for a better control of diabetes. CONCLUSIONS: The responses of patients with both types of diabetes clearly show the need for new management approaches to alleviate the burden associated with the disease specifying the specific unmet needs of diabetic patients.

PD983
EVALUATING DIABETES PATIENTS' PREFERENCES FOR PROFILES OF GLP-1 TREATMENTS IN THE UNITED KINGDOM: A DISCRETE CHOICE EXPERIMENT

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OBJECTIVES: To use a discrete choice experiment (DCE) to evaluate preferences for the actual treatment features and overall profiles of two injectable glucagon-like peptide 1 (GLP-1) receptor agonists (dulaglutide and liraglutide) among patients with type 2 diabetes (T2D) in the United Kingdom (UK).

METHODS: In-person interviews were conducted in the UK to administer a DCE to patients with self-reported T2D treatment with an injectable medication. The DCE examined 6 attributes of T2D treatment each described by 2 levels: ’dosing frequency’, ’HbA1c change’, ’weight change’, ’type of delivery system’, ’frequency of nausea’, and ’frequency of hypoglycemia’. Part-worth utilities were estimated using random effects logit if an online discrete choice experiment (DCE) survey (funded by GSK) to elicit preferences for T2D treatment attributes. Respondents chose between pairs of hypothetical T2D treatments defined by seven attributes: chance of reaching target HbA1c, reduction in risk of serious heart attack or stroke, frequency of hypoglycemia and gastrointestinal (GI) problems, weight change, mode of administration, and dosing frequency. Randomized 3 by 3 by 3 design was used to analyze the data. Minimum acceptable benefit (MAB) was calculated with KRF coefficients of all attributes. In this context, dosing frequency and type of delivery system were most important, accounting for over 75% of the relative importance. While previous studies have identified efficacy as highly important in T2DM medication decisions, our study revealed that risk information is important, with 35.5% of respondents reporting a higher willingness to accept risks for an efficacy gain.

RESULTS: A total of 243 participants [mean age: 60.5 (SD 10.9) years, 76.1% male, mean BMI: 28.9 (SD 5.4) kg/m²] completed the study. Relative importance values for the attributes in rank order were: ’dosing frequency’ (41.6%), ’type of delivery system’ (35.5%), ’frequency of nausea’ (10.4%), ’weight change’(5.9%), ’HbA1c change’ (3.6%), and ’frequency of hypoglycemia’ (3.0%). Significantly more participants preferred the dulaglutide profile (83.1%) compared to the liraglutide profile (16.9%; p < 0.0001).

CONCLUSIONS: This study elicited patients’ preferences for attributes and levels representing the actual characteristics of two specific GLP-1 treatments. In contrast, dosing frequency and type of delivery system were most important, accounting for over 75% of the relative importance. While previous studies have identified efficacy as highly important in T2DM medication decisions, our study revealed that risk information is important, with 35.5% of respondents reporting a higher willingness to accept risks for an efficacy gain.

PD984
PATIENT PREFERENCES FOR ATTRIBUTES OF TYPE 2 DIABETES MELLITUS (T2DM) TREATMENTS IN SPAIN

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OBJECTIVES: To understand the preferences of T2DM treatments among patients in Spain. METHODS: Patients in Spain (self-reported physician diagnosis of T2DM, taking a prescription T2DM medication for > 2 years) completed an online discrete choice experiment (DCE) survey (funded by GSK) to elicit preferences for T2D treatment attributes. Respondents chose between pairs of hypothetical T2DM treatments defined by seven attributes: chance of reaching target HbA1c, reduction in risk of serious heart attack or stroke, frequency of hypoglycemia and gastrointestinal (GI) problems, weight change, mode of administration, and dosing frequency. Randomized 3 by 3 by 3 design was used to analyze the data. Minimum acceptable benefit (MAB) was calculated with KRF coefficients of all attributes. In this context, dosing frequency and type of delivery system were most important, accounting for over 75% of the relative importance. While previous studies have identified efficacy as highly important in T2DM medication decisions, our study revealed that risk information is important, with 35.5% of respondents reporting a higher willingness to accept risks for an efficacy gain.

RESULTS: A total of 243 participants [mean age: 60.5 (SD 10.9) years, 76.1% male, mean BMI: 28.9 (SD 5.4) kg/m²] completed the study. Relative importance values for the attributes in rank order were: ’dosing frequency’ (41.6%), ’type of delivery system’ (35.5%), ’frequency of nausea’ (10.4%), ’weight change’(5.9%), ’HbA1c change’ (3.6%), and ’frequency of hypoglycemia’ (3.0%). Significantly more participants preferred the dulaglutide profile (83.1%) compared to the liraglutide profile (16.9%; p < 0.0001).

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