to identify factors associated with hospitalization.

Sociodemographic and clinical data were collected at the ER and patients who presented clinical events (hypoglycemia, hypoglycemia, and convulsions) were included in the study. Patients (N = 687) who required hospital admission following an ER visit were compared with patients who did not require hospital admission following an ER visit. The study was conducted at the Markusovszky Hospital in Vas County, Hungary. Retrospective study made by data collected from the paper medical records of patients suffering a hypoglycemic event who required medical assistance at the ER in the year of 2013. The main purpose of the study was to identify factors associated with hospitalization (OR: 0.001). Obesity and higher plasma capillary glycemia level are associated with a lower risk of hospitalization (OR: 0.29 and OR: 0.06, respectively, p<0.01). CONCLUSIONS: About half of the hospitalized patients were on secretagogue based regimen. Total number of episodes observed in the study was 238 patients (p=0.001). Multiple logistic regression was used to identify factors associated with hospitalization. RESULTS: A total of 238 patients (N=687) were included in the study. The most common clinical events (hypoglycemia, and convulsions) were observed in patients suffering from type 1 diabetes. All the patients who presented clinical events (hypoglycemia, and convulsions) were included in the study. These patients were older than non-hospitalized patients (mean: 78 years). Hospitalization (OR: 0.29 and OR: 0.06, respectively, p<0.01) while treatment with secretagogue based regimen, presence of hypoglycemia complications and other atherosclerotic disease are associated with a higher risk (OR:5.71, OR:3.89 and OR:2.87, respectively, p<0.01). CONCLUSIONS: About half of the patients with diabetes suffering a hypoglycemic event who required medical assistance at the ER were hospitalized. Presence of some factors may increase the risk of these expensive cases which are also surrogates for the potential severity of the hypoglycemia. ICOsodes. Identification of these predictors may help assist physicians at the emergency room to proactively act upon patients at higher risk of hospitalization and generate substantial health and economic gains to the hospitals.

PDB32
THE IMPACT OF TREATMENT OF THYROID DISEASE IN PREGNANT WOMEN TO THE OUTCOME OFPatient BIRTH

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OBJECTIVES: The most common endocrine clinical symptom is thyroid disease which has impact to pregnant women and fetus. Leading international references recommend that we conduct a thorough assessment of the patient’s thyroid hormone status. Aim of this study is to inspect the thyroid disease and impact of its treatment to outcome of pregnancy. METHODS: Study was carried out at Markusovszky Hospital in Vas County, Hungary. Retrospective study made by data analysis of pregnant patients with thyroid disease, including hormone parameters, medications and obstetric medical history. Set-up was non-random, convenience sampling with mean age 33±7.5 years between August 2013 – February 2014. Friedmann ANOVA and t-test was applied for analysis with software Statistics for Windows. RESULTS: Progresses the gestation period significant reduction of TSH values were observed in hypothyroid patients (p<0.005). Comparing successful pregnancy outcomes, CONCLUSIONS: These results provide relevant inputs for the progression of physiological parameters to model the economic and clinical impacts of TIDM therapies over time.

PDB30
TRENDS IN PREVALENCE AND DISTRIBUTION OF DIABETES MELLITUS TYPE I AND TYPE II IN THE NETHERLANDS

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OBJECTIVES: To quantify the trend in prevalence and distribution of diabetes mellitus (DM) type I (T1DM) and type II (T2DM) in the Netherlands. METHODS: Using the General Practitioner Database and the Out-patient Pharmacy Database of the PHARMO Database Network, the trend in prevalence of DM and distribution of T1DM and T2DM from 2005 to 2012 was assessed. Further, a descriptive study of the DM changed from 15% versus 85% in 2005 to 8% versus 92% in 2012. Among patients 30-39 years of age, there were 38 per 1000 males and 40 per 1000 females in 2005 to 54 per 1000 males and 52 per 1000 females in 2012. The distribution of T1DM versus T2DM among patients with a GP recorded diagnosis for T1DM or T2DM, distribution of T1DM/T2DM numbers were extrapolated to the Netherlands to determine prevalence of DM. In case of hypothyroid pregnant with increasing dose of thyroid the TSH levels were well balanced, and obstetric complications did not occur, while in hyperthyroid patients can be reported obstetric complications in addition to proper care.

DIABETES/ENDOCRINE DISORDERS – Cost Studies

PDB33
BUDGET IMPACT ANALYSIS OF ADDING ALOGLIPTIN TO THE THERAPY OF TYPE 2 DIABETES MELLITUS IN BULGARIA

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OBJECTIVES: Alogliptin is a highly potent, selective and reversible inhibitor of sodium glucose co-transporter 2 (SGLT2) and is approved for the treatment of T2DM in adults. Diabetes type 2 is one of the most prevalent chronic diseases that can lead to many complications. The largest costs are those associated with hospitalizations due to the complications, the prevention of which requires a good glycemic control. The objective of the study is to estimate the budget impact of adding Alogliptin to the therapy of type 2 diabetes in Bulgaria. METHODS: The budget impact model was used from the payer perspective for population 7 284 552 people, and out of them 45 000 are type 2 diabetics. The retail pharmacy prices were used to calculate the IMS data for the model incorporated in the model. Net budget impact is presented as costs per-member per-month (PMPM) and costs per-patient per-year (PPPY). RESULTS: An increase in the estimated net budget impact from 70 592 € first year to 1 290 766 € for the fifth year was observed after adding alogliptin to T2DM therapy, with a cumulative net budget impact of 3 258 047 €. PMPM and PPPY costs show minimal growth with respective cumulative values of 0.06 € and 0.05 €. The cost for dapaglifozin therapy is comparable to that of DPP-4 inhibitors and is lower than the cost of treatment with a GLP-1. CONCLUSIONS: The results show that adding dapaglifozin to standard therapy will lead to minimal increase in the diabetes type 2 budget in Bulgaria. This increase is considered acceptable in terms of better glycemic control with safer and effective therapy for diabetes type 2.

PDB34
ASSESSMENT OF THE ECONOMIC VALUE OF DPP-4 INHIBITOR ALOGLIPTIN COMPARED WITH SITAGLIPTIN, SAXAGLIPTIN, AND LINagliptin

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OBJECTIVES: OBJECTIVE of this study is to provide additional evidence for decision making to payers assessing health care resource utilization, economic impact, and cost effectiveness of DPP-4 inhibitors in comparison with saxagliptin and linagliptin, for the treatment of type-2 diabetes mellitus (T2DM). METHODS: 29 comparable, randomized clinical trials were selected out of a panel of 58 studies. Data on efficacy (glycemic endpoints), safety (serious adverse events), and costs of different DPP-4s were considered. Five different DPP-4s were compared: DPP-4 Monotherapy, sitagliptin (MET), saxagliptin, linagliptin and alogliptin. RESULTS: The cost of adding alogliptin was calculated and compared to the other DPP-4s. DPP-4s were calculated after adjustments for baseline characteristics. Each endpoint was associated with the impact on patient outcomes and related health care costs (T2DM-related complications, treatment escalation, costs associated with adverse events: hypoglycemia, cardiovascular mortality, hospitalization due to heart failure, lipids profile) obtained from published data. Economic value saving of alogliptin was calculated and compared to the other DPP-4s. RESULTS: The proportion of patients at target (HbA1c<7%) as well as the reduced need for treatment escalation with alogliptin could generate annual savings for a healthcare system of €69.62 and €22.97 per patient-year, respectively. Improved lipids profile and proven CV safety of alogliptin can generate savings of €40.86 and €21.47 per patient-year, respectively. Impact of lower hypoglycemia and increased adherence with fixed dose combinations with T2D may generate additional savings (€ 1.53 and €1.60/patient-year, respectively). CONCLUSIONS: This study suggests that alogliptin could generate significant savings for a Healthcare System, even at price parity with other DPP-4s, thanks to its efficacy and safety profile, particularly in the widely used DPP-4+MET combination. Total savings of up to €158 per patient-year compare favorably with an overall cost of treatment with a DPP-4 ranging from €350 to €1481 per patient-year.

PDB35
COST-EFFECTIVENESS ANALYSIS OF AUTOCODED AND MANUALLY CODED BLOOD GLUCOSE METERS IN DIABETES TREATMENT

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OBJECTIVE: To conduct a cost-effectiveness assessment of glucose meters (manually coded and auto-coded) in diabetes treatment in the Russian Federation. METHODS: Clinical effectiveness assessment was based on the results of modeling of the treatment of patients with diabetes that use manually coded and auto-coded blood glucose meters. Cost analysis included assessment of direct and indirect costs that can be
1982 Euro (model 2) per 1 LYG, respectively (discounted at 3%). Budget impact analysis was 1875 Euro (model 3) and for manually coded meters was 1954 Euro (model 1) and direct costs per patient in the group of manually coded glucose meters were 1533 Euro.

The costs of obesity are staggering, accounting for 2-6% of global health care costs. The health economic benefits of bariatric surgery while notable, are multi-faceted, resulting in heterogeneous reporting in the literature. To that end, the objective of this study was to highlight available evidence of the economic impact of bariatric surgery, and to identify key gaps in current evidence that may influence uptake by health care systems. METHODS: Evidence of the health economic benefits of bariatric surgery was examined from 107 academic articles, of which 16 were systematic reviews, published between 2010-March 2014 and archived in MEDLINE and EMBASE. The surgery was likely more cost-effective with higher patient BMI and with comorbidities, especially for BMI >40 kg/m², although estimates varied. Furthermore, resolution of underlying comorbidities resulted in reduced utilization of health care services, pharmaceutical utilization, and improved work productivity, among others, resulting in cost saving of 60-70% relative to standard care over a 3-year period. Importantly, time to break even was typically in the 4-7 years range, and was shorter for patients with Type 2 Diabetes Mellitus (T2DM) and with BMI >40 kg/m², typically in the 1.25-5 year range. Three key evidence gaps were identified: few RCTs comparing different surgical procedures; and heterogeneity across populations and study settings need to conduct head-to-head comparisons, determine optimal patient selection criteria, and employ standard clinical endpoints to demonstrate real world, long-term benefits.

ASOCIATION OF CHANGES IN BODY WEIGHT WITH HEALTH CARE COSTS AMONG PATIENTS WITH NEARLY-DEPIGNOSIS TYPE-2 DIABETES IN SWEDEN Sabule E, Rodegård J, Sundström J, Svenshult B, Ostgren C. Nilsson P, Johansson C, Henningson M.

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