

Gained (LYG); Quality-Adjusted Life Years (QALY's); long-term costs; and cost-effectiveness for IDet vs. NPH. Standard Markov/Monte Carlo simulation techniques were used to describe incidence and progression of complications. Probabilities of complications and HbA1c-dependent adjustments were derived from the UKPDS and other major clinical trials and population studies. Clinical input was taken from a 6-month multicentre, multinational, open-label, parallel-group comparison phase III trial in type-2 patients. Costs of treating complications in the UK and utility values were retrieved from published sources. Direct costs of diabetes complications and drug treatment were projected over patients' lifetimes from a UK National Health Service perspective. **RESULTS:** The model projected that treatment with IDet would result in an extra 0.13 LYG and 0.08 QALYs per patient. Total lifetime costs/patient were estimated to increase by £1534. The cost per LYG was calculated to be 11,700 GBP and the cost per QALY to be £19,218. **CONCLUSIONS:** The model predicted that treatment with IDet would result in long term improvements in health outcomes and quality of life compared to NPH in patients with type-2 diabetes. The cost-effectiveness result is within the range considered to represent value for money in the UK.

**PDB4****THE DIABETES TYPE-2 COST PREDICTORS**

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**OBJECTIVES:** To examine the diabetic type-2 cost predictors. **METHODS:** A total of 303 patients diagnosed with type-2 diabetes mellitus (mean age: 61, mean time from diagnosis: 10.86 year, males: 49%), were randomly selected from out-patients charts databases and surveyed. Both patient and practitioner questionnaires collected data from each patient on: clinical characteristic, medical and other resources used, quality of life. Stepwise linear regression model was elaborated to determine most significant clinical variables associated with cost. Values are expressed in PLN (PLN1 = 0.4808€ PPP'2003). **RESULTS:** The total annual treatment costs amounted to PLN9227 (4436€), including PLN2432 (1169€) of direct costs. The regression model incorporating complications, insulin treatment and managing physicians' specialty predicted direct costs associated with diabetes best. Estimates were statistically significant at p-level 0.05 and consistent with domain knowledge. Diabetologists' patients generated lower mean direct treatment costs (PLN2140; 1028€) when compared to GP's (PLN 2920; 1403€) for patients of similar clinical characteristic. Controlling for case-mix diabetologists were more likely to increase drug cost balanced by higher savings resulting from hospitalizations cost. **CONCLUSIONS:** Economic impact of diabetes type-2 is highly determined by complications, insulin treatment and managing physicians' specialty. Specialists (diabetologists) produce savings in direct treatment costs which result from effective disease control with drugs.

**PDB5****COMMUNITY EFFECTIVENESS OF DISEASE MANAGEMENT PROGRAMS IN GERMANY**

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**OBJECTIVES:** The installation of disease management programs (DMP) is accompanied by expectations of high gains in health

and savings. This study estimates the potential gains of a DMP for patients with type-2-diabetes for Germany under real life conditions. **METHODS:** Representative data from the German National Health Survey contained 307 subjects with type-2-diabetes, covering demographics, medical history, risk factors, and treatment. Estimates for the risk to suffer from different complications in the next ten years under given risk factor profiles have been calculated using a validated prognosis model (Melibase). Alternative risks have been calculated under the assumption that in a DMP patients will reach individual risk factor levels depending on their actual levels. Furthermore, assumptions have been made for the patients' persistence on a DMP scheme over a 10-year period. Monetary savings for avoided complications have been calculated using claims data of a German sickness fund. **RESULTS:** In Germany there are 3.0 million patients with known type-2-diabetes. Within the next ten years 18.9% of them will suffer from a first myocardial infarction, 19.2% from a first stroke. This will result in an average number of MIs of 56,000 and 57,000 strokes per year. About 2300 MIs and 2000 strokes are estimated to be avoided per year. Savings from avoided complications will be approximately 120 million Euros per year. It is estimated that the costs to run a DMP will exceed these savings. **CONCLUSIONS:** Predicted health benefits from a DMP addressing all Type-2-diabetics are moderate in the actual German health care system. Risk stratification driven by prognostic modeling is likely to improve this balance, if implemented. Finally, the results underline that DMPs as other health technologies, need to be evaluated before their broad implementation.

**PDB6****THE COST OF TYPE-2 DIABETES IN UKRAINE**

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**OBJECTIVES:** In Ukraine, 800,000 Type-2 diabetic patients registered. Treatment state costs type 2 diabetes in Ukraine amount to more than 36 billion GRN (1 Euro = 6.2 GRN) per year, mainly because of related complications. These complications should be reduced at least by one-third by treating according to current guidelines. **METHODS:** The European Diabetes Policy Group guidelines were applied to define the optimal therapy regarding blood glucose, lipids and blood pressure. Costs of guideline-related medication (antidiabetic drugs) and costs of additional outpatient treatment were calculated using official tariffs. **RESULTS:** Guideline treatment would induce 1300 GRN cost per patient for additional medication and outpatient treatment. The physicians prescribed glibenclamid (maninil) 45% patients, metformin -18%, combined therapy -15%, insulin -22%. **CONCLUSIONS:** Treatment of patients with type-2 diabetes according to the guidelines makes a huge investment necessary. Assuming optimal treatment could prevent 25% diabetes-related complications and potential cost savings of GRN 2 billion.

**PDB7****LONG TERM COST EFFECTIVENESS OF BIPHASIC INSULIN ASPART 30/70 VERSUS INSULIN GLARGINE IN INSULIN NAÏVE PATIENTS WITH TYPE-2 DIABETES POORLY CONTROLLED ON ORAL HYPOGLYCEMIC AGENTS IN DANISH, DUTCH, FINNISH, FRENCH, GERMAN, NORWEGIAN, SPANISH, SWEDISH AND UK SETTINGS**

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