PARIS ABSTRACTS

CONCEPTUAL PAPERS & RESEARCH ON METHODS – Study Design

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ARE ONLINE MANAGED PHYSICIAN PANELS A VAILABLE SOURCE FOR SCIENTIFIC RESEARCH INITIATIVES?
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OBJECTIVES: Use of online "managed physician panels" for outcomes research purposes is not yet common. This study aims to compare practice characteristics, prescribing patterns and attitudes between physicians in TNS online managed panels and free-bound non-panel samples. METHODS: Physicians, especially Neurologists, were recruited from two sources in the United States for a Multiple Sclerosis (MS) research initiative. Physicians were then randomized online using TNS online managed panels, and via telephone (non-panels). Practice characteristics (12-items), attitudes (76-items), treatment choices (8-items) and ratings of risk-factors (36-items) were measured in both cohorts using a standardized 45-minute questionnaire; the results were analyzed to assess any statistical difference between the panels and non-panels across the measured domains. RESULTS: Survey results from Neurologists (167-panels & 97-non-panels) were assessed. Overall, the concordance rate between the cohort responses was 95% (128-out-of-132-items). In 1 (out of-12); 8.3% practice characteristics, namely, patient (pt) volume treated in a typical month, the cohorts differed (panels=312/pt/year; non-panels=277/pt/year). In 5 (out-of-76); 6.8% attitudinal items (in 7-point likert-scales), the individual item-response-scores marginally differed: importance of considering patient lifestyle while selecting MS therapy (panels=4.8/ non-panels=4.5), perception of importance of brain lesions while prescribing MS treatment (panels=5.0/ non-panels=5.4), patients experience more side-effects with interferons than with glatiramer-acetate (panels=5.8/ non-panels=5.3), interferon therapies with more frequent dosing are more effective (panels=4.5/ non-panels=4.1), and physician opinion of what is best for patient supersedes patient's personal preferences (panels=2.9/ non-panels=3.8). There were no statistically significant differences observed between the cohorts in treatment choices (all 8-items) and ratings of risk factors (all 36-items). CONCLUSIONS: The high concordance rates observed in the study cohort characteristics, attitudes and treatment practices strengthens the argument that online managed physician panels are viable options for scientific research studies, as they provide robust, cost-effective, quick sample of physicians, in addition to the well-known relatively high response rate.

PATIENT REGISTRIES—A LITERATURE REVIEW OF RECENTLY REPORTED REGISTRY BASED STUDIES

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Patient registries have been gaining increasing attention in recent years as health care providers, payers and regulators are requiring data that more accurately reflect clinical practice. However while the number of registry based studies is undoubtedly increasing, little is known about the range and characteristics of registries supporting these studies. A review of the published literature was performed to identify recently reported studies based on patient registries. The search which covered the period January 2008 to April 2009 retrieved 278 evaluable articles reporting data from registries. The most frequently reported studies based on patient registries are designed unbiased and consistent. Last, by applying procedure, known as raking, accounting for changing demography and diabetes prevalence rates, is a necessary first step toward its prevention and control. The economic burden of diabetes is already staggering, and future increase in the number of people with diabetes likely to occur in the older age. The number of women will increase almost 380% from 2000 levels. The proportion of people with diabetes will increase from 10.0) years 75 years or greater of age with diabetes will increase almost 380% from 2000 levels. The number of people with diabetes likely to occur in the older age. The number of women 75 years or greater of age with diabetes will increase almost 380% from 2000 levels. It is demographic changes that account for the largest share of the increase. Twenty percent of the overall projected growth will be due to population growth, 31% will be due to increase in prevalence rate and 45% will be due to changes in demographic composition. Conclusions: Diabetes is already recognized as public health problem of pandemic proportions. Our projection of diabetes burden in US indicate that the situation may be more alarming than previously recognized. Advances in primary prevention may help reduce the number of people with diabetes. The economic burden of diabetes is already staggering, and future increase in the number of people with the disease will increase the burden. Worldwide surveillance of diabetes is a necessary first step toward its prevention and control.

A COMPARISON OF CLINICAL EFFICACY OF INSULIN GLARGINE ADDED TO ORAL ANTIDIABETIC DRUGS VS PREMIXED INSULINS ALONE IN THE TREATMENT OF TYPE-2 DIABETES MELLITUS
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OBJECTIVES: This study compared efficacy and safety of insulin glargine (IGlar) when added to oral antidiabetic agents (OADs) with premixed human insulins alone in type-2 diabetes. METHODS: Comparison was based on randomized controlled trials (RCT) identified by means of systematic review, carried out according to the Cochrane Collaboration guidelines and Agency for Technology Assessment in Poland. The most important medical databases (EMBASE, MEDLINE and CENTRAL) were searched in October 2008. Two reviewers independently selected trials, assessed their quality and extracted data. Meta-analysis of head-to-head trials was performed to compare IGlar added to OADs with premixed insulins. Results of patients directly comparing IGlar added to OADs with premixed human insulins were identified and included in the analysis. Greater reduction of glycosylated hemoglobin (HbA1c) was found in glargine-treated patients than in patients using premixed insulins (WMD -0.35% [-0.50; -0.16]). Proportion of patients achieving HbA1c <7% was higher in IGlar group although the difference was on the border of statistical significance (RR = 1.16 [1.00; 1.36]). Moreover statistically significant differences in favor of glargine were demonstrated in fasting plasma glucose level (WMD = -0.87 [-1.21; -0.53]). More subjects treated with glargine achieved target HgA1c level (RR = 2.11 [1.41; 3.17], NNT = 6.00 [3.97, 12.32]). No statistically significant differences were found in the percentage of patients experiencing hypoglycemic episodes (RR = 0.90 [0.78; 1.04]). Weight gain was observed in both groups with no statistically significant differences (MD =-0.70 kg [-1.48; 0.08]). CONCLUSIONS: IGlar combined with OAD is associated with better glycemic control than premixed human insulins alone. Risks of hypoglycemia and weight gain are comparable in both arms. Acknowledgements: This analysis was supported by Sanofi-Aventis.

REAL WORLD CLINICAL EFFECTIVENESS OF SITAGLIPTIN THERAPY FOR MANAGEMENT OF TYPE 2 DIABETES: A RETROSPECTIVE DATABASE ANALYSIS
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OBJECTIVES: Sitagliptin is a dipeptidyl peptide-4 inhibitor used to treat adults with type 2 diabetes (T2D). This study examines patient characteristics, attitudes and treatment practices including radiotherapy (3%). Several registries have provided data able to support multiple publications for example the REACH registry. The most frequently reported studies based on patient registries are designed unbiased and consistent. Last, by applying procedure, known as raking, accounting for changing demography and diabetes prevalence rates, is a necessary first step toward its prevention and control. The economic burden of diabetes is already staggering, and future increase in the number of people with diabetes likely to occur in the older age. The number of women 75 years or greater of age with diabetes will increase almost 380% from 2000 levels. The number of people with diabetes likely to occur in the older age. The number of women 75 years or greater of age with diabetes will increase almost 380% from 2000 levels. It is demographic changes that account for the largest share of the increase. Twenty percent of the overall projected growth will be due to population growth, 31% will be due to increase in prevalence rate and 45% will be due to changes in demographic composition. Conclusions: Diabetes is already recognized as public health problem of pandemic proportions. Our projection of diabetes burden in US indicate that the situation may be more alarming than previously recognized. Advances in primary prevention may help reduce the number of people with diabetes. The economic burden of diabetes is already staggering, and future increase in the number of people with the disease will increase the burden. Worldwide surveillance of diabetes is a necessary first step toward its prevention and control.