Swansea, UK

OBJECTIVES: To evaluate the burden of hypoglycaemia in a common adverse event associated with the management of both type 1 and type 2 diabetes. While many hypoglycaemic episodes can be self-treated, more severe episodes can require emergency treatment and hospitalisation. The objective of our study was to evaluate the burden of hypoglycaemia on healthcare costs.

RESULTS: In 2006, the average inpatient length of stay was 5.7 days, but by 2009 this figure had risen by 21.6% to 6.9 days. In 2006 the cost of hypoglycaemia due to hospitalisation was £13.57 million. In 2009 this figure was £16.04 million, representing an 18.2% increase in cost burden. In 2009 the average inpatient stay costs was £1635, up 8.7% from 2006 when the average cost was £1504. Over the four-year period 2006-2009 there were a total of 41,717 inpatient spells due to hypoglycaemia at a total cost of £58.44 million.

CONCLUSIONS: Hypoglycaemia represents a significant and increasing burden on hospital budgets and constraints in the NHS, prescribers should seek to use medications that reduce the risk of hospitalisation due to hypoglycaemia.

PD875

IMPACT OF EPIDEMIOLOGICAL AND ECONOMIC FACTORS ON INSULIN TOTAL SALES IN THE UK DIABETIC MARKET

OBJECTIVES: To evaluate the medication adherence and general knowledge of diabetes patients with type 2 diabetes mellitus.

RESULTS: The most frequently prescribed medication was sulfonylureas, followed by metformin and then insulin. The mean HbA1c level was 7.44% (SD 3.08). Medication adherence scores varied from 0 to 8 with mean scores of 6.61 (SD = 1.66). HbA1c was found to be significantly lower in patients with higher medication adherence (p < 0.05). Combined therapy, higher diabetes knowledge and higher medication adherence were statistically predictors of good glycaemic control.

CONCLUSIONS: There is a high prevalence of poor glycaemic control among patients in this study. This study revealed that knowledge and adherence are among the modifiable factors that are associated with better glycaemic control.

PD876

IMPACT OF KNOWLEDGE ON MEDICATION ADHERENCE AMONG TYPE 2 DIABETES PATIENTS

OBJECTIVES: To evaluate the association of knowledge and medication adherence with the total estimated Rx for diabetes. The analysis was shaped as a cross-sectional, investigational study. Convenient sampling was done to identify a cohort of 540 diabetic patients attending diabetes clinic of Hospital Pulau Pinang, Penang, Malaysia. A previously validated knowledge test was used to evaluate adherence scale was used for data collection. Patients’ medical records were reviewed for haemoglobin A1C (HbA1C) levels and other disease-related information. RESULTS: Five hundred five patients were included in the final analysis, with a mean age of 58.15 years (SD = 11.96) with 50.7% males having mean HbA1c of 7.94 (SD = 1.61). Knowledge scores ranged from 0 to 14, with mean scores of 7.44 (SD = 3.08). Medication adherence scores varied from 0 to 8 with mean scores of 6.11 (SD = 1.66). HbA1C was found to be significantly lower in patients with higher medication adherence (p < 0.05). Significant correlations were found between the three variables HbA1C, Knowledge and adherence (p < 0.05). Combined therapy, higher diabetes knowledge and higher medication adherence were statistically predictors of good glycaemic control.

CONCLUSIONS: There is a high prevalence of poor glycaemic control among patients in this study. This study revealed that knowledge and adherence are among the modifiable factors that are associated with better glycaemic control.