pegsomivat (13%) and bromocriptine (7%). Baseline co-morbidities (CM) included hypertension (66%), carpal tunnel syndrome (23%), osteoporosis (16%), dyslipidemia (12%), visual disturbance (12%), sleep apnea (2%), myocardial infarction (2%) and renal calcification (2%). Distribution of co-morbidities was statistically significantly higher than general population (p-value < 0.05), specifically those with 1 CM (41%) or 3 CM (19%) or more. Longitudinal assessment of co-morbidities reported no statistically significant difference prior and post therapy. CONCLUSIONS: This retrospective analysis of patients diagnosed with acromegaly indicates that they require substantially higher resource use and experience a high burden of comorbidities.

DIABETES/ENDOCRINE DISORDERS - Patient-Reported Outcomes & Patient Preference Studies

PD582
ADHERENCE: A REAL WORLD RETROSPECTIVE DATABASE STUDY AMONG TYPE 2 DIABETES PATIENTS TREATED WITH LIRAGLUTIDE OR EXENATIDE

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OBJECTIVES: An important factor to take into account when evaluating the effectiveness of a drug is adherence. Adherence describes the degree to which a patient correctly follows medical advice. The objective of this study was to evaluate the factors that determine adherence of adult patients with type 2 diabetes treated with once-daily injectable liraglutide 1.8mg or twice-daily injectable exenatide 10mg.

METHODS: A retrospective study was conducted employing US data from the IMS PharMetrics claims database. The index period ranged from January 2010 to December 2010 and patients needed to be continuously enrolled 12 months before and after the index date. Patients were treatment naive to liraglutide and exenatide but not recently added vildagliptin treatment as add-on to metformin (fixed dose combination or free combination) were enrolled in the study. The observation period for liraglutide 1.8mg was assessed by the continuous Medication Possession Ratio (MPR) as well as a categorical response using MPR (MPR=0%–high adherers/dropout, low adherers). The determinants of adherence were estimated using multivariable models and bivariate testing was conducted for selection of the possible predictors. Covariates were then included and a stepwise model-building approach was used. RESULTS: Data from 3623 patients (2036 liraglutide 1.8mg and 1587 exenatide 10mg) were used in the analyses. When adjusting for confounding effects, patients treated with exenatide 10mg were approximately 11% (p<0.001) less adherent than patients treated with liraglutide 1.8mg assessed by continuous MPR measure. The odds ratio (OR) for achieving a high categorical MPR for liraglutide 1.8mg compared to exenatide 10mg was 1.33 in favor of liraglutide 1.8mg (p<0.001). Variables found to impact the level of adherence were age, gender, the geographic region, treatment, and percentage co-payment from the claimant. CONCLUSIONS: The analysis showed that once-daily liraglutide 1.8mg is associated with better adherence than twice-daily exenatide 10mg.

PD583
PRELIMINARY RESULTS OF A MULTICENTER OBSERVATIONAL STUDY OF TREATMENT COMPLIANCE WITH FREE-COMBINATION VERSUS FIXED COMBINATION TREATMENT IN TYPE 2 DIABETES MELLITUS PATIENTS IN GREECE (LESS STUDY)

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OBJECTIVES: To assess the differences in the compliance of Greek patients suffering from Type 2 Diabetes Mellitus who receive free combination therapy of metformin and vildagliptin compared to the diabetic patients who receive fixed combination therapy of metformin and vildagliptin (IOBE), Athens, Greece.

METHODS: Patients on fixed dose combination treatment for Type 2 Diabetes were more compliant than patients on free dose combinations. Improved compliance has been shown to improve disease management, which can prevent expensive complications.

PD584
SYSTEMATIC LITERATURE REVIEW OF UTILITY VALUES ASSOCIATED WITH TYPE 2 DIABETES-RELATED COMPLICATIONS

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OBJECTIVES: Cost-utility analysis of type 2 diabetes mellitus (T2DM) interventions requires estimation of utility values. To increase the robustness of such estimates in line with the National Institute for Health and Clinical Excellence (NICE) requirements a systematic literature review of utility values associated with T2DM-related complications was performed.

METHODS: The review was performed according to NICE methodology recommendations using Medline, Embase, EconLIT and the NHS Economic Evaluation Database in May 2012. Health utilities selected were based on the NICE reference case, including a preference for EQ-5D and UK population. Landmark study articles reporting multiple utility values were identified. A total of 16,578 records were identified, 61 full text articles were included in the qualitative synthesis. T2DM without complication values ranged from 0.690 to 0.970. The proposed utility set primarily consisted of utility values extracted from Clarke 2002 (T2DM without complication: 0.785, myocardial infarction: –0.090, heart failure: –0.371, severe vision loss: –0.074, amputation: –0.28) and Bagust 2005 (peripheral vascular disease: –0.061, proteunia: –0.048, neuropathy: –0.884, foot ulcer: –0.170 and overweight: –0.065 per BMI unit above 25 kg/m2). These values were supplemented with Wassell 2004 (haemodialysis: 0.621, peritoneal dialysis: 0.581), Kiberd and Jidal 1995 (renal transplant: 0.762), Ferwdo (non-poorly diabetic retinopathy or macular oedema: 0.760, vision threatening diabetic retinopathy: 0.730) as well as Currie 2006 (major hypoglycemia: –0.270, minor hypoglycemia: –0.070).

LIMITATIONS: The study was conducted in a single country -UK, which may not have been injection-naïve as prior insulin use was not part of the patient selection exclusion criteria, which may have impacted the outcomes as a limitation of the study. Adherence was measured by continuous Medication Possession Ratio (MPR) as well as a categorical response using MPR (MPR=0%–high adherers/dropout, low adherers). The determinants of adherence were estimated using multivariable models and bivariate testing was conducted for selection of the possible predictors. Covariates were then included and a stepwise model-building approach was used. RESULTS: Data from 3623 patients (2036 liraglutide 1.8mg and 1587 exenatide 10mg) were used in the analyses. When adjusting for confounding effects, patients treated with exenatide 10mg were approximately 11% (p<0.001) less adherent than patients treated with liraglutide 1.8mg assessed by continuous MPR measure. The odds ratio (OR) for achieving a high categorical MPR for liraglutide 1.8mg compared to exenatide 10mg was 1.33 in favor of liraglutide 1.8mg (p<0.001). Variables found to impact the level of adherence were age, gender, the geographic region, treatment, and percentage co-payment from the claimant. CONCLUSIONS: The analysis showed that once-daily liraglutide 1.8mg is associated with better adherence than twice-daily exenatide 10mg.