than the non-AI population. Since the comparison was unmatched, results should be interpreted with caution. Ongoing analysis will include a detailed data assessment, with a stronger comparison against matched non-AI populations.

**PDB16**

**REAL WORLD INCIDENCE OF TYPE 2 DIABETES (T2D) COMPLICATIONS LEADING TO HOSPITALIZATION IN FRANCE: THE ROCÈDE STUDY**

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**Objective:** To estimate the cumulative incidence and cost of cardiovascular (CV) complications (stroke, acute coronary syndrome (ACS), acute heart failure (AHF) and peripheral vascular disease (PVD)) leading to hospitalization in T2D patients with a CV complication history in France. **Methods:** We conducted an analysis of the Program for a Medicalized Information System (PMSI) databases which record all hospitalizations in France. We identified all patients with a T2D diagnosis and hospitalized for any reason in 2006-2008 and selected patients with a documented CV complication history. We analyzed those patients as a retrospective cohort followed-up for 3 years from the index date. **Results:** We considered death as a competing event. Mean hospital and rehabilitation costs were based on the National Scale of Costs. **Results:** A total of 1,114,182 T2D patients were hospitalized in France in 2006-2008. Among them, 30.5% (n=339,320) had a CV complication history. Mean age was 70.6 (±11.1), and 61.9% were males. Hypertension, dyslipidemia, renal impairment and obesity were reported in 80.1%, 45.0%, 33.3% and 29.2% of the patients, respectively. The 3-year cumulative incidences for one or more new CV complication were: 3.6% [95%CI: 3.5%;3.7%] for stroke, 5.6% [95%CI: 5.5%;5.7%] for ACS, 6.8% [95%CI: 6.7%;6.9%] for AHF and 15.0% [95%CI: 14.9%;15.1%] for PVD with a mean cost per event of €5,724, €315, €4,724, €4,764, respectively. A total of 43,315 complications were reached that required rehabilitation care for stroke, ACS, AHF, and PVD, at an additional mean cost of €12,000, €233, €987 and €19 219 per patient, respectively. **Conclusions:** CV complications represent an important burden for the health system in France. These results would be helpful for health technology assessment and for economic evaluation; of upcoming interventions which reduce CV risk in T2D patients.

**PDB17**

**STUDY AND EVALUATION OF MEDICATION ERRORS IN DIABETIC PATIENTS IN MEDICINE WARD OF A SECONDARY CARE HOSPITAL COMMUNITY AT MUMBAI, INDIA**

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**Objective:** While any medication error to any suboptimum therapy may lead to medication error (ME). Objective of study was to report the causes, severity, increase in cost of therapy and outcomes of ME in patients undergone treatment for diabetes mellitus in the ward of a community hospital. **Methods:** A two-stage Delphi process was conducted with two researchers. The prevalence rates and number of incidences which were reaches to patient classified as severe, moderate and mild. **Results:** The number of diabetic patients is increasing and thus, a growing number of health care resources are needed to cover the treatment of this population. It is also known that in spite of the national treatment guidelines, the recommended HbA1c level (<6.5%) for all diabetic individuals is not always achieved. In order to allocate the resources that are needed to control the complications and different differences across different jurisdictions must be available. **Methods:** A national population-based study (Finnisci 2007) was used to estimate the prevalence of diabetes in different geographical areas. The estimated prevalence rates and number of T2D cases was translated to municipal data from the urban areas of South India. The Program for a Medicalized Information System (PMSI) databases which record all hospitalizations in France were analyzed. The quality of included papers was appraised with STROBE checklist for systematic review medical literature on T2DM, its prevalence and complications in India. Two researchers will independently extract the data and analysis of comparable outcomes will be carried out as per appropriate statistics along with critical appraisal of the studies. Meta-analysis will be done using RevMan (v.9.0) **Results:** Though there have been several studies assessing incidence/prevalence, complications and risk factors for T2D, a systematic review/meta-analysis of the evidence is lacking in the Indian scenario. This study aims to provide the much-needed evidence linking incidence/prevalence, complication and risk factors in different groups of T2D patients. This study hopes to demonstrate association of various risk factors with disease progression and with complications of T2D. **Conclusions:** The prevalence of T2D has been increasing over the years. The data from published studies will hopefully answer some of the prevailing variations and trends in prevalence of T2D between different subgroups of T2D patients and their association with risk factors.