The growing prevalence of diabetes leads to increased pressure on national health care budgets. Despite the high prevalence and long-term health care costs of diabetes patients are not widely studied in a clinical practice setting. The study aim is to examine the association between weight and resource use in clinical diabetes patients included in a European diabetes register.

Methods:
A decision analytic model was developed using local and international data to evaluate the potential health and economic impact of routine use of IG over a 1-year horizon. The study was conducted from a payer perspective. Probability of IG and NPH causing severe hypoglycemia was derived from the LEAD (LANTUS Evaluation in Asian Diabetics) study. Disease epidemiology and costs were all Hong Kong-specific. One-way sensitivity analysis was performed to test the robustness of model results. The direct cost was calculated as the sum of drug use, hospitalizations, and tests and 24,656 (0.63) hospitalizations. Furthermore, obesity at baseline appeared to be correlated with a higher rate of resource use. The relationship between obesity and resource use was also investigated.

Results:
The study included 38,956 T2DM patients (women, 45%; mean age, 64 years; HbA1c, 5.7%; mean BMI, 29.8 kg/m²) with a total number of 183,614 observation years. Over a mean follow-up of 4.7 years there were 2,134,870 (per patient mean 55) primary care contacts, 1,200,142 (31) laboratory tests and 51,273 (1.3%) hospitalizations. Mean annual resource use almost doubled the first year after diagnosis and remained on a higher level than before diagnosis throughout the study period. This pattern was seen in primary care as well as for hospitalizations. Furthermore, obesity at baseline appeared to be correlated with a higher rate of resource use. The relationship between obesity and resource use was also investigated.

Conclusions:
The launch of Genucin and RF resulted in considerable reduction of public resources spent on insulin use in Hong Kong.

PDB114 HEALTH CARE COST AVOIDANCE DUE TO INSULIN GLARGINE FOR TYPE 2 DIABETIC PATIENTS IN HONG KONG AS COMPARED TO NPH INSULIN
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Objective:
Many studies have shown that insulin glargine (IG) is associated with a better glycemic control and less incidents of hypoglycemia. The objective of this study is to examine the potential cost avoidance arising from reduced hypoglycemic episodes by IG vs NPH insulin in T2DM patients receiving insulin in Hong Kong. The findings will fill a knowledge gap as no data is available before.

Methods:
A decision analytic model was developed using local and international data to evaluate the potential health and economic impact of routine use of IG over a 1-year horizon. The study was conducted from a payer perspective. Probability of IG and NPH causing severe hypoglycemia was derived from the LEAD (LANTUS Evaluation in Asian Diabetics) study. Disease epidemiology and costs were all Hong Kong-specific. One-way sensitivity analysis was performed to test the robustness of model results. The direct cost was calculated as the sum of drug use, hospitalizations, and tests and 24,656 (0.63) hospitalizations. Furthermore, obesity at baseline appeared to be correlated with a higher rate of resource use. The relationship between obesity and resource use was also investigated.

Results:
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Conclusions:
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