Treatment with long-acting formulations may help improving medication persistence, compared with sitagliptin. This research was funded by Bristol-Myers Squibb and AstraZeneca.

To identify main adherence barriers to ACE-Is/ARBs among non-adherent diabetic patients, the study included men aged 18-65 years who initiated TRT and were diagnosed with hypogonadism or hypogonadotropic hypogonadism (ICD-9-CM: 257.3 and 257.4). Subjects were required to have a minimum of 6 months continuous enrollment before and after the TRT index date. The main outcome was the percentage of patients who remained persistent with their index therapy, and estimated using the product-limit method. RESULTS: Of 441,837 patients who had ≥1 TRT prescription claims during the study period, 140,098 patients met all the inclusion and exclusion criteria. The mean age of the study population was 49.9 years (SD, 9.3 years). Most patients started with gels (54.1%), followed by short-acting injections (SAIs) (39%), patch (6%) and others (pellets or buccal) (0.9%), respectively. Persistence with any TRT decreased substantially (54.1%), followed by short-acting injections (SAIs) (39%), patch (6%) and others (pellets or buccal) (0.9%), respectively. Persistence with any TRT decreased substantially (54.1%), followed by short-acting injections (SAIs) (39%), patch (6%) and others (pellets or buccal) (0.9%), respectively. For the analysis of persistence by formulation at 12 months, a quarter of those receiving either gels or pellets remained on their initial therapy compared to 17.1% and 7.8% for SAIs and patch, respectively. CONCLUSION: This study showed treatment with testosterone replacement therapy among US patients decreased substantially over time. Treatment with long-acting formulations may help improving medication persistence to derive long-term benefit from the therapy.

To assess the impact of insulin pen needle (PN) length on persistence, it is possible that these numbers are being caused by fewer adherent patients residing in nursing home were 66% (p<0.01) less likely to report CRMN, and having any number of hospitalizations increased the risk of CRMN (p<0.01). In terms of drug utilization, patients using medication for asthma were 30% more likely to report CRMN (p<0.01). Terms of functional status, patients with activity limitation in the proportion of adherent patients (1 year - saxagliptin: 49.1% vs. placebo: 45.1%, p<0.01; 2 years - saxagliptin: 45.1% vs. placebo: 41.5%, p<0.05), and during 2 years was 0.90 (0.86 –0.94) compared with sitagliptin.

In terms of drug utilization, patients using medication for asthma were 30% more likely to report CRMN (p<0.01). Terms of functional status, patients with activity limitation in the proportion of adherent patients (1 year - saxagliptin: 49.1% vs. placebo: 45.1%, p<0.01; 2 years - saxagliptin: 45.1% vs. placebo: 41.5%, p<0.05), and during 2 years was 0.90 (0.86 –0.94) compared with sitagliptin. This research was funded by Bristol-Myers Squibb and AstraZeneca.
OBJECTIVES: Anti-diabetic have varying efficacy and safety profiles. This study aimed to determine the likelihood of patients preferring treatment regimens based on the relative importance (RI) of medication attributes that influence treatment selection among patients in the US with type 2 diabetes mellitus (T2DM). METHODS: A web-based discrete choice experiment (DCE) was developed to assess the RI of medication attributes (e.g., efficacy, side effects) and concomitant conditions (e.g., nausea) on patient preference. Patients were presented with hypothetical treatment options that varied in efficacy, side effects, nausea and concomitant conditions (e.g., urination, anger, sadness) at the different levels of the attributes. Each patient was presented with 40 simulated choice sets. RESULTS: A total of 809 invitations were sent; 54% responded. The final sample was composed of the 254 eligible patients (median age 60.9 years). The RI values for the attributes in order of importance were; effectiveness (25.9%), hypoglycemic events (21.5%), weight change (21.0%), gastrointestinal/nausea SIs (14.1%), urinary tract infection SIs (11.0%), blood pressure (3.7%), and cardiovascular risk (2.3%). Effectiveness, hypoglycemic events, and weight change comprised 68.4% of the RI. CONCLUSIONS: Results suggest that effectiveness, hypoglycemic events, and weight change are the predominant influences on patients’ medication decisions for T2DM. These results were consistent with findings from a DCE conducted in the United Kingdom (UK), which utilized a similar methodology and yielded similar RI results. The confluence of these findings highlights the importance of these attributes as drivers of medication decisions in patients with T2DM in the United States and UK.

PDB102

PREFERENCES FREQUENCY FOR GLUCAGON-LIKE PEPTIDE-1 RECEPTOR AGONIST (GLP-1RA) INJECTIONS IN THE TREATMENT OF TYPE 2 DIABETES

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OBJECTIVES: To elicit preferences of injection-naive patients with type 2 diabetes mellitus (T2DM) for different injection frequencies of glucagon-like peptide-1 receptor agonist (GLP-1RA) injections using a discrete-choice experiment; to test for effect of injection frequency on patient preferences. METHODS: Injection-naive adults in the United States with self-reported physician diagnosis of T2DM completed a web-enabled, discrete-choice experiment (DCE). The survey presented patients with a series of 10 choice questions, each including a pair of hypothetical GLP-1RA injection profiles with equivalent efficacy and side effects. Each profile was defined by the following characteristics: frequency on patient preferences. RESULTS: A total of 200 eligible participants completed the survey. 50% were women and mean age (SD) was 60.8 (11.0) years. Injection frequency was the most important attribute compared with all other attributes in the DCE. Preferences for all injection features were dependent on frequency of injections; that is, the estimated preference parameter on the interaction between injection frequency and each treatment feature was statistically significant. Negative injection frequency was statistically significantly less important to patients if injections were weekly instead of daily. For all attributes in the design, a greater proportion of patients preferred a weekly injection compared with a daily injection. CONCLUSIONS: In this study, several device attributes were predicted to treatment choice in injection-naive T2DM patients. Results suggest that injection frequency is of primary importance and key to understanding patient preferences for injectable diabetes treatments.

PDB103

THE IMPACT ON HEALTH RELATED QUALITY OF LIFE OF DIABETES SYMPTOMS AND CONCOMITANT CONDITIONS

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OBJECTIVES: The objective of this study was to estimate the effect of both diabetes related symptoms, outcomes and concomitant conditions on the HRQL as reported by patients with diabetes. METHODS: A cross-sectional survey of diabetes patients (n = 1480) living in the United States. Each patient completed a questionnaire, which included the EQ-5D-5L instrument and accompanying VAS. Patients were also asked to state which diabetes symptoms and concomitant conditions they are suffering from. By means of logistic linear modeling the health utility scores derived from the EQ-5D-5L were linked to the concomitant conditions. RESULTS: The tested diabetes symptoms and concomitant conditions together explain up to 52% of the variation in health utility scores (R2 = 0.52). Out of 35 tested symptoms and concomitant conditions, 8 had a significant impact on the utility score as evaluated by examination. Conclusions: All symptoms and concomitant conditions lower levels of significance were found. CONCLUSIONS: Diabetes related symptoms and concomitant conditions are a significant driver of reduced levels of HRQL. Depression and arthritis are the two concomitant conditions with the highest negative impact on HRQL.