insipidus (6%-40% transient, 0%-12.5% permanent), cerebrospinal fluid leak (1%-83%) and brain herniation. Radioloxin published 4 ketone concomitantly achieved effective treatment (remission rate 48% vs. 27% for primary control) with benefits observed in the long-term. Side effect was hypopituitarism (0%-7%). Main secondary treatment was BLA with success rate of 100% in reversing hypercortisolism. Complications included hypoglycemia and moderate and severe hypokalemic metabolic acidosis. Two studies were retrieved that evaluated efficacy of ketoconazole and cagemo- line in small patient populations, 38 and 20 patients respectively. Combination of patients with BMI<35. However, results were limited to short-term follow up, more high qual- ity studies are necessary for comparing the rate of diabetes mellitus with body mass index above 35. However, data regarding Chinese popula- tion in this topic are inconclusive. The aim of this study is to assess the impact of bariatric surgery on T2DM patients in China. METHODS: PubMed, EMBASE, Cochrane Library, and four other Chinese databases were searched from their inception to July, 2013. All articles were published in Chinese or English. Statistical analysis was performed by RevMan 5.02 and Stata12.0, a random effects model was used in this meta-analysis. RESULTS: A total of 12 relevant studies were included with 1,165 patients. 41 studies were before-after studies and one RCT compared Roux-en-Y gastric bypass with sleeve gastrectomy. At baseline, a mean age of 47 years (52% were men), duration of T2DM from 1 month to 23 years. The mean body mass index (BMI) for 1,450 patients was 29.99 kg/m². BMI, Fasting Plasma Glucose (FPG), hemoglobin A1c (HbA1c), insulin levels and lipids profiles were declined significantly at 6 months follow-up. Notably, 59% of patients were prescribed insulin who were prescribed insulin at baseline decreased by 2.56% and got back to normal (±5.6%) after 12 months. Overall, 64% of subjects were in remission (complete or partial remission), diabetes was resolved or improved in 90.9% of patients. Weight loss and metabolic parameters had some differences across studies and procedures, gastric bypass was the most effective proce- dure, followed by gastric banding and sleeve gastrectomy. No major adverse event was reported in these studies. CONCLUSIONS: This meta-analysis revealed that bariatric surgery is an effective treatment for T2DM and dyslipidemia in patients with BMI>30. However, results were limited to short-term follow up, more high qual- ity studies are necessary for comparing different surgical procedures and long-term efficacy and safety in the future.

PDB14 ASSESSMENT OF EVIDENCE ON THE EFFECTIVENESS OF SELF-MONITORING BLOOD GLUCOSE (SMBG) IN DIABETES PATIENTS TREATED WITH INSULIN IN LATIN AMERICA

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OBJECTIVES: Diabetic Mellitus (DM) affects approximately 371 million people worldwide. 17 million are in Latin America. Glycemic control is the key to prevent diabetes-related complications. Using the meter may prevent negative effects to the patient with diabetes and increase the adherence rate. The purpose of this study was to establish if the use of SMBG (SMBG) is worthwhile, in terms of glycemic control, HbA1c levels reduction and associated complications in diabetes patients treated with insulin in Latin America. METHODS: Data regarding the burden of DM and the value of SMBG in Latin America were retrieved through PubMed, the Cochrane Library, AHRQ and NICE. The intervention was SMBG with meter and test strips. Evidence synthesis of all studies that met the inclusion criteria was conducted through narrative review. In no RCTs presented statistically significant findings indicating HbA1c level reductions of at least 1% (1.37-2.6%) in the SMBG group. A multinational survey found significant benefit of SMBG in data from 10,950 patients. Patients who practiced SMBG had a 2-3 fold increase in the odds of reaching HbA1c targets (< 7%). A Brazilian study found that SMBG with intensive insulin therapy reduces HbA1c by 1.82% compared to 0.66% in the control group. A survey of 1,000 T2DM patients in Mexico found that intensified SMBG demonstrated more influence on HbA1c than demographic information, carbah- drate consumption, amount of exercise, BMI or insulin use alone. CONCLUSIONS: Evidence supports SMBG’s clinical benefits in insulin-dependent diabetic patients, with all studies reporting positive findings that indicated SMBG is related to a decrease HbA1c level, glycemic control, and other clinical outcomes. The SMBG can be an important component in the control of DM, which is projected to be increased to 552 million people globally by 2030. This review found both global and Latin American specific evidence to support SMBG for insulin using diabetes patients.

PDB15 CLINICAL OUTCOMES OF DAPAGLIFLOZIN IN PATIENTS WITH TYPE 2 DIABETES MELLITUS: A META-ANALYSIS OF RANDOMISED CONTROLLED CLINICAL TRIALS

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OBJECTIVES: To assess the clinical outcomes of dapagliflozin in patients with type 2 diabetes mellitus. METHODS: Randomized controlled trials of ≥12 weeks of duration on dapagliflozin compared to placebo or another antidiabetic agents in patients with type 2 diabetes mellitus were included using database inception to August 2013. The Cochrane Library, Ovid MEDLINE, EMBASE, Web of Science and databases of ongoing trials. We also hand-searched relevant reference lists of reviews on the subject. RESULTS: Of 1,152 reports, 28 studies were included. Twenty-one studies compared dapagliflozin (n, 5,113) to placebo (n, 2,870); among these, three studies included African American and Korean participants, with different racial and geographic settings. Compared with dapagliflozin (n, 400) to glipizide (n, 401). Compared to placebo, dapaglif- flozin significantly improved HbA1c (Mean difference: MD: -0.51 %, CI: -0.55, -0.47, p=0.0001), body weight and potassium (k, 403) with similar adverse events. Treatment with dapagliflozin (n, 400) to glipizide (n, 401). Compared to placebo, dapaglif- flozin significantly improved HbA1c (Mean difference: MD: -0.51 %, CI: -0.55, -0.47, p=0.0001), body weight and potassium (k, 403) with similar adverse events. Treatment with dapagliflozin (n, 400) to glipizide (n, 401). Compared to placebo, dapaglif- flozin significantly improved HbA1c (Mean difference: MD: -0.51 %, CI: -0.55, -0.47, p=0.0001), body weight and potassium (k, 403) with similar adverse events. However, results were limited to short-term follow up, more high qual- ity studies are necessary for comparing different surgical procedures and long-term efficacy and safety in the future.