PDB28
ECONOMIC EVALUATION OF VILDAGLITIN AS ADD-ON THERAPY TO METFORMIN IN DIABETES MELLITUS TREATMENT IN CHINA
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OBJECTIVES: To evaluate the cost effectiveness of vildagliptin compared to pioglitazone and glimepiride when added on to metformin in the treatment of type 2 diabetes mellitus in China. METHODS: A Markov model was designed to evaluate the costs and outcomes (life years and QALYs gained) of three different therapies of diabetes mellitus from health insurance perspective. Based on UKPDS Outcomes Model, the model included the following risk engine to simulate complications, including ischemic heart disease, fatal and non-fatal myocardial infarction, heart failure, stroke, blindness, renal failure, amputation, diabetes-related mortality and other deaths. The clinical and economic data used in the model were obtained from published literature and re-confirmed based on a questionnaire survey from a clinical expert panel of 20 diabetes specialists. The annual cost was calculated based on expert opinions. A probabilistic sensitivity analysis was performed to understand the key drivers and general sensitivity of the model.

RESULTS: The results showed that compared to the treatment of metformin plus pioglitazone and metformin plus glimepiride therapy, the add-on of vildagliptin can provide a gain of 0.07 and 0.13 QALYs per patient, respectively. The lifetime cost per patient treated with vildagliptin, pioglitazone and glimepiride added-on to metformin was CNY 124,892 (US$19,824), CNY 134,135 (US$21,291) and CNY 126,010 (US$20,002), respectively.

CONCLUSIONS: Although most patients in Japan with T2D do not have concomitant hypertension or obesity, those that do report a significant health status and direct cost burden. Improved management of T2D and these comorbidities could result in a substantial societal benefit.

PDB31
THE PREVALENCE AND BURDEN OF COMORBID HYPERTENSION AND OBESITY AMONG PATIENTS WITH TYPE 2 DIABETES IN CHINA
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OBJECTIVES: Past research has shown strong associations of hypertension and obesity with type 2 diabetes (T2D) across the world. The prevalence and burden of these comorbidities could result in a large societal benefit. The aim of the current study was to assess the prevalence and burden associated with these two comorbidities. METHODS: The data source for the current study was the 2010 China National Health and Wellness Survey (NHWS). The NHWS is a self-reported survey administered to the adult population of urban China using a mixed methodology (N=19,954). Only respondents that reported that they had been diagnosed with T2D, and who provided weight information, were included in the analysis. Those with T2D + hypertension only, T2D + obesity only, and T2D + hypertension + obesity were compared with T2D only patients on health status (using the SF-12v2) and self-reported health care resource use in the past six months. Regression modeling controlled for demographics, health behaviors, and comorbidities. RESULTS: A total of 552 patients reported a diagnosis of type 2 diabetes with 148 (26.81%) reporting concomitant hypertension, 52 (8.42%) being obese, 43 (7.79%) reporting hypertension and being obese, and 305 (59.98%) having neither comorbidity. Adjusting for demographics, health behaviors, and comorbidities, patients with T2D + hypertension (Mean = 42.25), T2D + obesity (Mean = 42.29) and T2D + obesity + hypertension (Mean = 40.99) all reported significantly worse physical component summary scores than those with only T2D (Mean = 44.80). All comorbidity groups also reported significantly worse health utilities (T2D + hypertension = 0.67, T2D + obesity = 0.67, T2D + hypertension + obesity = 0.67) compared with those with only T2D (0.71). Similar significant effects were observed for the number of provider visits, emergency room visits, and hospitalizations. CONCLUSIONS: Although most patients in urban China with T2D do not have concomitant hypertension or obesity, those that do report a significant health status and direct cost burden. Improved management of T2D and these comorbidities could result in a large societal benefit.

PDB32
OUTCOMES AND PERCEPTIONS OF 4MM PEN NEEDLE USE IN DIABETES PATIENTS: RESULTS FROM A MULTI-CENTER SURVEY PILOT STUDY IN HONG KONG
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OBJECTIVES: To evaluate the cost effectiveness of vildagliptin compared to pioglitazone and glimepiride added-on to metformin in the treatment of type 2 diabetes mellitus in China.

RESULTS: The results showed that compared to the treatment of metformin plus pioglitazone and metformin plus glimepiride therapy, the add-on of vildagliptin can provide a gain of 0.07 and 0.13 QALYs per patient, respectively. The lifetime cost per patient treated with vildagliptin, pioglitazone and glimepiride added-on to metformin was CNY 124,892 (US$19,824), CNY 134,135 (US$21,291) and CNY 126,010 (US$20,002), respectively.

CONCLUSIONS: Although most patients in Japan with T2D do not have concomitant hypertension or obesity, those that do report a significant health status and direct cost burden. Improved management of T2D and these comorbidities could result in a substantial societal benefit.

PDB33
PHYSICIANS’ AND PATIENT’S PERCEPTIONS AND BELIEFS REGARDING INSULIN INITIATION AND USE IN PATIENTS WITH TYPE 2 DIABETES (T2DM) IN CHINA
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OBJECTIVES: To evaluate physicians’ and patient’s perceptions of insulin initiation and use in patients with T2DM in China. METHODS: This study used the 2008 Adelphi T2DM Disease Specific Programme®, a cross-sectional study of consulting physicians and patients providing insights into ‘real-world’ behaviours and atti-