carry financial burden, impact patients’ daily functioning and well-being and may be serious obstacles to optimal diabetes control. This burden may be some lower in Germany than other countries.

PD8108
TREATMENT PATTERNS AND HEALTH CARE RESOURCE UTILIZATION OF PATIENTS WITH ACROMEGALY IN THE UNITED STATES
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OBJECTIVES: To examine patient characteristics, treatment patterns, and health care resource utilization of patients with acromegaly in the US. METHODS: Using a large US claims database, adult individuals with commercial insurance newly diagnosed with acromegaly (ICD-9-CM: 253.0) between 07/01/2007 and 12/31/2010 were identified (the first observed diagnosis was the index date). Patients were required to have 6-month pre-index and 12-month post-index continuous enrollment. MBR was performed to describe demographic characteristics, treatment patterns of acromegaly, and health care resource utilization during the post-index period. Similar analysis was conducted for Medicare-eligible patients with supplemental private insurance. RESULTS: This study analyzed data from 47,257 patients (16% female and 84% male) and 104 Medicare-eligible patients (mean age: 72.8 years; 36.5% female) with acromegaly. For the commercial population, of the comorbidities evaluated, hypertension (29.2%), diabetes (25.9%), and anthropathy/arthralgia/synovitis (23.7%) had the highest prevalence. More than half of the patients (57.3%) received no treatment; 21.7% received tumor resection surgery and 21.0% received medical therapy as the first-line treatment. During the 12-month post-index period, one-third had inpatient hospitalization and 25% had emergency room visit, the mean physician office visit was 17.1. For the Medicare population, hypertension (67.3%), diabetes (36.5%), and anthropathy/arthralgia/synovitis (29.8%) were most prevalent comorbidities. About two-thirds (63.5%) received no treatment; one-third had inpatient hospitalization and 23.2% had emergency room visit; the mean physician office visit was 21.1. CONCLUSIONS: Our findings suggest high unmet needs in the population with more than half of acromegaly being untreated. Efforts should be made to understand this untreated population in order to provide better care. Future research should investigate different treatment options as well as their impact on health care costs and health care resource utilization.

PD8109
UK QUALITY OUTCOMES FRAMEWORK (QOF) Thresholds and ELEVATED HbA1c LEVELS AMONG PATIENTS WITH TYPE 2 DIABETES - A LONGITUDINAL STUDY BASED ON PRIMARY CARE (QOF) PHR (pid 1433572362421994)
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OBJECTIVES: To identify HbA1c concentrations predict the risk of complication. 47% in patients with type 2 diabetes mellitus (T2DM). This study assessed temporal trends in elevated HbA1c levels in the UK primary care setting. METHODS: T2DM was identified by medical diagnosis, prescribing, elevated blood glucose and/or prescribing of medication. Eligible patients had ≥2 months of HbA1c data history, with data available for the entire year of observation. T2DM patients prescribed insulin were excluded. Mean HbA1c levels and proportion of patients with elevated HbA1c were assessed across age and gender bands (1/01/2009-31/03/2019). T2DM was defined according to the UK Quality and Outcomes Framework (QOF) threshold: >7.0% for all years except 2009/2010 (>7.0%). Estimates were stratified by age-band, gender, T2DM-status and treatment status. RESULTS: Mean HbA1c levels among 176,428 patients was 6.5% (9.3%) and long-acting insulin (5%) were the most frequently prescribed (median 9.2%). More than one-third (34.6%) had inpatient hospitalization as the first-line treatment. More than one-third (34.6%) had inpatient hospitalization and 23.2% had emergency room visit; the mean physician office visit was 21.1. CONCLUSIONS: Our findings suggest high unmet needs in the population with more than half of acromegaly being untreated. Efforts should be made to understand this untreated population in order to provide better care. Future research should investigate different treatment options as well as their impact on health care costs and health care resource utilization.

PD8111
DIFFERENT TREATMENT PATTERNS OF ACROMEGALY IN THE UK BASELINSULIN USE IN TYPE 2 DIABETES PATIENTS UNDER REAL-LIFE CONDITIONS: A RETROSPECTIVE DATABASE ANALYSIS
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OBJECTIVES: Little is known about routine use of basal insulins (Glargine, Detemir, NPH). The aim was to examine care patterns of patients with type 2 diabetes. The aim was to compare injection frequencies of basal insulins in type 2 diabetes (T2D) in primary care practices, both for basal-supported oral (BOT) and basal-bolus (IC) treatment regimens. RESULTS: Data from 4,503 Glargine (96%), 1,373 Detemir (490/800), and 4,072 NPH-insulin (1,313/425) users were retrospectively analysed (05/2009-04/2012). The Disease Analyzer database (IMS Health) assembles drug prescriptions, basic medical and demographic data obtained from the practice computer system of general practitioners and specialists throughout Germany. The Charlson Comorbidity Index was used as generic marker of comorbidity. Logistic regression (>1 daily injection) and propensity scores were used as matching factors (age, sex, comorbidities, BMI, HbA1c). RESULTS: Overall, more than one daily injections were observed in 7.5% of Glargine users (BOT: 6.2%; ICT: 9.0%), which was lower than for Detemir (over 1 BOT: 17.5%; ICT: 22.0%; P < 0.001). Similar results were found for BOT (Glargine vs. Detemir: 0.24; 0.21-0.27) and ICT (Glargine vs. Detemir: 0.27; 0.21-0.35; Glargine vs. NPH-insulin: 0.22; 0.18-0.27). Finally, after matching the groups for the propensity score, the odds for more than one daily injection was also significantly reduced in the Glargine group both compared to Detemir (OR; 95% CI: 0.30; 0.24-0.37) and NPH-insulin (0.25; 0.22-0.29). CONCLUSIONS: Glargine is associated with significantly lower injection frequencies than other basal insulins. These findings might impact treatment satisfaction and as a consequence quality of life, perception and economic aspects of diabetes treatment.

PD8112
ORAL HYPOGLYCAEMIC MEDICINE (OHM) INITIATION IN NEWLY TREATED TYPE 2 DIABETES MELLITUS (T2DM) IN IRELAND: AN ANALYSIS OF TREATMENT INTENSIFICATION AND SWITCHING PATTERNS
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OBJECTIVES: To examine treatment intensification and switching patterns of individuals with T2DM initiating OHM. The results are compared to international guidelines issued in 2009. METHODS: Data were analysed using a population-based pharmacy claims database from January 2008 to November 2012. Patient identification of OHM was identified for 2008-2011 as having received OHM in the previous 12 months. Patients dispensed insulin, one OHM, or <16 years were excluded from the study. Patients were followed until Nov-2012. Treatment intensification was defined as receiving an additional one, or two hypoglycaemic medicines (double or triple-thrapy respectively). Treatment switching was defined as OHM monotherapy discontinuation with initiation on alternative monotherapy. RESULTS: A total of 24,869 patients were included in the study. Most were initiated on metformin (76.4%) or sulphonylureas (21.6%). Treatment intensification: 25.8% of patients initiated on metformin progressed to double-therapy. Sulphonylures (61.5%), DPP-4 inhibitors (23.9%) and GLP-1 agonists (6.2%) were the most frequently prescribed add-on treatment (median time to switch: 691/4 days). Of patients initiated on sulphonylures (<24%) progressed to double-therapy, metformin (78.4%), DPP-4 inhibitors (19.3%) and long-acting insulin (5%) were the most frequently prescribed (median time to switch: 295 days). 14.3% of patients on double-therapy progressed to triple-therapy in 26.5% of cases. Adherence to all three insulin analogues recommended the use of SMBG to adjust the insulin doses. Therefore, the demonstrated safety and efficacy of these insulin analogues are the result of a complex intervention including insulin analogues, their dose adjustment patterns as well as training rather than the insulin analogues alone. This is not consequently reflected in reimbursement schemes, in particular in emerging countries. Full study reports were not available for further analysis. These results would have provided deeper insights on how SMBG was used in the remaining 45/57 trials.

PD8110
SELF-MONITORING OF BLOOD GLUCOSE WITH INSULIN ANALOGUES: NICE TO HAVE OR NEED TO HAVE? ANALYSIS OF PHASE III REGISTRATION TRIALS AND EUROPEAN PUBLIC HEALTH REPORTS OF INSULIN ANALOGUES
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OBJECTIVES: The purpose of this analysis is to show safety and efficacy of insulin therapy. They are the basis of subsequent insulin reimbursement decisions. Insulin dosing is typically individualized: a safe and effective insulin therapy requires upfront dose finding and regular dose adjustments. These adjustments are based on data from Self-Monitoring of Blood Glucose (SMBG). However, some countries reimburse insulin analogues, but not blood glucose test strips. This analysis investigates the use of SMBG in Phase III registration trials of selected insulin analogues and if conveniently the European Public Assessment Reports (EPARs) recommend the use of SMBG as part of the insulin therapy. METHODS: Systematic search and analysis of phase III registration trials (full-publication if available, and Clinical Trials Registry ofocomposition Synopsis) for SMBG. RESULTS: The EMA recommends the use of SMBG as part of the insulin therapy. METHODS: Systematic search and analysis of phase III registration trials (full-publication if available, and Clinical Trials Registry ofocomposition Synopsis) for SMBG. RESULTS: The EMA recommends the use of SMBG as part of the insulin therapy.