Among 150 (14.5%) patients who died during hospitalization, 102 (68.0%) patients were in the driven group (total cost was CNY 1654.14 versus CNY 2079.07; direct medical cost was CNY 1239.06, transportation cost was CNY 360.61 versus CNY 537.89; and indirect cost was CNY 142.22 versus CNY 212.13). CONCLUSIONS: Self-driven titration of BIAsp 30 was associated with less health care utilization and lower costs compared to physician-driven titration in people with T2DM in China. The new evidence suggests that a more patient-focused approach towards diabetes management may be cost-saving and improve overall efficiency.

PB137 ECONOMIC BURDEN OF TYPE 2 DIABETES MELLITUS FOR COSTA RICA
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OBJECTIVES: To perform a partial economic evaluation of Type 2 Diabetes Mellitus (DM2) as well as its micro and macrovascular complications from the institutional point of view. (Social Security Costarican Register (CCSIR), for the year 2013. METHODS: A partial economic evaluation analysis was used to analyse the average annual cost for DM2 in costarican patients. The analysis pays special attention related to the sickness (cardiovascular, renal, microvascular, ophthalmic complications and acute events). Costarican literature was reviews to obtain costs for DM2 as for its complications, also clinical practice guides for the use of resources were used and finally, this information was validated with specialist physicians from Costa Rica. Only direct medical costs were used, such as medications, laboratory and additional studies, medical consults, hospitalizations and medical, these were obtained from the Cost Model 2013 of the CCSIR as the Statistical Annual Yearbook. To prove the strength of the analysis, deterministic and probabilistic sensitivity tests were performed. RESULTS: The average annual cost for DM2 for the year 2013 in Costa Rica was US$ 1,466. The macro and microvascular complications related to DM2 were more expensive in 2013 for Costa Rica the following: USD $105,865.80 for haemodialysis during the first year, USD $21,600.40 for chronic cardiac failure during the first year, USD $15,414.40 for acute myocardial infarction and USD $7,537.80 for stroke. Average, hospitalizations represented a 27% of the resources used for treatment of complications. The sensitivity analysis proved the strength of the costs. CONCLUSIONS: Despite the lack of information in the literature, this article is the first approximation of costs DM2 and its complications in Costa Rica for the year 2013.