FGP levels (MD - 2.2 [CI 95%: -2.44, 1.91, p<0.001]) and body weight (MD-2.91 [95% CI: -3.50, -2.32] after 26 weeks as compared to placebo. The risk of occurrence of urinary tract infections (RR 1.25 [95% CI 0.80, 1.94]), genital mycotic infections among males (RR 8.73 [95% CI 2.07, 36.72, p=0.003]) and females (RR 4.37 [95% CI 9.23, 9.98, p=0.0002]) was higher in the canagliflozin arm as compared to placebo arm. 

CONCLUSIONS: Canagliflozin significantly reduced FGP levels and body weight while increasing the risk of urinary tract infections and genital mycotic infections as compared to placebo among patients with inadequately controlled T2DM.

PB25

ANTIDIABETIC THERAPIES AND THE RISK OF ACUTE PANNICULITIS: A NATIONWIDE RETROSPECTIVE COHORT STUDY FROM TAIWAN

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OBJECTIVES: To examine the relationship between different antidiabetic therapies (DPP-4, metformin and sulfonylureas) and risk of acute pancreatitis among type 2 diabetes patients in adults.

METHODS: We derived a nationwide retrospective cohort of patients with type 2 diabetes in Taiwan. The inclusion criteria are adult diabetic patients with continuous baseline enrolment, new users of the studied drugs, and without missing data. There were 4,113,101/498,444,727 DPP-4/Metformin/Sulfonylureas users. Adjusted hazard ratios for pancreatitis associated with DPP-4, derived from Cox Proportional Hazard models with propensity score weighting, were estimated, dose-response analyses were also conducted. RESULTS: DPP-4 was statistically significantly associated with a decreased risk of acute pancreatitis compared to sulfonylureas (adjusted HR: 0.36, 95% CI: 0.30-0.41), metformin was statistically significantly associated with a lower risk of pancreatitis than sulfonylureas (adjusted HR: 0.53, 95% CI: 0.47-0.61). In addition, low-dose metformin was statistically significantly associated with a lower risk of pancreatitis compared to high-dose metformin (HR: 0.74, 95% CI: 0.61-0.92, p=0.07). CONCLUSIONS: Our findings suggest that sulfonylureas may potentially be associated with an increased risk of pancreatitis compared to DPP-4 or metformin.

PB26

REAL-WORLD ADHERENCE IN MEDICARE PATIENTS WITH TYPE 2 DIABETES MELLITUS (T2DM) FOR EXENATIDE QW AND LIRAGLUTIDE QD

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OBJECTIVES: Real-world evidence on adherence to glucagon-like peptide-1 receptor agonist (GLP-1RA) in real-world or hospitalized diabetic or disabled patients is limited. Patient adherence to their first CANA daily dose (100mg [CANA100] or 300mg [CANA300]) observed in the real world setting is unknown. The objective of this study is to estimate adherence rate compared to liraglutide QD. Further research is needed to validate these findings in other patient populations.

METHODS: We derived a nationwide retrospective cohort of patients with type 2 diabetes in Taiwan. The inclusion criteria are adult diabetic patients with continuous baseline enrolment, new users of the studied drugs, and without missing data. There were 4,113,101/498,444,727 DPP-4/Metformin/Sulfonylureas users. Adjusted hazard ratios for pancreatitis associated with DPP-4, derived from Cox Proportional Hazard models with propensity score weighting, were estimated, dose-response analyses were also conducted. RESULTS: DPP-4 was statistically significantly associated with a decreased risk of acute pancreatitis compared to sulfonylureas (adjusted HR: 0.36, 95% CI: 0.30-0.41), metformin was statistically significantly associated with a lower risk of pancreatitis than sulfonylureas (adjusted HR: 0.53, 95% CI: 0.47-0.61). In addition, low-dose metformin was statistically significantly associated with a lower risk of pancreatitis compared to high-dose metformin (HR: 0.74, 95% CI: 0.61-0.92, p=0.07). CONCLUSIONS: Our findings suggest that sulfonylureas may potentially be associated with an increased risk of pancreatitis compared to DPP-4 or metformin.

PB27

GLYCATED HEMOGLOBIN (HbA1c) CONTROL IN PATIENTS WITH TYPE 2 DIABETES MELLITUS (T2DM) TREATED WITH CANAGLIFLOZIN IN A REAL-WORLD SETTING

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OBJECTIVES: Canagliflozin (CANA), an agent that inhibits sodium glucose co-transporter 2, has been shown to improve glycemic control in patients with T2DM in clinical trials. The current study describes the early clinical characteristics and glycemic control of T2DM patients receiving different doses of CANA following approval of CANA in a real-world setting.

METHODS: Adults with ≥1 diagnosis for T2DM and ≥6 months of clinical activity before first CANA prescription (index) were identified from the Cegedim Strategic Data US electronic medical records database, in which 60% of contributors are primary care providers. Patients were stratified by their first CANA daily dose (100mg [CANA100] or 300mg [CANA300]) observed in the database. Patients’ clinical characteristics were compared between those prescribed 300mg and 1,000mg at baseline and 6 months after the index date as compared using their earliest dates. 

sample t-test to evaluate glycemic control associated with CANA. RESULTS: A total of 9,805 CANA users were identified, among which 6,571 (67%) were in the CANA100 group (mean age: 59; 48% female; 75% white; mean Charlson Comorbidity Index [CCI]: 1.8; mean Diabetes Complications Severity Index [DCSI]: 0.9) and 3,234 (33%) were in the CANA300 group (mean age: 57; 44% female; 75% white; mean CCI: 1.6; mean DCSI: 0.9). Before the first CANA prescription, 1% was prescribed ≥1 antihyperglycemic agent, with a mean number of 5.6 and 5.5 antihyperglycemic agents per patient in the CANA100 and CANA300 groups, respectively. In the 6 months following CANA initiation, mean HbA1c values decreased from 8.4% to 7.9% (p<0.001) among CANA100 patients and from 8.5% to 7.8% (p<0.001) among CANA300 patients. CONCLUSIONS: Patients treated with CANA in the real-world setting often received multiple prior diabetes treatments and had uncontrolled HbA1c levels. Patients initiating canagliflozin’s HbA1c values, with numerically greater improvement in those with CANA 300mg.