offers similar or reduced HbA1c reduction, had comparable significant weight loss to other SGLT-2s and GLP-1s, and appeared to have a similar weight loss profile compared with DPP-4s and TZDs. No increased risk of adverse events were observed for empagliflozin compared with placebo and other ADBs.

**PDB6**

**COMPARATIVE EFFICACY AND SAFETY OF EMPAGLIFLOZIN WITH OTHER ANTIDIABETIC DRUGS FOR THE THIRD LINE TREATMENT OF TYPE 2 DIABETES MELLITUS**

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**OBJECTIVES:** To compare the efficacy and safety of empagliflozin versus other second- and third-line antidiabetic drugs for the treatment of type 2 diabetes mellitus (T2DM). METHODS: We conducted network meta-analysis (NMA) of randomized controlled trials (RCTs) and a Bayesian network meta-analysis to estimate the comparative efficacy and safety of SGLT-2s, DPP-4s, GLP-1s, and TZDs. RCTs enrolling subjects with T2DM inadequately controlled on metformin plus sulfonylurea were included. The principal outcome of this analysis was the effect of these drugs on HbA1c, weight, systolic blood pressure (SBP), and autocoded blood glucose meters instead of manually coding meters patients obtained 0.33 LYG more (120 days). **CONCLUSIONS:** Obtained results showed that difference in glucose measurement errors between manually coded and automated blood glucose meters can lead to the difference in long-term outcomes in diabetes treatment.

**PDB9**

**ASSESSING THE RELATIONSHIP BETWEEN IMPROVED LIFE EXPECTANCY DUE TO BETTER CARDIOVASCULAR RISK FACTOR MANAGEMENT AND THE LIKELIHOOD OF MICROVASCULAR COMPLICATIONS IN TYPE 2 DIABETES MELLITUS**

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**OBJECTIVE:** Type 2 diabetes mellitus (T2DM) is a chronic disease associated with increased risk of cardiovascular (CV) and microvascular complications. Improvements in blood pressure and cholesterol control have resulted in a reduction in CV event rates in clinical practice. The objective of this study was to assess CV risk factor management and the life-time period. **RESULTS:** A lifetime analysis was conducted using the CORE diabetes model (CDM). Newly diagnosed T2DM simulated patients aged 52 years at baseline with HbA1c > 7.1%, SBP 135.1 mmHg, total cholesterol: HDL 5.2 mmol/l were modelled. The impact of HbA1c on microvascular complications was assessed by running the CDM with baseline HbA1c ± 1% for scenario 1. 100% of patient receiving CV risk factor management had no risk factor management. However, for scenario 2, the increase was 15.5% for patients receiving CV risk factor management. The increase ranged from 68.4% (baseline HbA1c ± 1%) to 42.1% (baseline HbA1c - 1%) for scenario 1 and from 65.2% (baseline HbA1c + 1%) to 39.7% (baseline HbA1c -1%) for scenario 2. Cumulative retinopathy rates were similar across both scenarios: 56.7% versus 56.0% for scenario 1, and 26.5% versus 26.4% for scenario 2. **CONCLUSIONS:** This model suggests that improvements in blood pressure and cholesterol management may result in increased rates of microvascular complications, in particular renal disease, over the long term as patient survival increases.