USE OF ACETYL-SALICYLIC ACID FOR CARDIOVASCULAR PREVENTION IN PRIMARY CARE PATIENTS WITH DIABETES MELLITUS

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OBJECTIVE: Use of acetyl salicylic acid (ASA) for primary prevention (PP) and secondary prevention (SP) of cardiovascular disease (CVD) in adult diabetic patients is highly recommended. This study was conducted in order to determine the use of ASA and to assess the achievement of therapeutic targets in diabetic patients.

METHODS: This is a retrospective and observational study. Sample consisted of patients >18 years with diabetes mellitus followed in four primary care centers. Measurements included demographics, use of ASA and/or anticoagulant drugs, comorbidities, clinical parameters and proportion of patient at therapeutic target (TT). Descriptive statistics, chi-square test and logistic regression model were used for significance.

RESULTS: A total of 4140 diabetic patients were analyzed, 71.1% of confidence interval: 77.7%–80.5%) in PP and 20.9% (18.2%–23.7%) in SP. Mean age was 64.1 (13.8) years, and 49.3% of patient were men (PP: 46.3; SP: 60.7; p = 0.000). ASA were prescribed on a routine basis in 29.2% (27.8%–30.6%); 20.8% (19.4%–22.2%) in PP and 60.8% (57.6%–64.0%) in SP. Proportion of patient at TT was 48.0% for hypertensives and 59.8% for hypercholesterolemics, being these the most frequent antecedents observed in SP. Older patients [OR = 1.01 (1.00–1.02); p = 0.011], number of cardiovascular-risk factors [OR = 1.14 (Ce: 1.03–1.27); p = 0.013], LDL-c TT [OR = 1.42 (1.06–1.88); p = 0.017], and a poor metabolic control of glycated hemoglobin [OR = 1.51 (1.22–1.89); p = 0.000] were covariates associated to the use of ASS in PP. CONCLUSIONS: Treatment with ASA is underused for PP in patients with diabetes mellitus in Primary Care. Achievement of TT should be improved.

PREDICTORS OF DIABETES MEDICATION UTILIZATION AND HEALTH CARE COSTS IN U.S. PATIENTS WITH TYPE-2 DIABETES: RESULTS FROM A NATIONAL SURVEY STUDY

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OBJECTIVE: This study determined the predictors of antidiabetes medication adherence and health care costs in adults with Type-2 diabetes mellitus in the United States. METHODS: The 2000 Medical Expenditure Panel survey was used for the analyses. The population for analyses was identified using ICD-9 CM codes for Type-2 diabetes. The predictor variables were demographics variables, self-reported health status (EuroQol score), and health services utilization variables. The dependent variables in this analysis were diabetes medication possession (number of diabetes medication refills) and annual health care costs. Multivariate weighted analysis was performed to identify significant predictors of medication utilization and health care costs.

RESULTS: There were 11.7 million patients with reported Type-2 diabetes in the United States in 2000, based on survey extrapolation. On an average, there were ten diabetes drug refills reported by patients. The average annual health care costs for these patients were $7466, while the mean EuroQol summary score was 48%. Increase in the health status summary score (EuroQol) by 10% was associated with a slight (1%) decrease in diabetes drug refills (p < 0.05). An additional diabetes related emergency visit or an inpatient visit was associated with a nearly 50% increase compared to the average diabetes medication uti-
The objective of this study is to examine levels of glycemic control and antidiabetic medication use in Germany. METHODS: Data for this study were obtained from the German Disease Analyzer—Mediplus database. All patients who were identified with type-2 diabetes between January 1, 2004 and December 31, 2004, were at least 20 years of age, and received at least one HbA1c test between April 1, 2004 and December 31, 2004 were included in the analysis (N = 5,135). Medication use was examined for the 90 days prior to the individual’s most recent HbA1c test. RESULTS: Among those patients who were treated with antidiabetic medication (61.93%), individuals were most commonly prescribed metformin monotherapy (33.55%), sulfonylurea monotherapy (18.18%), oral combination therapy (17.68%), insulin monotherapy (16.92%), or insulin plus oral therapy (7.13%). Over half of all patients diagnosed with type-2 diabetes (52.74%) did not obtain a recommended range of glycemic control of 6.5% or below. Comparing patients who were within the recommended range of glycemic control to those above the targeted range revealed no significant differences in mean age, sex, or comorbidities reported in 2004. In contrast, there were significant differences in the percentage of patients who obtained the recommended range of glycemic control based on antidiabetic medication prescribed (p < 0.0001). Patients treated with insulin combination therapy or insulin monotherapy were least likely to be within the targeted range of HbA1c (22.91% and 26.58%, respectively), while only 31.85% of those treated with oral combination therapy were within the targeted range. CONCLUSIONS: Over half of patients diagnosed with type-2 diabetes do not achieve the targeted range of glycemic control. For a majority of patients, alternative therapy regimens seem necessary to achieve good glycemic control.

WITHDRAWN

PDB48

KNOWLEDGE ABOUT INSULIN AND WILLINGNESS TO USE IT INFLUENCE GLYCEMIC CONTROL IN PATIENTS WITH TYPE-2 DIABETES MELLITUS ONLY TREATED WITH ORAL ANTIDIABETIC DRUGS—A GERMAN SURVEY

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OBJECTIVE: In patients with type-2 diabetes (PwT2D) sufficient blood glucose control, also at an early stage, often cannot be reached by using oral antidiabetic drugs (OAD) alone so that the administration of insulin is necessary. Frequently, insulin therapy is initiated too late, which is mostly due to the patients’ aversion to insulin. The aim of this survey was to investigate the influence of knowledge about insulin and the willingness to start using insulin treatment (WUI) in PwT2D on HbA1c not adequately controlled on OAD alone. METHODS: Study materials were sent out nation-wide to general practitioners by mail. The patient questionnaire covered the following topics: WUI; patients’ reported well-being; perceived seriousness of T2D; perceived susceptibility to diabetic complications; expectations regarding beneficial and adverse effects of insulin; perceived incompatibility with daily routine. A 10-point rating scale (1 = totally disagree / 10 = totally agree) was used to document patient assessments. The assessments were analyzed descriptively. RESULTS: Out of 729 patients, 448 were treated with OAD only. In total, 222 had low WUI (1–5 points = group 1/G1); 217 had high WUI (6–10 points = group 2/G2); not answered n = 9. A high percentage of patients indicated that they were aware of the seriousness of their T2D (G1 = 83%; G2 = 93% agreement). Yet, the majority of the patients did not agree that they had a severe stage of T2D (G1 = 79%; G2 = 73%). Patients with lower WUI showed less knowledge regarding insulin. HbA1c