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

PDB93 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 (T2DM) in the United Kingdom (UK).

METHODS: In-person interviews were conducted in the UK to administer a DCE to patients with self-reported diabetes (T2DM) and with injectable medications. The DCE examined 6 attributes of T2DM 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 model fit to Chi-square test was used to determine differences in preferences for dulaglutide vs. liraglutide profiles. RESULTS: A total of 243 participants [mean age: 60.5 (SD 10.9) years, 76.1% male, mean BMI: 28.8 (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 treatment profiles. 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 decision-making, it is possible that when differences in efficacy between medications are small, other treatment features (e.g., dosing frequency and delivery system) are of much greater importance to patients.

PDB94 PATIENT PREFERENCES FOR ATTRIBUTES OF TYPE 2 DIABETES MELLITUS (T2DM) TREATMENTS IN SPAIN

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OBJECTIVES: Understanding 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 T2DM 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, severity of gastrointestinal (GI) problems, weight change, mode of administration, and dosing frequency. Random-parameters logit (RPL) was used to analyze the data. Minimum acceptable benefit (MAB) was calculated with RPL and respondents were asked to rate the importance of each attribute on a scale of 1-7.

RESULTS: A total of 243 participants [mean age: 60.5 (SD 10.9) years, 76.1% male, mean BMI: 28.8 (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 treatment profiles. 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 decision-making, it is possible that when differences in efficacy between medications are small, other treatment features (e.g., dosing frequency and delivery system) are of much greater importance to patients.