OBJECTIVES: Diabetes imposes a substantial health and economic burden to patients and society. This study analyzed the lifetime health care expenditures and life-years lost associated with diabetes in the United States. METHODS: Data from the National Health Interview Survey (NHIS), the NHIS linked Mortality Public-use Files, and the Medical Expenditure Panel Survey from 1997 to 2000 were used to estimate age-, race-, sex-, and body mass index (BMI)-specific rates of mortality and annual health-care expenditures for both diabetics and non-diabetics. A Markov model populated by the risk estimates was used to compute life expectancy and total lifetime health care expenditures by age, sex, BMI, and non-diabetic status. RESULTS: Predicted life expectancy was longer for females than males and whites and other races than blacks. Predicted life expectancy for diabetics and non-diabetics consistently demonstrated an inverted U-shape for BMI across all subgroups, with highest life expectancy being for the overweight. Using U.S. adults aged 50 years as an example, we found that the years lost associated with diabetes for white females with a BMI above 40 kg/m2 was 12.3 years. Black females of the same age and degree of obesity lost 19.3 years, followed by white males (16.8 years) and black males (13.3 years). LOSS OF LIFE YEARS: Lost 11.2 life years, followed by white males (7.0 years) and black males (5.4 years). EXPENSES: Large increases in lifetime health care expenditures. In addition, diabetes decreased life expectancy by 2.6 to 23.4 years and increased lifetime health care expenditures by $6,048 to $121,247 depending on age, gender, race, and BMI classification.

PD848 HETEROGENEITY OF HEALTH CARE COSTS AMONG MEDICARE ADVANTAGE PATIENTS WITH TYPE 1 DIABETES
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OBJECTIVES: To examine differences in health care costs among type 1 diabetes (T1D) and the associations of T1D with annual health care expenditures by age, sex, race, and BMI. METHODS: The Medicare Advantage 877 patients with T1D (mean age 65.2 yrs; 52% female). Common comorbidities included cardiovascular disease (46%), nephropathy (43%), and retinopathy (40%). RESULTS: We estimated that pDPN attributable only to the economic burden of the disease in terms of indirect costs (loss of productivity and care of patients per month was €58.10 (95% CI: 41.33-62.12) in private hospitals. The per capita is just US$ 742. There was high economic burden on the patients with diabetes getting care from private sector as compared to public hospitals.

PD853 COSTS OF SELF-MONITORING OF BLOOD GLUCOSE AND SELF-INJECTION OF INSULIN FOR PATIENTS WITH TYPE 2 DIABETES IN BEIJING AND TIANJIN: ESTIMATING COSTS OF SELF-USED DEVICES AND SUPPLIES
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OBJECTIVES: In diabetes management, self-monitoring of blood glucose ( SMBG) and self-injection of insulin are necessary interventions to control blood glucose. However Chinese patients with type 2 diabetes (T2DM) have to pay almost all expenses for SMBG and self-injection from out-of-pocket. This paper is intended to calculate the costs of SMBG and self-injection for patients with T2DM in China. METHODS: A cross-sectional survey of patients with T2DM was carried out in one tertiary hospital in Tianjin and two community hospitals in Beijing from October to December, 2011, which provided sufficient data for research question of this study. Costs of SMBG include glucometers and test strips, while costs of self-injection cover insulin pen