the STOP-NIDDM trial was developed to replicate the management of IGT patients over the 3.3-year trial period. The cost-effectiveness measures were cost per patient free of diabetes and cost per month free of diabetes. Analyses were performed for the total trial population and three subgroups: high risk for diabetes, high risk for CV disease and high risk for combined diabetes-CV disease. Total direct costs were calculated using standard sources and published literature. Costs and outcomes were discounted at 3% and extensive sensitivity analyses were conducted.

RESULTS: The incremental cost per patient free of diabetes (month free of diabetes) was 3032€ (136€) and 829€ (35€) for the total study population and high risk diabetes subgroup respectively. Acarbose treatment dominated (i.e. was more effective, less costly) placebo in subgroups at high CV risk and high combined diabetes-CV risk. Deterministic sensitivity analyses showed that the discount rate for costs and the probability of transition to diabetes had the largest impact on results. CONCLUSIONS: Acarbose treatment significantly reduces the incidence of diabetes and CV events in IGT patients. This clinical advantage is expected to lead to reductions in healthcare costs that exceed the acquisition cost of acarbose, thus resulting in overall cost savings in high risk subgroups for CV healthcare costs that exceed the acquisition cost of acarbose, thus reducing the incidence of diabetes and CV events in IGT patients. For the total study resulting in overall cost savings in high risk subgroups for CV disease and combined diabetes-CV disease. For the total study population and the high risk diabetes subgroup, savings from fewer cases of diabetes and CV events partly offset the cost of acarbose.

PDB24

A PHARMACOECONOMIC ANALYSIS OF THE USE OF AN INTENSIVE STRATEGY FOR TREATMENT OF PATIENTS WITH DIABETES MELLITUS TYPE 2 (DM T2)
Smirnova OM1, Komarova VP2
1Endocrinology Research Center, Moscow, Russia; 2Aventis Pharma, Moscow, Russia

OBJECTIVE: To estimate the cost of intensive treatment of DM T2 patients (insulin therapy and combined treatment with insulin and oral hypoglycemic agents (OHAs)). METHODS: The study was conducted for 24 weeks and included 4 visits. In total, 153 patients in DM T2 were examined (65% women and 35% men). The average age was 56.7 years, the duration of the disease was 9.5 years. The cost of treatment included: the cost of patient observation, daily test monitoring, diagnostic manipulations and consultations and cost of the medicines used. Analysis of expenditures was conducted using the incremental cost estimation method that takes into account only the changing quantities. RESULTS: All the patients were divided into two groups in dependence on the result obtained: group 1 (85 pts.), with a level of HbA1c < or = 7.0%, and group 2 (68 pts.), with a level of HbA1c > 7% (p = 0.2784). In group 1, 60 patients received insulin monotherapy and 25—a combination of insulins and OHAs. In group 2, these subgroups counted 34 and 34 patients, respectively. The intensive treatment was associated with increases in the patient management costs by USD 0.89/patient in group 1 and USD 0.78/patient group 2. The cost of treatment increased because of an increase in the consumption of insulin and expenditures on intensive observation. CONCLUSION: The cost of achieving the clinical efficacy criteria in the group where optional glycometric control was achieved turned out to be comparable with the cost of managing patients in the group where this control was not achieved. However, in group 1, a decrease in the cost of treatment of concurrent diseases was noted. Thus, proof was obtained: glycometric control is the major determinant of the development of cardiovascular complications of advanced DM.

PDB25

QUALITY OF LIFE IN SUBJECTS WITH AND WITHOUT TYPE-2 DIABETES MELLITUS
Perelli Cippo P, Scalone L, Micheletti S, Mantovani LG
University of Milan, Milan, Italy

OBJECTIVES: Type-2 diabetes mellitus is a chronic and progressive disease with a negative impact on quality of life. Objectives of the present study were to describe Health-Related Quality of life (HRQoL) in type-2 diabetes mellitus and to compare the health state between diabetic and non-diabetic subjects. METHODS: Type-2 diabetes mellitus patients were selected from a representative sample of the Italian general population aged from 40 to 79 years enrolled in a population based naturalistic prospective survey. We matched each of them by age and sex with a non-diabetic subjects. The EuroQol (EQ-5D), a self-administered generic questionnaire, completed during the enrolment visit, was used to evaluate HRQoL. RESULTS: We analyzed two groups of 157 subjects each (diabetic and non-diabetic group). The mean age was 63.0 years, 94 (59.9) were male. Diabetic patients reported more problems than non-diabetic subjects in the physical sphere, specifically for mobility.
and usual activities (P = 0.027 and P = 0.006 respectively), while in self care, pain/discomfort and anxiety/depression dimensions, there was no statistically significant difference between the two groups. Mean values of the visual analogue scale assessing global health status indicated by patients with and without type-2 diabetes mellitus were 70 (SD, ±16.92) and 72 (SD, ±16.75), respectively (P = 0.395). CONCLUSIONS: This study, comparing diabetic and non-diabetic patients of the same age and sex, suggest that the presence of type-2 diabetes mellitus is associated with higher problems in the physical sphere, specifically in domains such as mobility and usual activities, but not on the overall perception of health status.

PDB26
THE IMPACT OF VASCULAR EVENTS ON HEALTH-RELATED UTILITY IN PATIENTS WITH AND WITHOUT TYPE-2 DIABETES
Currie CJ1, Peters JR1, Morrissey M1, Bergenheim K2, McEwan PS1
1Cardiff Research Consortium, Cardiff, Wales, UK; 2AstraZeneca, Molndal, Sweden; 3University Hospital of Wales, Cardiff, Wales, UK.
OBJECTIVES: Health-related utility is a numerical measure of individual satisfaction with health status or health care, and is routinely used for economic evaluation of new drugs. This study measured health-related utility in patients with type-2 diabetes and co-morbidities, such as multiple vascular events, and compared it with utility in non-diabetic patients with similar events.

METHODS: Data were taken from the Health Outcomes Data Repository, which includes medical histories, biochemistry, health-related utility (based on the EuroQol-5D), and demographic data for a large population in the UK. The data used here (n = 14,775: 8.3% with type-2 diabetes) were from hospital inpatients and outpatients. RESULTS: The mean health-related utility score was lower in diabetic patients compared with non-diabetic patients (0.53 vs. 0.67). The mean utility score for acute myocardial infarction was 0.58 for those with diabetes compared with 0.56 for non-diabetic patients. Respective scores were 0.44 and 0.50 for heart failure; 0.46 and 0.53 for angina; 0.46 and 0.52 for stroke; 0.52 and 0.56 for transient ischaemic attacks; and 0.44 versus 0.51 for renal failure. The mean utility scores for peripheral vascular disease were similar in both groups (0.44 with diabetes and 0.43 without diabetes). The greatest difference was in eyesight diagnoses, with utility scores of 0.50 for diabetic versus 0.64 for non-diabetic patients. The mean utility score was lower (0.58 ± 0.34) for patients with diabetes and no vascular events compared with patients with neither diabetes nor a vascular event (0.70 ± 0.31). Utility scores decreased with increasing number of complications. The difference between diabetes and non-diabetes scores decreased with increasing disease severity, from 0.07 with one event to ~0.01 with ≥3 events. CONCLUSIONS: Type-2 diabetes is associated with decreased utility, which is affected by the degree of co-morbidity. These findings could affect how multiple vascular complications states should be valued in economic models.

PDB27
A MULTIDIMENSIONAL HEALTH CARE INTERVENTION ASSESSMENT: THE CO-ORDINATED DIABETES HEALTHCARE NETWORK
Da Costa E1, Jasso Mosqueda G1, Lemasson H2, Roche B1, Guerraoui A1, Aguilera D1, Chicory A1
Abstracts