probability of prescribing brand name antidiabetics. CONCLUSIONS: DM diagnosis implies a relevant economic impact, has a high cost to society. The price regulation in 2006 to 2009 was able to generate the profit and decreasing the share of pharma expenditure in total health expenditure while increasing access new to drugs, and keeping the copayments low.

OLDER PATIENTS WITH NEWLY DIAGNOSED TYPE 2 DIABETES (T2DM) WHO RECEIVE MORE DELAYED TREATMENT WITH ORAL ANTIHYPERGLYCEMIC AGENTS COMPARED WITH YOUNGER PATIENTS

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OBJECTIVES: This study compared older (≥65 yrs) and younger patients with newly diagnosed T2DM, and evaluated factors associated with oral antihyperglycemic agent (OAHA) initiation. METHODS: This retrospective cohort study used U.S. General Electric (GE) Centricity electronic medical record database. Patients aged ≥20 yrs with newly-diagnosed T2DM (January-2003 to December-2005) were included. There was no diabetes diagnosis or treatment within 2 years prior to the first recorded T2DM diagnosis. Medical records 1 year prior to (baseline) and 2 years after (follow-up) diagnosis were extracted. OAHA initiation was estimated based on the first OAHA prescription during follow-up. Multivariable Cox proportional hazards regression model was fitted. Untreated patients were censored at complete 2 years follow-up. RESULTS: Among 10,760 newly diagnosed T2DM patients, 55% were female. Mean age at T2DM diagnosis was 61.3 ± 12.5, with 4,617 (45%) ≥ 65 yrs. At baseline, older patients were less likely to have diabetes associated factors (p < 0.0001) and lower Hba1c, lower Hba1c, lower HDL, lower BMI, lower WC, lower eGFR, lower CrCl, higher FPG, higher PPG, and higher Hba1c. Additional factors associated with OAHA initiation were baseline BMI and FPG, renal impairment (eGFR < 60), and diabetes complications (all p-values < 0.05). Within 2 years after T2DM diagnosis, 56% older and 40.5% younger patients (P < 0.001) had not received OAHA. Older patients were less likely to be treated than younger patients (adjusted hazard ratio 0.84, p < 0.001). Additionally, patients with baseline MI or renal disease were less likely to be treated (p < 0.05). Higher BMI or Hba1c, at baseline, and heart failure, initiating antihypertensive or lipid lowering drugs after T2DM diagnosis were factors associated with increased likelihood of OAHA treatment (p < 0.05). CONCLUSIONS: Older patients with newly diagnosed T2DM had milder hyperglycemia but more comorbidities, and experienced more delayed OAHA therapy than younger patients.

QUALITY OF CARE FOR DIABETICS IN KARACHI PAKISTAN

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BACKGROUND AND OBJECTIVES: Diabetes is a chronic, potentially disabling and life-threatening disease. The International Diabetes Federation estimates that more than 245 million people around the world are living with diabetes. Around 3.2 million deaths are attributable to complication of diabetes every year; six deaths every minute. Pakistan is in the top ten countries in the number of sufferers of diabetes. This disease requires continuous proper medical care and patient self-management education to prevent complications. Current study aims to observe the current standard in the management of diabetic at a private tertiary care hospital in Karachi, Pakistan. METHODS: A retrospective health record review was done at a private tertiary care hospital at Karachi, Pakistan. Health records for all the patients with diabetes, who visited general physician or family physician during the months of April and May 2007, were included in this study. Two indicators including foot examination and advice for HbA1C diagnostic test for this cross sectional survey were identified. Data was analyzed using descriptive statistics. RESULTS: Total 350 health records were reviewed and of these, 40% were males and 60 females. Majority of the diabetics (80%) were over the age of 50 years. We found that only 40% of the patients were physically checked for foot examination and advised for HbA1C lab investigation by their general physician or family physician. About 44% were not even checked for foot examination or advised for HbA1C. CONCLUSIONS: Diabetes is a devastating chronic disease and can result in death very early if not managed properly. Current study suggest that adherence to the current screening guidelines was inadequate in this practice setting. Adherence to current diabetes management guidelines and diabetes care quality improvement initiatives can result in significant improvements in the provision and documentation of diabetes care.