identified as a risk factor and also a prevalent condition for diabetic patients. Vitamin D supplementation has been found to achieve appropriate glycemic control in South Korea. Though mixed evidence and lack of guidelines, however, the extent of use of vitamin D in diabetic patients is under studied. The objective of this study was to understand the perceptions of vitamin D supplements amongst adults with type 2 diabetes. METHODS: A literature review was conducted to facilitate questionnaire designing. A separate version was created for both the pharmacists and the physicians. These versions were different to reflect the scope of current Pharmacy and Medical practices in India. Being a pilot study, a convenience sample of 10 physicians and 20 pharmacists was interviewed from the suburban areas of Mumbai, India. Descriptive analyses were performed to compare the questionnaire responses. RESULTS: The relationship between vitamin D deficiency and diabetes was perceived to be positive in 70% of the physicians and 75% of the pharmacists. The physicians perceived a pandemic of vitamin D deficiency. Vitamin D supplements, however, were not commonly seen to be used by diabetic patients. Amongst the users, the most common form of vitamin D supplement was in combination with calcium carbonate. Use of fortified food items with vitamin D and laboratory testing of serum D3 levels was also not popularly done. CONCLUSIONS: In absence of pharmacy claims and utilization records, this pilot study improves our understanding about the variability in the administration of standard of care. Enhanced understanding of the perceptions and usage of nutritional supplements like Vitamin D amongst many others can significantly improve health outcomes in patients with Diabetes.

DB3 INDIRECT TREATMENT COMPARISON (ITC) OR COST-EFFECTIVENESS ANALYSIS (CEA): A STUDY
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OBJECTIVES: It is often unclear what the relative efficacies of available treatments are due to lack of head-to-head clinical trial evidence. Indirect treatment comparison (ITC) constitutes the standard method for comparing the relative efficacy of treatments in the absence of head-to-head trial evidence. This study sought to examine the difference in cost-effectiveness results between a series of decision analyses compared to synthesising the clinical evidence with adjusted indirect comparisons (AIC). The cost-effectiveness analysis (CEA) of hypothetical Drug A versus Drug B for three different scenarios were performed using a Markov model. Three assumptions were made regarding the relative efficacies of these drugs: 1) Drug A = Drug B; 2) Drug B 10% worse than Drug A and; 3) Drug B 20% worse than Drug A. ITCs were undertaken for each scenario and the results were compared to the results from the cost-effectiveness analysis. RESULTS: For Assumption 1, the ITC showed a difference of up to 12%, whereas the CEA showed an almost perfect overlay of the two scatterplots and the acceptability curves. In Assumption 2, the ITC difference was up to 13%, while the scatterplots for the CEA were overlapping and the acceptability curves clearly represented two different treatments with only a small overlap at the upper range of the threshold. In Assumption 3, statistical superiority of Drug A was demonstrated through the ITC, and the acceptability curves of the CEA did not overlap. CONCLUSIONS: The methodology introduced in this paper is an alternative for decision makers to further examine the relative efficacies of treatments when no head-to-head clinical trial data are available. A major limitation of this method is that detailed inputs (such as cost and quality of life data) need to be readily available for the various treatments being compared.

DB4 SCREENING FOR DIABETIC RETINOPATHY IN HONG KONG: IS INVERSE CARE LAW OPERATING?
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OBJECTIVES: The Inverse Care Law, whereby health care services are less accessible to those in greater need, has been found to operate in a variety of health systems. Tudor Hart asserted that market forces would exaggerate the maldistribution of resources. The objective of this study is to examine whether the inverse care law exists in the screening program for diabetic retinopathy (DR) in Hong Kong (HK) with a mixed medical economy like other Asian countries. METHODS: A randomized controlled trial has been conducted. All those with Type 1 or Type 2 diabetes from two public primary care clinics in Hong Kong were recruited and then were randomly allocated into one group paying a fee of HK$60 (US$8) for screening and the other group with free access. The outcome measured was the percentage of screening and extent of DR detected. RESULTS: After randomization, 1387 in free and 1379 in pay groups were eligible for screening. 94.9% (1316/1379) and 87.6% (1277/1379) respectively agreed to participate in the study. The final screening uptake rate were 88.5% (1165/1316) and 82.4% (1052/1277) respectively. Being in the pay group was associated with lower uptake of screening than in the free group (OR=0.59, 0.47-0.74) and lower prevalence of DR detected (20.3% vs 25.9%, P=0.004). Subjects with higher socioeconomic status were more likely to take up screening but with less DR detected. CONCLUSIONS: The inverse care law appears to operate in a preventive intervention even with a relatively small co-payment. There is a strong case for making effective preventive services free of charge.