounced in men than in women. Further studies are needed to understand the underlying mechanisms of this relationship.

PDB56

A SYSTEMATIC REVIEW OF COST-UTILITY ANALYSES IN DIABETES


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OBJECTIVES: To review and systematically synthesize the cost-effectiveness of diabetes interventions. METHODS: We conducted a systematic review of cost-utility analyses (CUAs) related to diabetes, published between 1994 and 2012, using the Tufts Medical Center Cost-Effectiveness Analysis Registry (www.cearegistry.org). We described the study characteristics, such as country, type of interventions, perspective, funder, and whether the intervention was recommended by the American Diabetes Association (ADA) guidelines. We also examined the distribution of the incremental cost-effectiveness ratios (ICERs) and used logistic regression to identify factors independently associated with favorable ratios using the real world data. RESULTS: We identified 167 CUAs from over 20 countries, pertaining to diabetes interventions for Type 1, Type 2, gestational diabetes mellitus, and diabetes complications and comorbidities. Studies conducted in the US and UK accounted for 40% and 18% of the total CUA output, respectively. In 14% of the ICERs, patients’ health gained was at least as good as the health gained in all diabetes-related ICERs. CONCLUSIONS: Improved CUA output from US and UK for diabetes interventions is required. Further studies are needed to understand the underlying mechanisms of this relationship.