comparison, and health economic examples. In the numerical comparison, the valuation of all EQ-5D states with pure improvements was compared. In the empirical study, a database of 23,925 individuals was used to identify patient groups that could be influenced by the implementation of experience-based value sets. The empirical comparison showed that in the last 12 months was more frequent in Group 1 (84% vs. 0.009). Group 2 patients were more often followed up in Primary Care vs. Group 1 (71% vs. 29%; p<0.001) and Group 4 (44%, p=0.002). Group 2 patients were more often followed up in Primary Care vs. Group 1 (71% vs. 29%; p<0.001) and Group 4 (44%, p=0.002). There was no difference in terms of the length of stay or hospitalization outcome. 9 deaths occurred. 5 in Group 1, 3 in Group 2, and 1 in Group 4. CONCLUSIONS: HIPOS-ER is an observational study to describe the patient population of Type 2 Diabetics treated with an anti-hyperglycemic agent (AHA) and admitted to the emergency room (ER) with a hypoglycemic event. This is the first national hypoglycemia study in Portugal and the first study collecting hypoglycemia specific resource data directly in this setting. Here we aim to describe the clinical features of hospitalized patients. METHODS: The study enrolled patients from 7 centers in mainland Portugal from Jan 2013 – Jan 2014. Sociodemographic and clinical data were collected at the emergency room and patients who required hospital admission were followed up. Episodes were enrolled consecutively within the sampling period. A total of 238 patients were enrolled, and 105 (44%) were hospitalized and 2 (1%) were transferred outside the hospital center for likely need of hospitalization. Mean age on insulin, 51% on a secretagogue, 9% on an oral AHA excluding secretagogue and 5% on insulin-secretagogue. 26% had complications diagnosed in the ER: Trauma (37%) and Cardiovascular (22%) and infection/Sepsis (22%) were the most frequent. Mean stay was 9 and 5 days. Most (95%) patients were admitted to a medical department: Internal medicine (80%) and the ER observation/short stay unit (15%) were the most frequent. 6% of patients were admitted to an intensive care unit. 8% (9) of hospitalized patients died. Hospitalized diabetic patients following an ER episode due to hypoglycemia were treated mainly with secretagogue type drugs. Internal medicine was key in the hospitalization of these patients. The length of stay and the 48-72 hours surveillance period for secretagogue-induced hypoglycemia. Severe hypoglycemia in Portugal is associated with several complications which also include death.

**DISEASE-SPECIFIC STUDIES DIABETES/ENDOCRINE DISORDERS – Clinical Outcomes Studies**

**PD81 HIPOS-ER (HYPOGLYCEMIA IN PORTUGAL OBSERVATIONAL STUDY – EMERGENCY ROOM): OUTCOMES WITH DIFFERENT ANTI-HYPERGLYCEMIC AGENTS**

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**OBJECTIVES:** HIPOS-ER is an observational study to describe the population of Type 2 Diabetics treated with an anti-hyperglycemic agent (AHA) and admitted to the emergency room (ER) with a hypoglycemic event. This is the first national ER hypoglycemia study and the first study collecting primary resource data in this setting. Here we aim to describe this population and the hospital management. METHODS: The study enrolled patients from 7 centers in mainland Portugal from Jan 2013 – Jan 2014. Sociodemographic and clinical data were collected within the emergency room and patients who required hospital admission were followed up. RESULTS: A total of 238 events were recorded. Mean age: 76 years, average disease duration: 19 years, 58% female, 80% were not living alone, 83% no formal education or schooling <4 years, 25% had a previous episode of severe hypoglycemia in the preceding 12 months and 61% were treated in a primary care setting. Regarding drug treatment: 55% on insulin, 32% on a secretagogue and 13% on other treatments. AHA treatment was initiated within 30 minutes of the severe hypoglycemia event. The most frequent immediate cause of hypoglycemia (56%). All patients received lab evaluations. 71% underwent radiological procedures. Time spent in the ER (11 hours on average) and the average unit and clinic and nurse time utilized was 85 and 71 minutes respectively. AHA therapy was changed in 65% of cases: insulin adjustment (56%) being the most frequent modification. 56% (132) of patients were discharged. CONCLUSIONS: Diabetic patients admitted to the ER have several markers that are related to insulin requirements even at educational stage: hypoglycemia underlie the need to avoid missed meals. ER episodes are lengthy and consume significant physician and nurse time as well as laboratory and other diagnostic procedures. Primary care stakeholders should be involved in actions to mitigate hypoglycemia in type 2 diabetes.

**PD82 HIPOS-ER (HYPOGLYCEMIA IN PORTUGAL OBSERVATIONAL STUDY – EMERGENCY ROOM): CLINICAL OUTCOMES IN ADMITTED PATIENTS**

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**OBJECTIVES:** HIPOS-ER is an observational, cross-sectional, multicenter study to describe the population of Type 2 diabetics treated with an anti-hyperglycemic agent (AHA) and admitted to the emergency room (ER) with a hypoglycemic event. This study among type 1 (T1) and 2 (T2) diabetic patients was performed in the primary care setting. The choice of value set for decision makers. The study cohort contained insulin naïve diabetic patients who had filled at least one prescription of insulin during follow-up in 2006-2009. SH was defined as a hospitalization or a secondary health care visit due to hypoglycemic coma (ICD-10: E10.00 and E11.00). Stratified incidence rates and adjusted hazard ratio (HR) estimates with 95% confidence intervals (CI) were calculated. Analyses were performed for the first and recurrent SHs. RESULTS: The population comprised 5771 (17.6%) patients with T1 and 24602 (82.4%) with T2. Altogether 4.1% patients experienced at least one SH during the follow-up. In different hospital districts the rate of first SHs varied from 5.6 (Varssaisina-Suomi) to 7.8 (Länsi-Pohja) for T1, and from 4.8 (Pohjois-Karjala) to 50.3 (Länsi-Pohja) for T2. Compared to the other hospital districts the rate of first SHs varied from 5.6 (Varssaisina-Suomi) to 7.8 (Länsi-Pohja) for T1, and from 4.8 (Pohjois-Karjala) to 50.3 (Länsi-Pohja) for T2. Compared to the other hospital districts the rate of first SHs varied from 5.6 (Varssaisina-Suomi) to 7.8 (Länsi-Pohja) for T1, and from 4.8 (Pohjois-Karjala) to 50.3 (Länsi-Pohja) for T2. Compared to the other hospital districts the rate of first SHs varied from 5.6 (Varssaisina-Suomi) to 7.8 (Länsi-Pohja) for T1, and from 4.8 (Pohjois-Karjala) to 50.3 (Länsi-Pohja) for T2. Compared to the other hospital districts the rate of first SHs varied from 5.6 (Varssaisina-Suomi) to 7.8 (Länsi-Pohja) for T1, and from 4.8 (Pohjois-Karjala) to 50.3 (Länsi-Pohja) for T2. Compared to the other hospital districts the rate of first SHs varied from 5.6 (Varssaisina-Suomi) to 7.8 (Länsi-Pohja) for T1, and from 4.8 (Pohjois-Karjala) to 50.3 (Länsi-Pohja) for T2. Compared to the other hospital districts the rate of first SHs varied from 5.6 (Varssaisina-Suomi) to 7.8 (Länsi-Pohja) for T1, and from 4.8 (Pohjois-Karjala) to 50.3 (Länsi-Pohja) for T2. Compared to the other hospital districts the rate of first SHs varied from 5.6 (Varssaisina-Suomi) to 7.8 (Länsi-Pohja) for T1, and from 4.8 (Pohjois-Karjala) to 50.3 (Länsi-Pohja) for T2. Compared to the other hospital districts the rate of first SHs varied from 5.6 (Varssaisina-Suomi) to 7.8 (Länsi-Pohja) for T1, and from 4.8 (Pohjois-Karjala) to 50.3 (Länsi-Pohja) for T2. Compared to the other hospital districts the rate of first SHs varied from 5.6 (Varssaisina-Suomi) to 7.8 (Länsi-Pohja) for T1, and from 4.8 (Pohjois-Karjala) to 50.3 (Länsi-Pohja) for T2.
domain was provided in Russian Federation.

 successes 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 T2Ds. No increased risk of adverse events were observed for empagliflozin compared with placebo and other ADs.

PB06 COMPARATIVE EFFICACY AND SAFETY OF EMPAGLIFLOZIN WITH OTHER ANTIDIABETIC DRUGS FOR THE THIRD LINE TREATMENT OF TYPE 2 DIABETES MELLITUS Thorlund K1, Siliman C1, Egan S1, Lund S1, Palencia R3

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OBJECTIVES: The aim of the present network meta-analysis is to compare the efficacy and safety of empagliflozin versus other antidiabetic drugs used in third line for the treatment of patients with type 2 diabetes mellitus (T2DM). METHODS: We conducted a systematic review randomized controlled trials (RCTs) and Bayesian network meta-analysis to establish the comparative efficacy and safety of SGLT-2s, DPP-4, GLP-1s, and T2Ds. 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), incidence of hypoglycemia and urinary tract infections (UTIs) at 24 weeks. RESULTS: From 6969 abstracts, 13 were included in the analysis. No RCTs involving T2Ds were identified. Compared with placebo, mean changes in Hba1c were -0.65% [95% confidence interval (CI) -1.59 to 0.08] and -0.60% [95%CI -1.14 to -0.14%] for empagliflozin 10mg and 25mg. No significant differences were detected between interventions. Mean changes in weight with empagliflozin 10mg and 25mg were -1.77 [95%CI -2.19 to -1.35] and -2.00 (95%CI -2.44 to -1.57), respectively. Mean changes in SBP were -1.77 [95%CI -2.11 to -1.44] and -2.00 (95%CI -2.45 to -1.59), respectively. No significant differences were detected between SGLT-2s or DPP-4s and placebo. CONCLUSIONS: Compared with other SGLT-2s, DPP-4s, and GLP-1s, empagliflozin generally offers similar Hba1c control at week 24, an advantageous profile in weight loss and reduction of SBP, as well as similar safety profile.

PB07 COMPARATIVE EFFICACY AND SAFETY OF EMPAGLIFLOZIN WITH OTHER ORAL ANTIDIABETIC DRUGS FOR THE SECOND LINE TREATMENT OF TYPE 2 DIABETES MELLITUS Thorlund K1, Siliman C1, Egan S1, Lund S1, Palencia R3

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OBJECTIVES: To compare the efficacy and safety of empagliflozin versus other second line treatment for patients with type 2 diabetes mellitus (T2DM). METHODS: A systematic review and Bayesian network meta-analysis were performed to identify the effectiveness and safety of empagliflozin compared with placebo and other ADs. From 6969 abstracts, 13 were included in the analysis. No RCTs involving T2Ds were identified. Compared with placebo, mean changes in Hba1c were -0.65% [95% confidence interval (CI) -1.59 to 0.08] and -0.60% [95%CI -1.14 to -0.14%] for empagliflozin 10mg and 25mg. No significant differences were detected between interventions. Mean changes in weight with empagliflozin 10mg and 25mg were -1.77 [95%CI -2.19 to -1.35] and -2.00 (95%CI -2.44 to -1.57), respectively. Mean changes in weight were -0.14% for empagliflozin 10mg and 25mg. No significant differences were detected between empagliflozin and other interventions. CONCLUSIONS: Compared with other SGLT-2s, DPP-4s, and GLP-1s, empagliflozin generally offers similar Hba1c control at week 24, an advantageous profile in weight loss and reduction of SBP, as well as similar safety profile.

PB08 LONG-TERM MODELING OF USING MANUALLY CODED AND AUTOCODED BLOOD GLUCOSE METERS IN DIABETES TREATMENT Yasuhiro N, Kuliko A, Babiy V

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OBJECTIVES: To compare long-term clinical outcomes of using manually coded and autocoded blood glucose meters in diabetes treatment in the Russian Federation. METHODS: The model used in this study analyzed the influence of error in blood glucose measurements (due to manually coded or autocoded glu- cose meters) on the treatment of patients with Type 1 and Type 2 diabetes during the 26 years period (the life-time period). Life years gained (LYG) was chosen as an outcome measure in assessment of health intervention. Calculation of LYG was based on the life table that evaluates the life expectancy of different groups of patients based on glucose level measurements and risk of complications associated with blood glucose level. Data for patients with diabetes was obtained from prior epidemiological studies that had been provided in Russian Federation. RESULTS: Use of manually coded blood glucose meters in the analyzed population with median age of 53 years during 26 years period was associated with 18.59 LYG. At the same time use of autocoded blood glucose meters was associated with 18.92 LYG. In case of using autocoded meters instead of using 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 autocoded blood glucose meters can lead to the difference in long-term outcomes in diabetes treatment.

PB09 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 McMeekin P1, Grant D1, Foos V3

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OBJECTIVES: 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 reduc- tion in CV event rates in clinical practice. The objective of this study was to assess the impact of improved CV risk factor management on the likelihood of microvascular complications, as well as the impact of improved microvascular risk reduction on life expectancy.

METHODS: We conducted a systematic review and Bayesian network meta-analysis were performed to identify the effectiveness an...