Management Programs for Diabetes in 2003 leading to intensification of antihyperglycemic therapy and thus increasing the risk for SH.

PDB3
HYPOGLYCAEMIA-RELATED EMERGENCY DEPARTMENT VISITS AND HYPOGLYCAEMIA-RELATED HOSPITALIZATIONS AMONG NEW USERS OF ANTIDIABETES TREATMENTS
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OBJECTIVES: Hypoglycaemia is a major side effect of antidiabetes drugs. Mild episodes of hypoglycaemia are frequent and are generally self-treated. On the other hand, severe hypoglycaemia can have deleterious effects on mortality and quality of life. The objective was to describe the burden of severe hypoglycaemia among new users of insulin and oral antidiabetes drugs (OAD) in terms of two hypoglycaemia-related outcomes: emergency department (ED) visit and hospitalization.

Analog insulin glulisine has a higher efficacy in reducing postprandial glucose excursions and in restoring normal postprandial microcirculation than regular human insulins. Besides glycemic control, insulin glulisine has also favored microvascular outcomes: decreases in protein and glycated haemoglobin, in macro- or microvascular outcomes were adjusted for age, sex, diabetes duration, to 3/2010) were analysed. Hazard ratios (HR; Cox regression) for 3.5-year risk of

PDB4
CHARACTERIZATION OF THE RISK FOR URINARY TRACT INFECTIONS IN US PATIENTS WITH TYPE 2 DIABETES MELLITUS
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OBJECTIVES: To assess whether the presence of type 2 diabetes mellitus (T2DM) increases the risk of urinary tract infections (UTI) in men and women. METHODS: In a retrospective cohort study, patients ≥18 years with a diagnosis of T2DM or related ED visit and hypoglycaemia-related hospitalization were calculated using the Kaplan–Meier method. RESULTS: A total of 188,659 new users of antidiabetes treatment were identified in the cohort. At baseline, 48% had at least one hypoglycaemia-related ED visit while 19% (0.1% had at least one hypoglycaemia-related hospitalization. Incidence rates for the occurrence of hypoglycaemia-related ED visits and hypoglycaemia-related hospitalizations were 5.2, and 0.3 cases per 1000 patient-years, respectively. CONCLUSIONS: Although the incidence of ED visit or hospitalization due to hypoglycaemia seems low, severe hypoglycaemia episodes could be associated with a high economic burden.

PDB5
HYPOGLYCAEMIA-RELATED EMERGENCY DEPARTMENT VISITS AND HYPOGLYCAEMIA-RELATED HOSPITALIZATIONS AMONG NEW USERS OF ANTIDIABETES TREATMENTS
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OBJECTIVES: Hypoglycaemia is a major side effect of antidiabetes drugs. Mild episodes of hypoglycaemia are frequent and are generally self-treated. On the other hand, severe hypoglycaemia can have deleterious effects on mortality and quality of life. The objective was to describe the burden of severe hypoglycaemia among new users of insulin and oral antidiabetes drugs (OAD) in terms of two hypoglycaemia-related outcomes: emergency department (ED) visit and hospitalization.

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PDB6
DESCRIPTION OF COMORBIDITIES AND BODY MASS INDEX IN US ADULTS WITH AND WITHOUT DIABETES FROM THE MEDICAL EXPENDITURE PANEL SURVEY, 2008
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OBJECTIVES: The World Health Organization has recognized diabetes and other selected chronic health conditions are at an epidemic level all of which can be impacted by weight. The purpose of this project was to classify US adults by Body Mass Index (BMI) categories and compare adults with diabetes to those adults without diabetes and other selected chronic conditions to see if there was a difference between groups. METHODS: The Medical Expenditure Panel Survey (MEPS) is publically available database providing nationally representative estimates of health care use, expenditures, sources of payment, and health insurance coverage for the civilian non-institutionalized population. Analysis of data used a design-based methods that utilized the complex survey stratification and weighting provided within the MEPS datasets, in addition to use of the Rao-Scott Chisquare test, to compare people with and without diabetes. The level of significance was set at α = 0.05. RESULTS: In 2008, approximately 64 percent of the U.S. adult population was overweight (BMI of 25.0 to 29.9), obese (BMI of 30.0 to 39.9), or extremely obese (BMI greater than or equal to 40). Adults with diabetes had significantly higher percentages of being overweight, obese, and extremely obese, where more likely to have asthma and more than twice as likely to have hypertension, and were nearly three times as likely to have heart disease and more than three times more likely to have a stroke than adults without diabetes (p-value=0.001). CONCLUSIONS: Patients with diabetes were more likely to be overweight, obese, and extremely obese compared to those without diabetes. Patients with diabetes were also more likely to have chronic health conditions such as hypertension, heart disease, and stroke.

PDB7
PREVALENCE, DEMOGRAPHICS AND TREATMENT CHARACTERISTICS OF DIABETES WITH LANTUS, NPH AND PREMIX INSULIN IN A REPRESENTATIVE CANADIAN POPULATION
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OBJECTIVES: To determine the prevalence and incidence of Lantus vs NPH and premix insulin use in diabetes including the treatment characteristics, comorbidity and resource use in a representative population in Canada. METHODS: Records from a longitudinal population-based database of more than 225,000 primary care patients in southwestern Ontario, Canada were analyzed between January 1 2008 to September 30 2010. Patients were considered to have diabetes if at least one of the following conditions was met: 1) physician diagnosed type 1 or 2 diabetes; 2) ≥ 1 measurement of HbA1c greater than the recommended target; or 3) at least one prescription for a diabetes medication. RESULTS: A total of 76,077 adult patients with representative data were included between 2008-2010. Prevalence of T2DM was 7.9% and Type 1 diabetes was 2.9%. Patients on Lantus had less hypertension, nephropathy or Stage 5 kidney disease than NPH or Premix insulin patients (p<0.05). Patients receiving Premix insulin tended to have more primary care visits, ER visits, hospitalizations and total referrals than Lantus. More patients received new scripts for NPH than Lantus or Premix insulin during the study period. The average dose of Lantus was 10.5-10.7 units, with a high rate of annual renewal (89.9-86.6%) for the same dose or any dose (93.8-98.7%). There were very few dose switches or discontinuations for Lantus while NPH and Premix insulin were re- newed less, underwent more dose switches and less discontinuations. CONCLUSIONS: In a real-world setting the prevalence of diabetes was similar to nationally reported data. Patients receiving Lantus tended to have less hypertension, nephropathy or Stage 5 kidney disease. Patients on Lantus utilized more health services than Lantus or NPH. Lantus scripts were renewed more often, had less dose changes or switches and less discontinuations than NPH or Premix insulin.

PDB8
A NETWORK META ANALYSIS TO COMPARE GLYCAEMIC CONTROL IN PATIENTS WITH TYPE 2 DIABETES TREATED WITH EKINATIDE ONCE WEEKLY OR LIRAGLUTIDE
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